

Thomas Cunningham Broadway & Todtenbier
321 Bienville Street
Natchitoches, LA 71457

Natchitoches Association for
Retarded Citizens, Inc.
127 Airport Road
Natchitoches, LA 71457



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

Entity Name: NATCHITOCHESS ASSOCIATION FOR RETARDED CITIZENS, INC.

Address: 127 Airport Road, Natchitoches, Louisiana 71457

Telephone: 318-352-5176 Email: _____

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, PATRICIA ROSHTO, who, duly sworn, deposes and says that the financial statements herewith given present fairly, in all material respects, the financial position of NATCHITOCHESS ASSOCIATION FOR RETARDED CITIZENS, INC. as of JUNE 30, 2021 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: N/A.

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 revenues and other sources for the year ended June 30, 2021, and accordingly, is not required to have an audit for the previously mentioned fiscal year.

Patricia Roshto
OFFICER'S SIGNATURE

Board President
OFFICER'S TITLE

Sworn to and subscribed before me, this 18 day of August, 2021.

Donna R. Stephens
NOTARY PUBLIC SIGNATURE & SEAL



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Statement of Receipts and Disbursements

Statement A

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. Medicaid (not public funds)	\$ 29,671	\$ 0	\$ 29,671
2. Contract work (not public funds)	18,824	0	18,824
3. Interest (not public funds)	33	0	33
4. Donations (not public funds)	3,735	0	3,735
5.			
6. Total receipts (add lines 1 - 5)	\$ 52,263	\$ 0	\$ 52,263
DISBURSEMENTS (Provide Brief Description):			
7. Compensation & Related Expenses	\$ 14,561	\$ 0	\$ 14,561
8. Occupancy Expenses	16,842	0	16,842
9. Transportation Expenses	1,354	0	1,354
10. Other Expenses	30,778	0	30,778
11.			
12.			
13. Total Disbursements (add lines 7 - 12)	\$ 63,535	\$ 0	\$ 63,535
14. Change in fund balance (Lines 6 minus 13)	\$(11,272)	\$ 0	\$(11,272)
15. Fund Balance at beginning of year	\$ 67,196	\$ 0	\$ 67,196
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ 55,924	\$ 0	\$ 55,924

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

	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
1. Cash and Cash Equivalents	\$ 55,890	\$ 0	\$ 55,890
2. Investments (fair value)	0	0	0
3. Net Property & Equipment	148	0	148
4.	0	0	0
5.	0	0	0
6. Total Assets (add lines 1 - 5)	\$ 56,038	\$ 0	\$ 56,038
LIABILITIES AND FUND BALANCE (at year-end):			
7. Payroll Taxes Payable	\$ 114	\$ 0	\$ 114
8.			
9.			
10.			
11. Total Liabilities (add lines 7 - 10)	\$ 114	\$ 0	\$ 114
12. Fund balance (amount from Line 16 on Statement A)	\$ 55,924	\$ 0	\$ 55,924
13. Other	0	0	0
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 56,038	\$ 0	\$ 56,038

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Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: Laura Thomas, Executive Director

Purpose	Dollar Amount
1. Salary	0
2. Benefits-insurance	0
3. Benefits-retirement	0
4. Benefits-other (describe)	0
5. Benefits-other (describe)	0
6. Benefits-other (describe)	0
7. Car allowance	0
8. Vehicle provided by government (if reported on your W-2)	0
9. Per diem	0
10. Reimbursements	0
11. Travel	0
12. Registration fees	0
13. Conference travel	0
14. Housing	0
15. Unvouchered expenses (example: travel advances, etc.)	0
16. Special meals	0
17. Other	0
18. TOTAL (enter total of line 1-17)	0

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.)