

\_CAPITOL AREA REENTRY PROGRAM, INC. \_(Entity Name)

\_BATON ROUGE, EAST BATON ROUGE, LA\_(City, Parish/State)

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

(Date)\_\_\_06/04/20\_\_\_\_\_

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 DECEMBER 31, 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

\_\_\_RHONDA, IRVING, CEO\_\_\_\_\_

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**

    **CAPITOL AREA REENTRY PROGRAM, INC**     ENTITY NAME  
    EAST BATON ROUGE     Parish  
    BATON ROUGE, 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,     RHONDA IRVING     (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of     CAPITOL AREA REENTRY PROGRAM, INC     (enter entity name) as of     DECEMBER 31, 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.

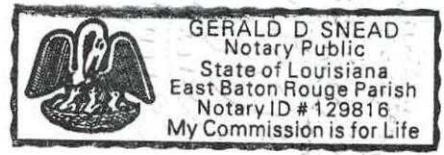
**(Complete if applicable)**

In addition,     RHONDA IRVING    , (officer name), who, duly sworn, deposes and says that     CAPITOL AREA REENTRY PROGRAM, INC     (entity name) received \$75,000\* or less in revenues and other sources for the year ended     DECEMBER 31, 2019    , and accordingly, is not required to have an audit for the previously mentioned year. \*in public funds

  
Officer's Signature

Sworn to and subscribed before me this 23<sup>RD</sup> day of June, 2020.

  
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 \_\_\_\_\_

**Please Complete This Section**  
Officer's Name     RHONDA IRVING      
Officer's Title     CEO      
Address     1364 Swan Ave      
City, Zip     Baton Rouge, LA 70807      
Ph: Cell/Land     225-936-1143 CELL      
E-mail     [irving\\_rhonda@yahoo.com](mailto:irving_rhonda@yahoo.com)

## CAPITOL AREA REENTRY PROGRAM, INC

(Agency Name)

## Statement of Cash Receipts and Disbursements

For the Year Ended DECEMBER 31, 2019

(Year-End)

	General Fund	Other Fund	Total
<b>RECEIPTS (Provide Brief Description):</b>			
1. PUBLIC FUNDS SUPPORT – ST OF LA	\$ 34,242	\$	\$ 34,242
2. NON-PUBLIC SUPPORT NON-PROFIT, FOUNDN	138,884		138,884
3. MISC – PRIOR PERIOD ADJ	250		250
4.			
5.			
6. <b>Total receipts</b> (add lines 1 - 5)	<b>\$ 173,376</b>	<b>\$</b>	<b>\$ 173,376</b>
<b>DISBURSEMENTS (Provide Brief Description):</b>			
7. Payroll expenses	\$ 95,226	\$	\$ 95,226
8. Contract services, consulting, professional services	5,052		5,052
9. Occupational, Insurance	28,499		28,499
10. Other expense	56,578		56,578
11.			
12.			
13. <b>Total Disbursements</b> (add lines 7 – 12)	<b>\$ 185,355</b>	<b>\$</b>	<b>\$ 185,355</b>
14. Change in fund balance ( Lines 6 minus 13)	-11,979	\$	-11,979
15. Fund Balance at beginning of year	\$ 23,550	\$	23,550
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$11,571	\$	\$ 11,571

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**CAPITOL AREA REENTRY PROGRAM, INC**

(Agency Name)

**Balance Sheet, on** DECEMBER 31, 2019

(Year-End)

	<b>General Fund</b>	<b>Other Fund</b>	<b>Total</b>
<b>ASSETS</b> (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 25,421	\$	\$ 25,421
2. Investments (fair value) on hand			
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description)			
6. <b>Total Assets</b> (add lines 1 - 5)	<b>\$ 25,421</b>	<b>\$</b>	<b>\$ 25,421</b>
<b>LIABILITIES AND FUND BALANCE</b> (at year-end):			
7. Liabilities (give brief description):			
8. Bank Line of Credit	\$ 13,850	\$	\$ 13,850
9.			
10.			
11. <b>Total Liabilities</b> (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement A)	11,571		11,571
13. Other			
14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13)	<b>\$ 25,421</b>	<b>\$</b>	<b>\$ 25,421</b>

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CAPITOL AREA REENTRY PROGRAM, INC

(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 DECEMBER 31, 2018 (Year-End)

Agency Head Name and Title: RHONDA IRVING, CEO

Purpose	Dollar Amount
1. Salary	13,600
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)	13,600

\_\_\_\_ 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.)

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