

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

Entity Name: _____Healing Hearts for Community Development_____

Address: _____1901-B Airline Dr Metairie, LA 70001_____

Telephone: _____504 833 4673_____ Email: _____freddie1@celebrationchurch.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, Florence G. Landry (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 Healing Hearts for Community Development (entity's name) as of 6/30/21 (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: n/a

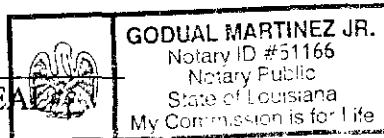
Complete if Applicable: In addition, Florence G. Landry (officer's name), who duly sworn, deposes, and says that Healing Hearts for Community Development (entity's name) received \$75,000 or less in revenues and other sources for the year ended 6/30/21 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

Florence G. Landry
OFFICER'S SIGNATURE

Executive Director
OFFICER'S TITLE

Sworn to and subscribed before me, this 15 day of March, 2022

NOTARY PUBLIC SIGNATURE & SEAL



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Entity Name: _____ Fiscal Year End: _____

Statement of Receipts and Disbursements

Statement A

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
RECEIPTS (Provide Brief Description):			
1. Donation	\$9918	\$	\$
2. Program Income		56700	
3. Rent Income	26965		
4.			
5.			
6. Total receipts (add lines 1 - 5)	<u>\$36883</u>	<u>\$56700</u>	<u>\$</u>
DISBURSEMENTS (Provide Brief Description):			
7. Utilities	\$6638	\$	\$
8. Office	9735		
9. Utilities	9688		
10. Admin Payroll	11444		
11. Program Payroll		25751	
12.			
13. Total Disbursements (add lines 7 - 12)	<u>\$37505</u>	<u>\$25751</u>	<u>\$</u>
14. Change in fund balance (Lines 6 minus 13)	\$-622	\$30949	\$
15. Fund Balance at beginning of year	\$	\$	\$453
16. Fund balance (deficit) at end of year (Add lines 14-15) -This amount also goes on line 12, Statement B	\$	\$	\$30780

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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Entity Name: _____ Fiscal Year End: _____

Balance Sheet

Statement B

	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
1. Cash and cash equivalents	\$	\$	\$33100
2. Investments (fair value)			
3. Office furnishings (Cost of desks, etc)			200494
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description)			
6. Total Assets (add lines 1 - 5)	\$	\$	\$
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (brief description):	\$	\$	\$
8. accounts payable			11265
9. line of credit			29547
10. Loan			35494
11. Total Liabilities (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement A)			30780
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$	\$	\$107086

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Entity Name: _____ Fiscal Year End: _____

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: Freddie Landry Director

Purpose	Dollar Amount
1. Salary	1. 12000.00
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. 12000.00

____ 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.)