

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

Entity Name: Baton Rouge Wheelchair Tennis Association

Address: 19037 Epernay Court, Baton Rouge, Louisiana, 70817

Telephone: 225-276-5608 Email: dawntreg@yahoo.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, Dawn Tregre (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 Baton Rouge Wheelchair Ter (entity's name) as of 2023 (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, Dawn Tregre, Treasurer (officer's name), who duly sworn, deposes, and says that Baton Rouge Wheelchair Tennis Assc (entity's name) received \$75,000 or less in revenues and other sources for the year ended 2023 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

Dawn Tregre  
OFFICER'S SIGNATURE

Treasurer  
OFFICER'S TITLE

Sworn to and subscribed before me, this 29 day of March, 2024

Tammie Ray  
NOTARY PUBLIC SIGNATURE Tammie Ray  
#194214



Entity Name: Baton Rouge Wheelchair Ter

Fiscal Year End: 2023

**Statement of Receipts and Disbursements**

**Statement A**

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
<b>RECEIPTS (Provide Brief Description):</b>			
1. Corporate Donations & Grants	67225		67225
2. Indiv Donations	275		275
3. Fundraising/Misc Income	46442.41		46442.41
4. Tournament Entry Fees	21794.72		21794.72
5. Public Funds (City of BR, State of LA)	12500		12500
6. <b>Total receipts</b> (add lines 1 - 5)	<u>148237.13</u>	<u>0</u>	<u>148237.13</u>
<b>DISBURSEMENTS (Provide Brief Description):</b>			
7. Tournament Prize Money	45262.9		45262.9
8. Officials' Expense	25628.31		25628.31
9. Meals	15303.49		15303.49
10. Court/Facility/Rentals	8645.75		8645.75
11. Insurance	3909.15		3909.15
12. Other	41067.39		41067.39
13. <b>Total Disbursements</b> (add lines 7 - 12)	<u>139816.99</u>	<u>0</u>	<u>139816.99</u>
14. Change in fund balance ( Lines 6 minus 13)	<del>40000000014</del> 8,420.14	<del>0</del>	<del>40000000014</del> 8,420.14
15. Fund Balance at beginning of year	164806.54		164806.54
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	<u>\$173,226.68</u>	<u>0</u>	<u>\$173,226.68</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.**

Entity Name: Baton Rouge Wheelchair TerFiscal Year End: 2023**Balance Sheet****Statement B**

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
<b>ASSETS (balances at year-end)</b>			
1. Cash and cash equivalents	194277.40		194277.4
2. Investments (fair value)	113096.99		113096.99
3. Office furnishings (Cost of desks, etc)	0		0
4. Equipment (Cost of fax machine, etc)	0		0
5. Other (brief description)	0		0
6. <b>Total Assets</b> (add lines 1 - 5)	<u>307374.39</u>	<u>0</u>	<u>307374.39</u>
<b>LIABILITIES AND FUND BALANCE (at year-end):</b>			
7. Liabilities (brief description):			
	0		0
8.			0
9.			0
10.			0
11. <b>Total Liabilities</b> (add lines 7 - 10)	0	0	0
12. Fund balance (amount from Line 16 on Statement A)	\$173,226.68	0	\$173,226.68
13. Other			0
14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13)	<u>173226.68</u>	<u>0</u>	<u>0</u>

**Statement C**

**Schedule of Compensation, Benefits and Other Payments to Entity Head**

Agency Head Name, Title: Jennifer Edmonson, Director

<b>Purpose</b>	<b>Dollar Amount</b>
1. Salary	
2. Benefits-insurance	
3. Benefits-retirement	
4. Benefits-other (describe)	
5. Benefits-other (describe)	
6. Benefits-other (describe)	
7. Car allowance	
8. Vehicle provided by government (if reported on your W-2)	
9. Per diem	
10. Reimbursements	
11. Travel	
12. Registration fees	
13. Conference travel	
14. Housing	
15. Unvouchered expenses (example: travel advances, etc.)	
16. Special meals	
17. Other	
18. TOTAL (enter total of line 1-17)	0

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.)