

4 10508

Affidavit and Revenue Certification

___ **CAPITOL AREA REENTRY PROGRAM, INC** ___ ENTITY NAME

___ **EAST BATON ROUGE** ___ Parish

___ **BATON ROUGE, LA** ___ (City), State

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, ___ **RHONDA IRVING** ___ (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of ___ **CAPITOL AREA REENTRY PROGRAM, INC** ___ (enter entity name) as of ___ **DECEMBER 31, 2018** ___ (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.

(Complete if applicable)

In addition, ___ **RHONDA IRVING** ___ (officer name), who, duly sworn, deposes and says that ___ **CAPITOL AREA REENTRY PROGRAM, INC.** ___ (entity name) received \$75,000* or less in revenues and other sources for the year ended ___ **DECEMBER 31, 2018** ___, and accordingly, is not required to have an audit for the previously mentioned year. *in public funds

Rhonda Irving

Officer's Signature

Sworn to and subscribed before me this 27th day of MARCH, 2019.

GERALD D SNEAD #129816
PARISH OF EAST BATON ROUGE
MY COMMISSION IS FOR LIFE

Gerald D Snead

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 APR 17 2019

Please Complete This Section
Officer's Name <u>RHONDA IRVING</u>
Officer's Title <u>CEO</u>
Address <u>1364 Swan Ave</u>
City, Zip <u>Baton Rouge, LA 70807</u>
Ph: Cell/Land <u>225-936-1143 CELL</u>
E-mail <u>irving_rhonda@yahoo.com</u>

CAPITOL AREA REENTRY PROGRAM, INC

(Agency Name)

Statement of Cash Receipts and Disbursements

For the Year Ended DECEMBER 31, 2018

(Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. PUBLIC FUNDS SUPPORT – ST OF LA	\$ 21,101	\$	\$ 21,101
2. NON-PUBLIC SUPPORT NON-PROFIT, FOUNDN	141,662		141,662
3.			
4.			
5.			
6. Total receipts (add lines 1 - 5)	<u>\$ 162,763</u>	<u>\$</u>	<u>\$ 162,763</u>
DISBURSEMENTS (Provide Brief Description):			
7. Payroll expenses	\$ 82,541	\$	\$ 82,541
8. Contract services, consulting, professional services	10,125		10,125
9. Occupational, Insurance	31,134		31,134
10. Other expense, prior period expense adjustment	41,132		41,132
11.			
12.			
13. Total Disbursements (add lines 7 – 12)	<u>\$ 164,932</u>	<u>\$</u>	<u>\$ 164,132</u>
14. Change in fund balance (Lines 6 minus 13)	-2,169	\$	-2,169
15. Fund Balance at beginning of year	\$ 25,719	\$	25,719
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$23,550	\$	\$ 23,550

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

CAPITOL AREA REENTRY PROGRAM, INC

(Agency Name)

Balance Sheet, on DECEMBER 31, 2018
(Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 23,550	\$	\$ 23,550
2. Investments (fair value) on hand			
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>\$ 23,550</u>	<u>\$</u>	<u>\$ 23,550</u>
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):			
8.	\$	\$	\$
9.			
10.			
11. Total Liabilities (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement A)	23,550		23,550
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$ 23,550</u>	<u>\$</u>	<u>\$ 23,550</u>

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CAPITOL AREA REENTRY PROGRAM, INC

(Agency Name)

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 DECEMBER 31, 2018 (Year-End)

Agency Head Name and Title: RHONDA IRVING, CEO

Purpose	Dollar Amount
1. Salary	1. 12,900
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. 12,900

____ 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.)

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