Sworn Financial Statements and Certification of Revenues \$75,000 or Less

Entity Name: SANS SOUCI, LLC

Address: 200 WEST SECOND STREET

Telephone: 337-504-2314

Email: rebekke@lptfa.org

This annual sworn financial statement is required to be filed with the Legislative Auditor within 90 days of the end of the entity's fiscal year by sending a pdf copy by email to <u>ereports@lla.la.gov</u>, faxing to 225-339-3986, or mailing to Louisiana Legislative Auditor – Local Government Services, P.O. Box 94397, Baton Rouge, LA 70804-9397.

AFFIDAVIT

Personally came and appeared before the undersigned authority, <u>Anthouy</u> <u>Daniel</u> (officer's name), who, duly sworn, deposes and says that the financial statements herewith given present fairly, in all material respects, the financial position of SANS SOUCI, LLC as of December 31, 2021 and the results of operations for the year then ended, in accordance with the basis of accounting described within the accompanying financial statements; that the entity has maintained a system of internal control structure sufficient to safeguard assets and comply with laws and regulations; and that the entity has complied with all laws and regulations, except as follows:

Complete if Applicable: In addition, Anthony Daniel	(officer's name), who duly sworn,
deposes, and says that Sans Souci, UC	(entity's name) received \$75,000 or less
in revenues and other sources for the year ended $\underline{Dec 31}, \underline{202}$	(entity's year-end), and accordingly,
is not required to have an audit for the previously mentioned fiscal	l year.

OFFICER'S SIGNATURE

Chairman OFFICER'S TITLE

Sworn to and subscribed before me, this 28th day of March



NOTARY PUBLIC SIGNATURE & SEAL



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Statement of Receipts and Disbursements

Statement A

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):	•	04 700	* 1 700
1.Rent	\$	\$4,760	\$4,760
2.		-	
3.	-		
4.			
5.			
6. Total receipts (add lines 1 - 5)	\$	\$4,760	\$4,760
DISBURSEMENTS (Provide Brief Description): 7.Insurance	\$	\$1,926	\$1,926
8.Repairs and maintenance		180	180
9.Professional fees		185	185
10.Depreciation		1,577	1,577
<u>11.</u>			
12.			
13. Total Disbursements (add lines 7 - 12)	\$	\$3,868	\$3,868
14. Change in member's equity (Lines 6 minus 13)	\$	\$892	\$892
15. Member's equity at beginning of year	\$	\$80,304	\$80,304
16. Member's equity (deficit) at end of year (Add lines 14.			+
15) This amount also goes on line 12, Statement B	\$	\$81,196	\$81,196

Identify the Basis of Accounting, if not using Cash-Basis: _Modified Cash Basis____

NOTE: If the entity receives any funds from pre- or post-adjudication court costs, fines, and/or fees, the entity must use one or more of the following categories in the receipts description fields: *Civil Fees; Bond Fees; Asset Forfeiture/Sale; Pre-Trial Diversion Program; Criminal Court Costs/Fees; Criminal Contempt Fines; Other Criminal Fines; Restitution; and Probation/Parole/Supervision Fees.*

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Balance Sheet		<u>S</u>	<u>tatement B</u>
	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
1. Cash and cash equivalents	\$	\$12,890	\$12,890
2. Investments (fair value)			
3. Land		19,500	19,500
4. Buildings and improvements		48,806	48,608
5. Other (brief description)			
6. Total Assets (add lines 1 - 5)	\$	\$81,196	\$81,196
LIABILITIES AND MEMBER'S EQUITY (at year-end):			
7. Liabilities (brief description):	\$	\$	\$
8.			
9.			
10.			
11. Total Liabilities (add lines 7 - 10)			
12. Member's equity(amount from Line 16 on Statement A)		81,196	81,896
13. Other			
14. Total Liabilities and Member's equity(add lines 11 - 13)	\$	\$	\$

Please submit a pdf copy of the completed form to: ereports@lla.la.gov - Updated 12/20

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: Anthony Daniel, Chairman

Purpose	Dollar Amount	
1. Salary	1.	
2. Benefits-insurance	2.	
3. Benefits-retirement	3.	
4. Benefits-other (describe)	4.	
5. Benefits-other (describe)	5.	
6. Benefits-other (describe)	6.	
7. Car allowance	7.	
8. Vehicle provided by government (if reported on your W-2)	8.	
9. Per diem	9.	
10. Reimbursements	10.	
11. Travel	11.	
12. Registration fees	12.	
13. Conference travel	13.	
14. Housing	14.	
15. Unvouchered expenses (example: travel advances, etc.)	15.	
16. Special meals	16.	
17. Other	17.	
18. TOTAL (enter total of line 1-17)	18.	

 \checkmark Please check here if the Agency Head does not receive any compensation, benefits, and other payments. (Act 462 of the 2015 Legislative Session allows nongovernmental entities or not-for-profit (quasi-public) entities to report on the Act 706 schedule **only** those payments to the agency head that are derived from the public funds.)