

Updated: 08/07/2023

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

Entity Name: American Rose Society	
Address: PO Box 30000 Shreveport, LA 711	30
Telephone: 318-383-3570 En	nail: beth@rose.org
the end of the entity's fiscal year by sending a pdf	d to be filed with the Legislative Auditor within 90 days of copy by email to <u>ereports@lla.la.gov</u> , faxing to 225-339-or — Local Government Services, P.O. Box 94397, Baton
AI	FFIDAVIT
Personally came and appeared before the undersign	gned authority, Beth Smiley (officer's
material respects, the financial position of Ame	
	d the results of operations for the year then ended, in
-	ed within the accompanying financial statements; that the
entity has maintained a system of internal contro	I structure sufficient to safeguard assets and comply with
laws and regulations; and that the entity has follows:	s complied with all laws and regulations, except as
Complete if Applicable: In addition, Beth Smile deposes, and says that American Rose Society in revenues and other sources for the year ended	(entity's name) received \$75,000 or less
is not required to have an audit for the previously  OFFICER'S SIGNATURE	Interim Executive Director  OFFICER'S TITLE
Sworn to and subscribed before me, this 21  Sworn to and subscribed before me, this 21  NOTARY PUBLIC SIGNATURE 14 P 1-10-	941865 941865

Sworn Financial Statement

Entity Name: American Rose Society Fiscal Year End: 12/31/24

#### Statement of Receipts and Disbursements Statement A General Other Fund Fund Total RECEIPTS (Provide Brief Description): \$ 39,196.76 \$ 39,196.76 CGP Grant \$ 0.00 \$ 0.00 4. \$ 0.00 5. \$ 0.00 6. Total receipts (add lines 1 - 5) \$ 39,196.76 \$ 0.00 \$ 39,196.76 **DISBURSEMENTS (Provide Brief Description):** Grounds Promotion Expense \$ 5,786.03 \$ 5,786.03 Grounds Exp Grounds Promotion - FERG Grant E> \$ 2,985.00 \$ 2,985.00 Grounds Exp Grounds Promotion - CGP Grant \$62,961.57 \$62,961.57 Christmas in Roseland-Grant Exp State of La \$ 16,600.00 \$ 16,600.00 11. \$ 0.00 12. \$ 0.00 13. Total Disbursements (add lines 7 - 12) \$ 88.332.60 \$ 0.00 \$88,332.60 14. Change in fund balance (Lines 6 minus 13) -\$ 49,135.84 \$ 0.00 -\$ 49,135.84 15. Fund Balance at beginning of year \$ 0.00 16. Fund balance (deficit) at end of year (Add lines 14-15) -\$ 49.135.84 \$ 0.00 -\$ 49,135.84 --This amount also goes on line 12, Statement B

Identify the Basis of Accounting, if not using Cash-Basis: Accrual

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.

Sworn Financial Statement

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Entity Name: American Rose Society Fiscal Year End: 12/31/24

### **Balance Sheet**

# Statement B

	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
Cash and cash equivalents			
			\$ 0.00
2. Investments (fair value)			00.00
Office furnishings (Cost of desks, etc)	_		\$ 0.00
o. o			\$ 0.00
4. Equipment (Cost of fax machine, etc)			
			\$ 0.00
5. Other (brief description)			\$ 0.00
6. Total Assets (add lines 1 - 5)	\$ 0.00	\$ 0.00	\$ 0.00
o. result tootto (add mioo r o)	<del>- 40.00</del>	Ψ 0.00	Ψ 0.00
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (brief description):			
, ====,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			\$ 0.00
8.			
			\$ 0.00
9.			\$ 0.00
10.			\$ 0.00
			\$ 0.00
11. Total Liabilities (add lines 7 - 10)			
	\$ 0.00	\$ 0.00	\$ 0.00
12. Fund balance (amount from Line 16 on Statement A)	<b>0.40.405.04</b>		A 40 40 5 0 4
13. Other	-\$ 49,135.84	\$ 0.00	-\$ 49,135.84
is. Other			\$ 0.00
14. Total Liabilities and Fund Balance (add lines 11 - 13)	-\$ 49,135.84	\$ 0.00	-\$ 49,135.84
		,	

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

			Claire	Bissell,	Executive	Director	January	2024 -	December :	2024
Agency	Head Name,	Title:					,			

Purpose	Dollar Amount
1. Salary	
2. Benefits-insurance	
3. Benefits-retirement	
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)	\$ 0.00

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.)