

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

NORTHSHORE COMMUNITY FOUNDATION

807 N. Columbia Street, Covington, LA 70433

985-893-8757 sbonnet@northshore foundation.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, Susan Bonnett Bourgeois, 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, 2021 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, Susan Bonnett Bourgeois, who duly sworn, deposes, and says that Northshore Community Foundation received \$75,000 or less in revenues and other sources for the year ended December 31, 2021, and accordingly, is not required to have an audit for the previously mentioned fiscal year.


OFFICER'S SIGNATURE

President and CEO
OFFICER'S TITLE

Sworn to and subscribed before me, this 24th day of March, 20 22


NOTARY PUBLIC SIGNATURE & SEAL

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

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Statement of Receipts and Disbursements

Statement A

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
RECEIPTS (Provide Brief Description):			
1. St. Tammany Parish Government	\$ 10,000	\$ 0	\$ 10,000
2. St. Tammany Tourist and Convention Commission	5,000	0	5,000
3. St. Tammany Parish Library	5,000	0	5,000
4. St. Tammany Coroner's Office	5,000	0	5,000
5. City of Mandeville	5,000	0	5,000
5a. Community Development Block Grant 2020	0	27,122	27,122
6. Total receipts (add lines 1 - 5)	<u>\$ 30,000</u>	<u>\$ 27,122</u>	<u>\$ 57,122</u>
DISBURSEMENTS (Provide Brief Description):			
7. Salaries	\$ 30,000	\$ 0	\$ 30,000
8. Family Promise Consulting Program	0	27,122	27,122
9.			
10.			
11.			
12.			
13. Total Disbursements (add lines 7 - 12)	<u>\$ 30,000</u>	<u>\$ 27,122</u>	<u>\$ 57,122</u>
14. Change in fund balance (Lines 6 minus 13)	\$ 0	\$ 0	\$ 0
15. Fund Balance at beginning of year	\$ 0	\$ 0	\$ 0
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ 0	\$ 0	\$ 0

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

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

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
ASSETS (balances at year-end)			
1. Cash and cash equivalents	\$ 0	\$ 0	\$ 0
2. Investments (fair value)	0	0	0
3. Office furnishings (Cost of desks, etc)	0	0	0
4. Equipment (Cost of fax machine, etc)	0	0	0
5. Other (brief description) Accounts receivable-CDBG	0	66	66
6. Total Assets (add lines 1 - 5)	<u>\$ 0</u>	<u>\$ 66</u>	<u>\$ 66</u>
 LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (brief description):	\$ 0	\$ 0	\$ 0
8.			
9.			
10.			
11. Total Liabilities (add lines 7 - 10)	0	0	0
12. Fund balance (amount from Line 16 on Statement A)	0	0	0
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$ 0</u>	<u>\$ 66</u>	<u>\$ 66</u>

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Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

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

Purpose	Dollar Amount
1. Salary	1. 165,000
2. Benefits-insurance	2. 991
3. Benefits-retirement	3. 18,150
4. Benefits-other – cell phone	4. 905
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. 23,058.
11. Travel	11. 1,475
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. 209,579