

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

Entity Name: LOUISIANA FOLK ROOTS

Address: PO BOX 3552, LAFAYETTE, LA 70502

Telephone: 337-234-8630 Email: INFO@LAFOLKROOTS.ORG

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, Marguerite Justus (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 Louisiana Folk Roots Inc. (entity's name) as of Dec 31 2020 (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, Marguerite Justus (officer's name), who duly sworn, deposes, and says that Louisiana Folk Roots (entity's name) received \$75,000 or less in revenues and other sources for the year ended Dec 31 2020 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

Marguerite Justus OFFICER'S SIGNATURE

President of the Board OFFICER'S TITLE

Sworn to and subscribed before me, this 26th day of May, 20 21

Robert L. Broussard NOTARY PUBLIC SIGNATURE & SEAL Robert L. Broussard La. Bar Roll no. 20728



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Statement of Receipts and Disbursements

Statement A

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. Earned Revenue	\$ 9538	\$	\$ 9538
2. Regional/State/Gov't Grants		31663	31663
3. Foundation/Business Support	12544		12544
4.			
5.			
6. Total receipts (add lines 1 - 5)	\$22082	\$31663	\$53745
DISBURSEMENTS (Provide Brief Description):			
7. Payroll	\$57057	\$17600	\$74657
8. Outside Personnel (Artist & Other)	289	14063	14252
9. Non Personnel Expense (Production & Supply)	8330		8330
10. Occupancy Expense	7118		7118
11. Misc Expenses (Insurance, Advertising, Fees)	16339		16339
12.			
13. Total Disbursements (add lines 7 - 12)	\$ 89133	\$31663	\$120796
14. Change in fund balance (Lines 6 minus 13)	\$	\$	\$-67051
15. Fund Balance at beginning of year	\$	\$	\$
16. Fund balance (deficit) at end of year (Add lines 14-15)			
--This amount also goes on line 12, Statement B	\$	\$	\$-67051

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.*

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Balance Sheet

Statement B

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
ASSETS (balances at year-end)			
1. Cash and cash equivalents	\$ 10750	\$	\$10750
2. Investments (fair value)	77683		77683
3. Office furnishings (Cost of desks, etc)	1212		1212
4. Equipment (Cost of fax machine, etc)	0		0
5. Other (brief description)			
6. Total Assets (add lines 1 - 5)	\$89645	\$	\$ 89645
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (brief description): Payroll Liabilities	\$ 21748	\$	\$ 21748
8. Unrealized Gains	32452		32452
9. Retained Earnings	96939		96939
10.			
11. Total Liabilities (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement A)	-67051		-67051
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$84088	\$	\$84088

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Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: **GLENN FIELDS, EXECUTIVE DIRECTOR**

Purpose	Dollar Amount
1. Salary	1. 38173
2. Benefits-insurance	2. 4507
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)	18. 42680

_____ 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.)