

FRIENDS OF SAFETY TOWN \_\_\_\_\_ (Entity Name)

SHREVEPORT, CADDO LA \_\_\_\_\_ (City, Parish/State)

**TRANSMITTAL LETTER**

**ANNUAL FINANCIAL STATEMENTS**

(Date) 10/14/2020 \_\_\_\_\_

Ms. Gayle Fransen  
Engagement Manager  
Louisiana Legislative Auditor  
1600 North Third Street  
Baton Rouge, LA 70802

Dear Ms. Fransen:

In accordance with Louisiana Revised Statute 24:513, enclosed are the Affidavit and Revenue Certification Form and the annual financial statements for my entity, as of and for the year ended 08/30/2020 (entity's year-end). The statements include all funds under the control of this entity. The accompanying financial statements have been prepared on the cash basis of accounting.

Sincerely,



\_\_\_\_\_  
Officer's Signature

RON ROBERTS, TREASURER

\_\_\_\_\_  
Officer's Name, Title

**Enclosures**

**PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENT 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 9/3/19**

**Affidavit and Revenue Certification**

FRIENDS OF SAFETY TOWN ENTITY NAME

CADDO Parish

SHREVEPORT (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, RON ROBERTS (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of FRIENDS OF SAFETY TOWN (enter entity name) as of JUNE 30, 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.

**(Complete if applicable)**

In addition, RON ROBERTS (officer name), who, duly sworn, deposes and says that FRIENDS OF SAFETY TOWN (entity name) received \$75,000 or less in revenues and other sources for the year ended JUNE 30, 2020, and accordingly, is not required to have an audit for the previously mentioned year.

Ron Roberts  
Officer's Signature

Sworn to and subscribed before me this 15<sup>th</sup> day of Oct, 2020

Rita Martin  
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 <u>10/21/2020</u>

Please Complete This Section
Officer's Name <u>RON ROBERTS</u>
Officer's Title <u>TREASURER</u>
Address <u>PO BOX 4278</u>
City, Zip <u>SHREVEPORT LA 71134</u>
Ph: Cell/Land <u>318-222-2222</u>
E-mail <u>RROBERTS@CRICPA.COM</u>

**Friends of Safety Town (Agency Name)**

**Statement of Cash Receipts and Disbursements  
For the Year Ended June 30, 2020 (Year-end)**

	<b>General Fund</b>	<b>Other Fund</b>	<b>Total</b>
<b>RECEIPTS (Provide Brief Description):</b>			
1. General Contributions	\$ 55,828		\$ 55,828
2. Louisiana Highway Safety Commission	-		-
3. Interest income	37,117		37,117
4. Bossier City Marshall	-		-
5. State of Louisiana	-		-
<b>6. Total receipts (add lines 1 - 5)</b>	<b>\$ 92,945</b>	<b>-</b>	<b>\$ 92,945</b>
<b>DISBURSEMENTS (Provide Brief Description):</b>			
7. Educational Material	\$ 7,290		\$ 7,290
8. Bank fees	387		387
9. Awards	1,418		1,418
10. Depreciation	11,894		11,894
11. Other Expenses	19,772		19,772
12. Maintenance	998		998
<b>13. Total Disbursements (add lines 7 - 12)</b>	<b>\$ 41,759</b>	<b>-</b>	<b>\$ 41,759</b>
14. Change in fund balance (Line 6 minus 13)	\$ 51,186		\$ 51,186
15. Fund Balance at beginning of year	\$ 1,124,429		\$ 1,124,429
<b>16. Fund balance (or deficit) at end of year (Add lines 14-15)</b>	<b>\$ 1,175,615</b>	<b>-</b>	<b>\$ 1,175,615</b>
--This amount also goes on line 12, Statement B			

**PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENT FOR YOUR RECORDS**

**Friends of Safety Town (Agency Name)**

**Balance Sheet, On June 30, 2020 (Year-end)**

	<b>General <u>Fund</u></b>	<b>Other <u>Fund</u></b>	<b><u>Total</u></b>
<b>ASSETS (balances at end of year)-Give brief description:</b>			
1. Cash and cash equivalents on hand	\$ 389,833		\$ 389,833
2. Investments (fair value) on hand	523,966		523,966
3. Office furnishings (Cost of desks, etc)			-
4. Equipment (Cost of fax machine, etc)	221,111		221,111
5. Other (brief description) Buildings	368,426		368,426
Accumulated Depreciation	(327,721)		(327,721)
6. Total Assets (add lines 1 - 5)	<u>\$ 1,175,615</u>	-	<u>\$ 1,175,615</u>
<b>LIABILITIES AND FUND BALANCE (balances at end of year):</b>			
<b>Liabilities (give brief description):</b>			
7. Accounts Payable	\$ -		\$ -
8			
9			
10			
11. Total Liabilities (add lines 7 - 10)	<u>\$ -</u>	-	<u>\$ -</u>
12. Fund balance (amount from Line 16 on Statement B)	1,175,615		1,175,615
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$ 1,175,615</u>	-	<u>\$ 1,175,615</u>
	\$ -		

**PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENT FOR YOUR RECORDS**

**Friends of Safety Town (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 June 30, 2020 (Year-end)**

**Agency Head Name / Title: Steve Prator, Chairman**

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

  X   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-profits (quasi-public) entities to report on the Act 706 schedule only those payments to the agency head that are derived from the public funds.)

**PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENTS FOR YOUR RECORDS**