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

Entity Name: The Arc Baton Address: 12616 Jefferson Highway, Baton Konge, LA 70816 Telephone: 225-927-0855 Email: Sromig@archatonringe, or a

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, Susannel Komia |
|--|
| (officer's name), who, duly sworn, deposes and says that the financial statements herewith given present ℓ |
| fairly, in all material respects, the financial position of The Arc Baton Rouge |
| (entity's name) as of <u>JUME30</u> , <u>ZOZU</u> (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: N/A |
| |

| Complete if Applicable: In addition, Susanne L. Romig (officer's name), who duly |
|---|
| sworn, deposes, and says that The Avc Baton Rouge (entity's name) received \$75,000 |
| or less in revenues and other sources for the year ended TUNE 30, 202 Quentity's year-end), and |
| accordingly, is not required to have an audit for the previously mentioned fiscal year. |

OFFICER'S SIGNATURE

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Sworn to and subscribed before me, this $\underline{\partial 9}$ day of

MARSHA EVANS Notary Public - Louisiana Livingston Parisi Notary ID 69211 any EU O NOTARY PUBLIC SIGNATURE & SEAL ee aller in

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March ,20 21

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

Statement of Receipts and Disbursements

Statement A

| | | General Fund | | Other Fund | Total |
|--|-----------|-----------------|----|---------------|-----------|
| RECEIPTS (Provide Brief Description): 1. Federal grant | \$ | 8,527 | \$ | | \$ 8,527 |
| 2. from GOHSEP 10% of 2016 | <u>Ψ</u> | 0,001 | Ψ | | <u> </u> |
| 3. flood claim | · <u></u> | | | | |
| 5. 6. Total receipts (add lines 1 - 5) | \$ | 8,527 | \$ | | \$8,527 |
| DISBURSEMENTS (Provide Brief Description); | | - | | | |
| 7. Reimbursement of entity fund 8. Knon-federal match | \$ | 8,527 | \$ | | \$8,527 |
| 9. Paid salaries 10. | | | | | · |
| 11. | · | | | | |
| 12. 13. Total Disbursements (add lines 7 - 12) | \$ | 8,527 | \$ | | \$8,527 |
| 14. Change in fund balance (Lines 6 minus 13) | \$ | 0 | \$ | | \$ 0 |
| 15. Fund Balance at beginning of year | \$ | 0 | \$ | ······· | \$ 0 |
| 16. Fund balance (deficit) at end of year (Add lines 14-15) This amount also goes on line 12, Statement B | \$ | 0 | \$ | | <u>\$</u> |

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.*

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: <u>Susanne L. Romiq</u>, Executive Director

| 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. |

 \sim 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.)