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Affidavit and Revenue Certification

NATCHITOCHESS ASSOCIATION FOR
RETARDED CITIZENS, INC.

Natchitoches Parish
Natchitoches, Louisiana

**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, PATRICIA ROSHTO, who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of NATCHITOCHESS ASSOCIATION FOR RETARDED CITIZENS, INC., as of JUNE 30, 2019, 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, PATRICIA ROSHTO, who, duly sworn, deposes and says that NATCHITOCHESS ASSOCIATION FOR RETARDED CITIZENS, INC. received \$75,000 or less in public funds for the year ended JUNE 30, 2019, and accordingly, is not required to have an audit for the previously mentioned year.

Patricia Roshto
Officer's Signature

Sworn to and subscribed before me this 5 day of September, 2019.

Donna R. Stephens #009331
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 <u>Patricia Rosto</u> |
| Officer's Title <u>Board President</u> |
| Address _____ |
| City, Zip _____ |
| Ph: Cell/Land _____ |
| E-mail _____ |

NATCHITOCHESS ASSOCIATION FOR RETARDED CITIZENS, INC.**Statement of Cash Receipts and Disbursements
For the Year Ended JUNE 30, 2019**

| | General Fund | Other Fund | Total |
|--|-------------------------|-----------------------|-------------------|
| RECEIPTS (Provide Brief Description): | | | |
| 1. Medicaid (not public funds) | \$ 159,924 | \$ 0 | \$ 159,924 |
| 2. Louisiana Family Services (public funds) | 13,360 | 0 | 13,360 |
| 3. Contract Work (not public funds) | 31,186 | 0 | 31,186 |
| 4. Interest/Other (not public funds) | 10,844 | 0 | 10,844 |
| 5. | | | |
| 6. Total receipts (add lines 1 - 5) | \$ 215,314 | \$ 0 | \$ 215,314 |
| DISBURSEMENTS (Provide Brief Description): | | | |
| 7. Compensation & Related Expenses | \$ 133,577 | \$ 0 | \$ 133,577 |
| 8. Occupancy Expenses | 22,602 | 0 | 22,602 |
| 9. Transportation Expenses | 17,393 | 0 | 17,393 |
| 10. Other Expenses | 49,553 | 0 | 49,553 |
| 11. | | | |
| 12. | | | |
| 13. Total Disbursements (add lines 7 - 12) | \$ 223,125 | \$ 0 | \$ 223,125 |
| 14. Change in fund balance (Lines 6 minus 13) | \$ (7,811) | \$ 0 | \$ (7,811) |
| 15. Fund Balance at beginning of year | 49,197 | 0 | 49,197 |
| 16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B | \$ 41,386 | \$ 0 | \$ 41,386 |

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

**NATCHITOCHEs ASSOCIATION FOR RETARDED
CITIZENS, INC.**

Balance Sheet, on JUNE 30, 2019

| | <u>General Fund</u> | <u>Other Fund</u> | <u>Total</u> |
|---|-------------------------|-----------------------|-----------------|
| ASSETS (balances at year-end) -Give brief description: | | | |
| 1. Cash and cash equivalents on hand | \$43,096 | \$ 0 | \$43,096 |
| 2. Investments (fair value) on hand | 0 | 0 | 0 |
| 3. Net Property & Equipment | 514 | 0 | 514 |
| 4. | | | |
| 5. | | | |
| 6. Total Assets (add lines 1 - 5) | <u>\$43,610</u> | <u>\$ 0</u> | <u>\$43,610</u> |
| LIABILITIES AND FUND BALANCE (at year-end): | | | |
| 7. Liabilities (give brief description): | | | |
| 8. Payroll Taxes Payable | \$ 2,224 | \$ 0 | \$ 2,224 |
| 9. | | | |
| 10. | | | |
| 11. Total Liabilities (add lines 7 - 10) | \$ 2,224 | \$ 0 | \$ 2,224 |
| 12. Fund balance (amount from Line 16 on Statement A) | 41,386 | 0 | 41,386 |
| 13. Other | | | |
| 14. Total Liabilities and Fund Balance (add lines 11 - 13) | <u>\$43,610</u> | <u>\$ 0</u> | <u>\$43,610</u> |

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NATCHITOCHESS ASSOCIATION FOR RETARDED CITIZENS, INC.

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 JUNE 30, 2019

Agency Head Name and Title: Laura Thomas, Executive Director

| Purpose | Dollar Amount |
|---|---------------|
| 1. Salary | 1. |
| 2. Benefits-insurance | 2. |
| 3. Benefits-retirement | 3. |
| 4. Benefits-payroll taxes | 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. |

NO PAYMENTS TO AGENCY HEAD DERIVED FROM PUBLIC FUNDS.

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.