Entity Name: Many Youth Baseball & Softball Inc.

Address: PO Box 1015, Many, LA 71449

Telephone: (318)256-5714 Email: smsteinke@cebridge.net

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>Stephen Steinke</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 <u>Many Youth Baseball & Softball Inc.</u> (entity's name) as of <u>August 31, 2021</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: <u>n/a</u>.

<u>Complete if Applicable:</u> In addition, <u>Stephen Steinke</u> (officer's name), who duly sworn, deposes, and says that <u>Many Youth Baseball & Softball Inc.</u> (entity's name) received \$75,000 or less in revenues and other sources for the year ended <u>August 31, 2021</u> (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

OFFICER'S SIGNATURE

Treasurer OFFICER'S TITLE

Sworn to and subscribed before me, this _____ day of ______

ando # 01680 IC SIGNATURE & SEAL

Entity Name: Many Youth Baseball & Softball Inc

Fiscal Year End: <u>8/31/2021</u>

Statement of Receipts and Disbursements

Statement A

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. Sabine P. Police Jury grant thru Sabine Dixie Youth	\$ 2,000	\$	\$
2. Registration, concession sales, gate fees, sponsors	18,102		
3. Private charitable donations (501 c (3))	3,951		
4.			
5.		0	
6. Total receipts (add lines 1 - 5)	\$24,053	\$	\$
DISBURSEMENTS (Provide Brief Description): 7. Player uniforms 8. Equipment, balls & field maintenance 9. Insurance & franchise fees 10. Miscellaneous 11.	\$9,450 4,853 1,835 2,830	\$	\$
12.			
13. Total Disbursements (add lines 7 - 12)	\$18,968	\$	
14. Change in fund balance (Lines 6 minus 13) 15. Fund Balance at beginning of year	\$ 5,085 \$10,618	\$ \$	\$ \$
16. Fund balance (deficit) at end of year (Add lines 14-15) This amount also goes on line 12, Statement B	\$15,703	\$	\$

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.

Entity Name: Many Youth Baseball & Softball Inc

Fiscal Year End: 8/31/2021

Statement B

Balance Sheet

General Other Fund Fund Total ASSETS (balances at year-end) 1. Cash and cash equivalents \$15,703 \$ \$ 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) \$15,703 \$ \$ 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) 15,703 13. Other 14. Total Liabilities and Fund Balance (add lines 11 - 13) \$15,703 \$ \$

Entity Name: Many Youth Baseball & Softball Inc

Fiscal Year End: <u>8/31/2021</u>

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: Josh Hendrickson, President

Purpose	Dollar Amount	
1. Salary	10-	
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)	180-	

<u>x</u> 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.)

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