Jewish Federation of Greater BR

(Entity Name)

Baton Rouge, East Baton Rouge

(City, Parish/State)

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

(Date) 11/23/20

Ms. Gayle Fransen Engagement Manager Louisiana Legislative Auditor 1600 North Third Street Baton Rouge, LA 70802

Dear Ms. Fransen:

In accordance with Louisiana Revised Statute 24:513, enclosed are the Affidavit and Revenue Certification Form and the annual financial statements for my entity, as of and for the year ended <u>12/31/2019</u> (entity's year-end). The statements include all funds under the control of this entity. The accompanying financial statements have been prepared on the cash basis of accounting.

Sincerely,

Officer's Signature

Ellen Sager, executive director Officer's Name, Title

Enclosures

PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENT FOR YOUR RECORDS

Affidavit and Revenue Certification

Jewish Federation of Greater Baton Rouge

ENTITY NAME

East Baton Rouge Parish Baton Rouge, LACity). State

ANNUAL SWORN FINANCIAL STATEMENTS AND CERTIFICATION OF REVENUES \$75,000 OR LESS (if applicable)

The annual sworn financial statements are *required* by Louisiana Revised Statute 24:514 to be filed with the Legislative Auditor within 90 days after the close of the fiscal year. The certification of revenues of \$75,000 or less, if applicable, is required by Louisiana Revised Statute 24:513(J)(1)(c)(i)(aa).

Personally came and appeared before the undersigned authority, Ellen Sager (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Jewish Federation of Greater BR (enter entity name) as of 2019 (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.

(Complete if applicable)

In addition, <u>Ellen Sager</u>, (officer name), who, duly sworn, deposes and says that <u>Jewish Federation of Greater BR</u> (entity name) received \$75,000 or less in revenues and other sources for the year ended 2019, and accordingly, is not required to have an audit for the previously mentioned year.

ficer's Signature	
Sworn to and subscribed before me this 3 day of Norgenber, 2000.	
NOTARY PUBLIC SIGNATURE & SEAL	



For Office Use Only

Under provisions of state law, this report will become a public document on the Monday following the release date. A copy of the report will be submitted to appropriate public officials and be available for public inspection at the Baton Rouge office of the Louisiana Legislative Auditor and, where appropriate, at the office of the parish clerk of court.

Release Date 12/9/2020

Please Complete This Section
Officer's Name Ellen Sager
Officer's Title Executive Director Address 4845 Jamestown Ave, Ste 200
Address 4845 Jamestown Ave, Ste 200
City, Zip Baton Rouge, LA 70808
Ph: Cell/Land 225-379-7393
E-mail ellen.sager@jewishbr.org

<u>Please return the completed form within 90 days of your entity's year-end to Louisiana Legislative Auditor – Local</u> <u>Government Services; Post Office Box 94397, Baton Rouge, LA 70804-9397 - Updated 8/3/16</u>

Jewish Federation of Greater Baton Rouge

(Agency Name)

Statement of Cash Receipts and Disbursements For the Year Ended <u>12/31/2019</u>

(Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description): 1. Public Support - City of Baton Rouge	<u>\$</u> 9,500.00	\$	\$
2. 3. 4.	·		
5. 6. Total receipts (add lines 1 - 5)	\$	\$	\$
DISBURSEMENTS (Provide Brief Description): 7. Film Festival - venue	<u>\$ 10,601.00</u>	\$	\$
8.film rentals9.promotions and printing10.other	<u>4392.00</u> <u>6084.00</u> 5308.00		
<u>11.</u> 12.	\$ 23385.00		······
13. Total Disbursements (add lines 7 - 12)	\$ 23365.00	>	<u>></u>
14. Change in fund balance (Lines 6 minus 13)	\$	\$	\$
15. Fund Balance at beginning of year16. Fund balance (deficit) at end of year (Add lines 14-15)	\$	\$	\$
This amount also goes on line 12, Statement B	\$	\$	\$

PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENTS FOR YOUR RECORDS

(Agency Name)

Schedule of Compensation, Benefits and Other Payments to Agency Head or Chief Executive Officer (Required Form - Please Submit Completed Form Per Attached Instructions)

For the Year Ended _____(Year-End)

Agency Head Name and Title: not applicable - no salaries/benefits for Film Festival

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.)

PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENTS FOR YOUR RECORDS