

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

Entity Name: Rose Long Foundation

Address: 1250 MacArthur Drive, Alexandria, La. 71303

Telephone: (318) 449-4348 Email: WillHall2@gmail.com

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 ereports@lla.la.gov, 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, Dr. Will Hall (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 Rose Long Foundation (entity's name) as of Dec. 31, 2021 (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; 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, Dr. Will Hall (officer's name), who duly sworn, deposes, and says that Rose Long Foundation (entity's name) received \$75,000 or less in revenues and other sources for the year ended Dec. 31, 2021 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.


OFFICER'S SIGNATURE

Chairman, Rose Long Foundation
OFFICER'S TITLE

Sworn to and subscribed before me, this 14th day of June, 2022


NOTARY PUBLIC SIGNATURE & SEAL
Tamara B. Willis

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

Entity Name: Rose Long Foundation Fiscal Year End: Dec. 31, 2021

Statement of Receipts and Disbursements

Statement A

| | <u>General Fund</u> | <u>Other Fund</u> | <u>Total</u> |
|---|-------------------------|-----------------------|---------------|
| RECEIPTS (Provide Brief Description): | | | |
| 1. refund of Workman's Compensation | \$ 366 | \$ 0 | \$ 366 |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. Total receipts (add lines 1 - 5) | \$ 366 | \$ 0 | \$ 366 |
| DISBURSEMENTS (Provide Brief Description): | | | |
| 7. | \$ 0 | \$ 0 | \$ 0 |
| 8. | | | |
| 9. | | | |
| 10. | | | |
| 11. | | | |
| 12. | | | |
| 13. Total Disbursements (add lines 7 - 12) | \$ 0 | \$ 0 | \$ 0 |
| 14. Change in fund balance (Lines 6 minus 13) | \$ 366 | \$ | \$ 366 |
| 15. Fund Balance at beginning of year | \$ 11,547.12 | \$ | \$ 11,547.12 |
| 16. Fund balance (deficit) at end of year (Add lines 14-15) | | | |
| --This amount also goes on line 12, Statement B | \$ 11,913.12 | \$ | \$ 11,913.12 |

Identify the Basis of Accounting, if not using 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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Entity Name: Rose Long Foundation Fiscal Year End: Dec. 31, 2021

Balance Sheet

Statement B

| | <u>General Fund</u> | <u>Other Fund</u> | <u>Total</u> |
|---|-------------------------|-----------------------|---------------------|
| ASSETS (balances at year-end) | | | |
| 1. Cash and cash equivalents | \$ 11,913.12 | \$ 0 | \$ 11,913.12 |
| 2. Investments (fair value) | _____ | _____ | _____ |
| 3. Office furnishings (Cost of desks, etc) | _____ | _____ | _____ |
| 4. Equipment (Cost of fax machine, etc) | _____ | _____ | _____ |
| 5. Other (brief description) | _____ | _____ | _____ |
| 6. Total Assets (add lines 1 - 5) | <u>\$ 11,913.12</u> | <u>\$ 0</u> | <u>\$ 11,913.12</u> |
| LIABILITIES AND FUND BALANCE (at year-end): | | | |
| 7. Liabilities (brief description): | \$ _____ | \$ _____ | \$ _____ |
| 8. | _____ | _____ | _____ |
| 9. | _____ | _____ | _____ |
| 10. | _____ | _____ | _____ |
| 11. Total Liabilities (add lines 7 - 10) | _____ | _____ | _____ |
| 12. Fund balance (amount from Line 16 on Statement A) | <u>\$ 11,913.12</u> | _____ | <u>\$ 11,913.12</u> |
| 13. Other | _____ | _____ | _____ |
| 14. Total Liabilities and Fund Balance (add lines 11 - 13) | <u>\$ 11,913.12</u> | <u>\$ _____</u> | <u>\$ 11,913.12</u> |

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Entity Name: Rose Long Foundation Fiscal Year End: Dec. 31, 2021

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: _____

| 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. |

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.)