

The American Rose Society (Entity Name)
Shreveport, Caddo/LA (City, Parish/State)

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

(Date) 3-17-20

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 2019 (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

Jon K. Carkeem

Officer's Name

Enclosures

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

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

Affidavit and Revenue Certification

The American Rose Society ENTITY NAME
Caddo Parish
Shreveport, LA (City), 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, _____ (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of The American Rose Society (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, Jon Carver (officer name), who, duly sworn, deposes and says that American Rose Society (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.



Officer's Signature

Sworn to and subscribed before me this 17 day of March, 2020.



NOTARY PUBLIC SIGNATURE & SEAL

CHRISTI JO BRANIFF
NOTARY PUBLIC ID # 33322
CADDO PARISH, LOUISIANA
MY COMMISSION IS FOR LIFE

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 _____

Please Complete This Section
Officer's Name <u>Jon Carver</u>
Officer's Title <u>Executive Director</u>
Address <u>7377 Jefferson Ave rd</u>
City, Zip <u>Shreveport LA 71119</u>
Ph: Cell/Land <u>318-938-5102</u>
E-mail <u>Executive Director@rose.org</u>

The American Rose Society
Statement of Cash Receipts and Disbursements
For Year Ended 2019

Statement A
Attachment

<u>Receipts</u>	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
1 Donations	175305		175305
2 Grounds Events & Donations	136478		136478
3 Capital Project	143903		143903
4 Trails for Reimbursement Grant		61837	61837
5 Membership	315956		315956
6 Sales/Advertising	108631		108631
7 Gifts in Kind	18823		18823
8 Trust Funds	675890		675890
9 Total Receipts	1574986	61837	1636823
<u>Disbursements</u>			
10 Membership	32549		32549
11 Publications	90397		90397
12 Sales	9479		9479
13 Grounds/Event	62451		62451
14 Gen. Operations	241173		241173
15 Payroll & Related	565294		565294
16 Gifts in Kinds	18823		18823
17 Trust Funds	62044		62044
18 Capital Project	135751		135751
19 Total Disbursements	1217961		1217961
20 Change in fund balance (line 9 minus 19)	357025	61837	418862
21 Fund Balance at beginning of year	-257047	-61837	-318884
22 Fund Balance (deficit) at end of year	99978	0	99978
(Add lines 20-21) Add to line 12 of Statement B			

The American Rose Society (Agency Name)

Balance Sheet, on 2019
(Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$780,190	\$	\$780,190
2. Investments (fair value) on hand	4,235,483		4,235,483
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description) Fixed Assets	1,555,423		1,555,423
6. Total Assets (add lines 1 - 5)	\$6,571,096	\$	\$6,571,096
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description): A/P	111,488		111,488
8. Line of Credit	\$23,180	\$	\$23,180
9. Long term Liabilities	303,875		303,875
10. Equity	6,132,553		6,132,553
11. Total Liabilities (add lines 7 - 10)	6,571,096		6,571,096
12. Fund balance (amount from Line 16 on Statement A)	99,978		99,978
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$6,671,074	\$	\$6,671,074

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

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

The American Rose Society

_____(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 2019 (Year-End)

Agency Head Name and Title: Jon Corkern, Executive Director

Purpose	Dollar Amount
1. Salary	1. 68,000
2. Benefits-insurance	2. 160
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 Christmas Bonus	17. 100
18. TOTAL (enter total of line 1-17)	18. 68,260

____ 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

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