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

Entity Name: Humanities Ar Address: P.O. Box Baton Rouce, LA 708 6465 Telephone: 225-240-8166 Email: Connect@humanitiesamped

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 <u>ereports@lla.la.gov</u>, 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, <u>Kayla Stansburg</u> (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 <u>Humanifies Amped</u> (entity's name) as of (6/30/2021) (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:

<u>Complete if Applicable:</u> In addition, <u>Kayla Stansbury</u> (officer's name), who duly sworn, deposes, and says that <u>Humanufies</u> <u>Amped</u> (entity's name) received \$75,000 or less in revenues and other sources for the year ended <u>( $\frac{30}{2021}$ </u> (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

OFFICER'S SIGN

Sworn to and subscribed before me, this \_20th day of October

ATURE & SEAL

Direct

2021

Please submit a pdf copy of the completed form to: ereports@lla.la.gov - Updated 12/20

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

### Statement of Receipts and Disbursements

#### Statement A

|  | General<br>Fund            | Other<br>Fund | Total                                    |
|--|----------------------------|---------------|--|
| RECEIPTS (Provide Brief Description):<br>1. Build BR Grant / HUD Gty of BR<br>2.<br>3.<br>4.<br>5.   | \$12,000                   | \$            | \$12,000                                 |
| <u>4.</u><br>5   |                            |               |  |
| 6. Total receipts (add lines 1 - 5)  | \$12,000                   | \$            | \$12,000                                 |
| DISBURSEMENTS (Provide Brief Description):<br>7. Payroll for educator staff<br>8.<br>9.<br>10.   | \$12,000                   | \$            | \$ 12000                                 |
| 11.  |                            |               |  |
| 12.  |                            |               |  |
| 13. Total Disbursements (add lines 7 - 12)   | \$12,000                   | \$            | \$12,000                                 |
| <ul> <li>14. Change in fund balance (Lines 6 minus 13)</li> <li>15. Fund Balance at beginning of year</li> <li>16. Fund balance (deficit) at end of year (Add lines 14-15)</li> <li>This amount also goes on line 12, Statement B</li> </ul> | \$0,00<br>\$0,00<br>\$0,00 | \$\$          | <u>\$0,00</u><br><u>\$0,00</u><br>\$0.00 |

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.* 

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

## Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: Anna West, Executive Director

| Purpose   | Dollar Amount |  |
|---|---------------|--|
| 1. Salary   | 1.            |  |
| 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)                        | 18.           |  |

▶ 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.)