

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

Entity Name: Young Adults for Positive Action of Colorado

Address: 1287 Central Road, Baton Rouge, LA 70807

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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, Charles Robertson (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 Young Adults for Positive Action of Colorado (entity's name) as of 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, Charles Robertson (officer's name), who duly sworn, deposes, and says that Young Adults for Positive Action of Colorado (entity's name) received \$75,000 or less in revenues and other sources for the year ended 2020 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

[Signature] OFFICER'S SIGNATURE

Executive Director OFFICER'S TITLE

Sworn to and subscribed before me, this 7th day of April, 2021

[Signature] NOTARY PUBLIC SIGNATURE & SEAL



OFFICIAL SEAL DEBRA B. KEMP NOTARY ID # 77536 STATE OF LOUISIANA PARISH OF EAST BATON ROUGE My Commission is for Life



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Statement of Receipts and Disbursements

Statement A

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
RECEIPTS (Provide Brief Description):			
1. GRANT REVENUE-Office of Community Service	\$ 72,300	\$	\$ 72,300
2. OTHER INCOME	\$ 61		\$ 61
3.			
4.			
5.			
6. Total receipts (add lines 1 - 5)	<u>\$ 72,361</u>	<u>\$</u>	<u>\$ 72,361</u>
DISBURSEMENTS (Provide Brief Description):			
7. Advertising & Marketing	\$ 545	\$	\$ 545
8. Bank Charges & Fees	16		16
9. Contractors	51,166		51,166
10. Due/Subscriptions	34		34
11. Insurance	3,815		3,815
12. Job Supplies	1,646		1,646
13. Legal & Professional Services	2,675		2,675
14. Meals & Entertainment	26		26
15. Office Supplies & Software	5,132		5,132
16. Other Business Expenses	79		79
17. Repairs & Maintenance	3,785		3,785
18. School Licensure	200		200
19. Taxes & Licenses	3,195		3,195
20. Utilities	3,105		3,105
21. Web Services	400		400
22. Total Disbursements (add lines 7 - 21)	<u>\$ 75,819</u>	<u>\$</u>	<u>\$ 75,819</u>
14. Change in fund balance (Lines 6 minus 22)	\$(3,458)	\$	\$(3,458)
15. Fund Balance at beginning of year	\$(6,691)	\$	\$(6,691)
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$(10,149)	\$	\$(10,149)

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	\$ 2,650	\$	\$ 2,650
2. Investments (fair value)			
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description)			
6. Total Assets (add lines 1 - 5)	<u>\$ 2,650</u>	<u>\$</u>	<u>\$ 2,650</u>
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (brief description):	\$	\$	\$
8. Due to Executive Director	12,800		12,800
9.			
10.			
11. Total Liabilities (add lines 7 - 10)	\$ 12,800		\$ 12,800
12. Fund balance (amount from Line 16 on Statement A)	(10,150)		(10,150)
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$ 2,650</u>	<u>\$</u>	<u>\$ 2,650</u>

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Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: Charles Robertson, Executive Director

Purpose	Dollar Amount
1. Salary	1. 19,200
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. 19,200

_____ 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.)