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

Entity Name: Louisiana APSE (10404-NP)

Address: ______A11 South Prieur Street, New Orleans, LA 70112

Telephone: 504 322-6598 Email: Istazi@lsuhsc.edu

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>Laura Stazio</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>Louisiana APSE</u> (entity's name) as of <u>Dec. 31, 2020</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>Complete if Applicable:</u> In addition, <u>Laura Stazio</u> (officer's name), who duly sworn, deposes, and says that <u>Louisiana APSE</u> (entity's name) received \$75,000 or less in revenues and other sources for the year ended <u>Dec. 31, 2020</u> (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

<u>President/Treasurer</u> OFFICER'S TITLE

SOCIARY PUS. 3 Sworn to and subscribed before me, this 30 day of March ,2021 NOTARY PUBLIC SIGNATURE & SEAL

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

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):			
<u>1.</u>	\$335.25	\$	\$335.25
2. 3.			
3.	· ·		
4.		-	
5.			
6. Total receipts (add lines 1 - 5)	\$335.25	\$	\$335.25
DISBURSEMENTS (Provide Brief Description): 7.Meetings 8.Notary	<u>\$21.61</u> \$10.00	\$	<u>\$21.61</u> \$10.00
9.Second Harvest Food Bank	\$520.00	-	\$520.00
10.State of LA for LLA submittal	\$10.00		\$10.00
11.			
12.			
13. Total Disbursements (add lines 7 - 12)	\$551.61	\$	\$551.61
14. Change in fund balance (Lines 6 minus 13)	\$-216.36	\$	\$-216.36
15. Fund Balance at beginning of year	\$24,307.99	\$	\$24,307.99
16. Fund balance (deficit) at end of year (Add lines 14-15) This amount also goes on line 12, Statement B	\$24.081.63	\$	\$24,081.63

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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Balance Sheet

Statement B

	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
1. Cash and cash equivalents	\$24,081.63	\$	\$24,081.63
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)	\$24,081.63	\$	\$24,081.63
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (brief description):	\$0.00	\$	\$0.00
8.			
9.			
10.			
11. Total Liabilities (add lines 7 - 10)	\$0.00		\$0.00
12. Fund balance (amount from Line 16 on Statement A)	\$24,081.63		\$24,081.63
13. Other	-	-	
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$24,081.63	\$	\$24,081.63

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: Louisiana APSE

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.)