

LOUISIANA LEGISLATIVE AUDITOR

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

Entity Name: Northshore Community Foundation

Address: 807 N. Columbia Street, Covington, LA 70466

Telephone: 985-893-8757

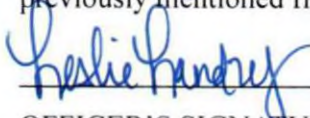
Email: LLandry@northshorefoundation.org

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, Leslie S. Landry, who, duly sworn, deposes and says that the financial statements herewith given present fairly, in all material respects, the financial position of Northshore Community Foundation as of December 31, 2023 and the results of operations for the year then ended for all federal and municipal funds under the control of this entity, in accordance with the accrual basis of accounting; 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.

In addition, Leslie S. Landry, who duly sworn, deposes, and says that Northshore Community Foundation received \$75,000 or less in federal and municipal funds revenues and other sources for the year ended December 31, 2023, and accordingly, is not required to have an audit for the previously mentioned fiscal year.




OFFICER'S SIGNATURE

President & CEO

OFFICER'S TITLE

Sworn to and subscribed before me, this 26th day of March, 2024



NOTARY PUBLIC SIGNATURE & SEAL

Edmund J. Giering, IV
Notary Public
Notary ID No. 50253
State of Louisiana
My Commission is for Life

Entity Name: Northshore Community Foundation

Fiscal Year End: Dec. 31, 2023

Statement of Receipts and Disbursement

Statement A

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
RECEIPTS			
1. City of Mandeville	\$ 10,000.00	\$ -	\$ 10,000.00
2. St. Tammany Parish Government	5,000.00	-	5,000.00
3. St. Tammany Tourist and Convention Commission	5,000.00	-	5,000.00
4. St. Tammany Parish Library	5,000.00	-	5,000.00
5.	-	-	-
6. Total receipts	<u>\$ 25,000.00</u>	<u>\$ -</u>	<u>\$ 25,000.00</u>
DISBURSEMENTS			
7. Salaries	\$ 25,000.00	\$ -	\$ 25,000.00
8.	-	-	-
9.	-	-	-
10.	-	-	-
11.	-	-	-
12.	-	-	-
13. Total disbursements	<u>\$ 25,000.00</u>	<u>\$ -</u>	<u>\$ 25,000.00</u>
14. Change in fund balance	\$ -	\$ -	\$ -
15. Fund Balance at beginning of year	\$ -	\$ -	\$ -
16. Fund Balance at end of year	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

Identify the Basis of Accounting, if not using Cash-Basis: Accrual Basis

Entity Name: Northshore Community Foundation

Fiscal Year End: Dec. 31, 2023

Balance Sheet

Statement B

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
ASSETS			
1. Cash and cash equivalents	\$ -	\$ -	\$ -
2. Investments (fair value)	-	-	-
3. Office furnishings	-	-	-
4. Equipment	-	-	-
5. Other	-	-	-
6. Total assets	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
LIABILITIES AND FUND BALANCE			
7. None	\$ -	\$ -	\$ -
8.	-	-	-
9.	-	-	-
10.	-	-	-
11. Total liabilities	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
12. Fund balance	\$ -	\$ -	\$ -
13. Other	\$ -	\$ -	\$ -
14. Total liabilities and fund balance	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

Entity Name: Northshore Community Foundation

Fiscal Year End: Dec. 31, 2023

Statement C-1

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name, Title: Leslie S. Landry, President & CEO

Beginning: July 1, 2023

Purpose	Dollar Amount	
1. Salary	\$	82,680.00
2. Benefits - insurance		406.75
3. Benefits - retirement		9,037.50
4. Benefits - other: cell phone		456.85
5. Benefits - other		-
6. Benefits -other		-
7. Car allowance		-
8. Vehicle provided by government		-
9. Per diem		-
10. Reimbursements		28,659.52
11. Travel		881.40
12. Registration fees		-
13. Confernece travel		-
14. Housing		-
15. Unvouchered expenses		-
16. Special meals		-
17. Other		-
18. TOTAL	\$	<u>122,122.02</u>

Entity Name: Northshore Community Foundation

Fiscal Year End: Dec. 31, 2023

Statement C-2

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name, Title: Susan Bonnett Bourgeois, President & CEO

Ending: June 30, 2023

Purpose	Dollar Amount	
1. Salary	\$	75,000.00
2. Benefits - insurance		484.98
3. Benefits - retirement		8,250.00
4. Benefits - other: cell phone		520.82
5. Benefits - other		-
6. Benefits -other		-
7. Car allowance		-
8. Vehicle provided by government		-
9. Per diem		-
10. Reimbursements		4,887.38
11. Travel		1,290.26
12. Registration fees		-
13. Confernece travel		-
14. Housing		-
15. Unvouchered expenses		-
16. Special meals		-
17. Other		-
18. TOTAL	\$	<u>90,433.44</u>