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Affidavit and Revenue Certification

LES CHRETIENS, INC. ENTITY NAME  
VERMILION Parish  
ABBEVILLE, LA (City), State

ANNUAL SWORN FINANCIAL STATEMENTS AND  
CERTIFICATION OF REVENUES \$50,000 OR LESS (if applicable)

The annual sworn financial statements are required by Louisiana Revised Statute 24:514 to be filed with the Legislative Auditor within 90 days after the close of the fiscal year. The certification of revenues \$50,000 or less, if applicable, is required by Louisiana Revised Statute 24:513(l)(1)(c)(i).

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Personally came and appeared before the undersigned authority, BONNIE BROUSSARD (officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of LES CHRETIENS, INC. (entity name) as of DECEMBER 31, 2014 (entity's year-end), and the results of operations for the year then ended, in accordance with the basis of accounting described within the accompanying financial statements.

(Complete if applicable)

In addition, BONNIE BROUSSARD, (officer name), who, duly sworn, deposes and says that LES CHRETIENS, INC. (entity name) received \$50,000 or less in revenues and other sources for the year ended DECEMBER 31, 2014, and accordingly, is not required to have an audit for the previously mentioned year.

x Bonnie Broussard  
Officer Signature

Sworn to and subscribed before me this 9<sup>th</sup> day of March, 2015.

x Marie B. Hod  
NOTARY PUBLIC # 526694

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Officer's Name BONNIE BROUSSARD  
Officer's Title PRESIDENT  
Address 4923 ARISTIDE ROAD  
ERATH, LA 70533  
Ph/Fax/E-mail (337) 937-5697

Under provisions of state law, this report is a public document. A copy of the report has been submitted to the entity and other appropriate public officials. The report is available for public inspection at the Baton Rouge office of the Legislative Auditor and, where appropriate, at the office of the parish clerk of court.

Release Date APR 15 2015

Please return the completed form within 90 days of your entity's year-end to Office of Legislative Auditor -  
Local Government Services, Post Office Box 94397, Baton Rouge, LA 70804-9397

LES CHRETIENS, INC. (Agency Name)

**Statement of Cash Receipts and Disbursements**  
For the Year Ended DECEMBER 31, 2014 (Year-End)

	General Fund	Other Fund	Total
<b>RECEIPTS (Provide Brief Description):</b>			
1. <u>STATE APPROPRIATIONS</u>	\$ 19,006	\$	\$ 19,006
2. <u>PUBLIC DONATIONS</u>	2,396		2,396
3.			
4.			
5.			
6. <b>Total receipts</b> (add lines 1 - 5)	<u>\$ 21,402</u>	<u>\$</u>	<u>\$ 21,402</u>
<b>DISBURSEMENTS (Provide Brief Description):</b>			
7. <u>INSURANCE</u>	\$ 980	\$	\$ 980
8. <u>MOWING EXPENSE</u>	6,205		6,205
9. <u>REPAIR + MAINTENANCE</u>	2,770		2,770
10. <u>UTILITIES</u>	407		407
11. <u>PROGRAM EXPENSE</u>	2,259		2,259
12. <u>CAPITAL EXPENDITURES</u>	3,946		3,946
13. <b>Total Disbursements</b> (add lines 7 - 12)	<u>\$ 16,567</u>	<u>\$</u>	<u>\$ 16,567</u>
14. Change in fund balance ( Lines 6 minus 13)	\$ 4,835	\$	\$ 4,835
15. Fund Balance at beginning of year	\$ 109,157	\$	\$ 109,157
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	<u>\$ 113,992</u>	<u>\$</u>	<u>\$ 113,992</u>

PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENTS FOR YOUR RECORDS

Please return the completed form within 90 days of your entity's year-end to Office of Legislative auditor – Local Government Services, Post Office Box 94397, Baton Rouge, LA 70804-9397

LES CHRETIENS, INC. (Agency Name)

Balance Sheet, on DECEMBER 31, 2014 (Year-End)

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
<b>ASSETS</b> (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 10,712	\$	\$ 10,712
2. Investments (fair value) on hand			
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)	103,280		103,280
5. Other (brief description)			
6. <b>Total Assets</b> (add lines 1 - 5)	<u>\$ 113,992</u>	<u>\$</u>	<u>\$ 113,992</u>
<b>LIABILITIES AND FUND BALANCE</b> (at year-end):			
7. Liabilities (give brief description):			
8.	\$	\$	\$
9.			
10.			
11. <b>Total Liabilities</b> (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement A)	113,992		113,992
13. Other			
14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13)	<u>\$ 113,992</u>	<u>\$</u>	<u>\$ 113,992</u>

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**Schedule of Compensation, Benefits and Other Payments to Agency Head or Chief Executive Officer**Agency Head Name: BONNIE BROUSSARD

Purpose	Amount
Salary	
Benefits-insurance	
Benefits-retirement	
Benefits-other (describe)	
Benefits-other (describe)	
Benefits-other (describe)	
Car allowance	
Vehicle provided by government (enter amount reported on W-2)	
Per diem	
Reimbursements	314
Travel	
Registration fees	
Conference travel	
Housing	
Unvouchered expenses (example: travel advances, etc.)	
Special meals	
Other	