

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

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 June 30,000 1 (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,

Enclosures

- Affidavit & Revenue Certification - Statement y Cash Roceipts + Disbursement & Attachment - Balance Sheet

- Schedule of Compensation

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

Affidavit and Revenue Certification

i.e.				
Bosary Child Development Center ENTITY NAME				
Ordean S Parish				
<u> </u>				
Vew Orkans, 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, Sr. Minh-Icuyet Nature (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Coany Child Developed Cutter (enter entity name) as of (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.				
In addition, John Tuyer Liguer, (officer name), who, duly sworn, deposes and says that Reserve Child Development Chemity name) received \$75,000 or less in revenues and other sources for the year ended 613012021, and accordingly, is not required to have an audit for the previously mentioned year.				
Notice of the second				
morninger -				
Officer's Signature				
Sworn to and subscribed before me this 2/day of September, 202/				
NOTARY PUBLIC SIGNATURE & SEAL				
Cheryl L. Wild #68837 Commissioned for Life				
Cherye a wild to the continuous ten for a fe				
For Office Use Only Please Complete This Section				
Under provisions of state law, this report will become a public document on the Officer's Name				
Monday following the release date. A copy of the report will be submitted to Officer's Title				
appropriate public officials and be available for public inspection at the Baton Address				
Rouge office of the Louisiana Legislative Auditor and, where appropriate, at the City, Zip				
office of the parish clerk of court. Ph: Cell/Land				
[E mail				
Release Date10-04-2023				

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

Robery	Child	Development	Censer
(Agency Name))		- 10, 3

Statement of Cash Receipts and Disbursements For the Year Ended June 30 2021

(Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description): 1. 2.	\$	\$	\$
2. 3. See Attachment 5.			
6. Total receipts (add lines 1 - 5)	\$332,067.00	> <u>\$</u>	\$333,067.00
DISBURSEMENTS (Provide Brief Description):	\$	\$	\$
8. 9.		-	
10.			
<u>11.</u> 12.		-	
13. Total Disbursements (add lines 7 - 12)	\$358,436.00	\$	\$358,436.00
14. Change in fund balance (Lines 6 minus 13) 15. Fund Balance at beginning of year	\$ (26,36,00)) <u>\$</u> \$	\$(26,369,00) \$111,996.61
16. Fund balance (deficit) at end of year (Add lines 14-15)This amount also goes on line 12, Statement B	\$ 35,627.61	\$	\$35,627.61

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

Rosary Child Development

Statement A Page 3

Statement of Cash Receipts and Disbursement For the Year Ended 6/30/2018

RECEIPTS (Provide Brief Description):	
1 Tuition	\$ 269,379.00
2 Dept. of S.S Food Program	\$ 23,928.00
3 Fundraising	\$ ==
4 Grants	\$ 22,500.00
5 Other	\$ 16,260.00
6 Total Receipts	\$ 332,067.00
DISBURSEMENTS (Provide Brief Description):	
7 Salaries	\$ 248,466.00
8 Related Benefits	\$ 51,096.00
9 Occupancy	\$ 28,000.00
10 Operating expenses, program	\$ 8,924.00
11 operating expenses, general	\$ 5,547.00
12 Provincial Assessment	\$ -
13 Fundraising	\$ =:
14 Food, program	\$ 16,403.00
15 Utilities	\$
16 Total Disbursement	\$ 358,436.00
17 Change in fund balance	\$ (26,369.00)
18 Fund Balance at beginning of year	\$ 111,996.61
19 Fund Balance(deficit) at the end of the year	\$ 85,627.61

Rosary	Child Development Center
(Agency Name)	
	1 122 12221

Balance Sheet, on 430 202 (Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
Cash and cash equivalents on hand	\$	\$	\$
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)	\$	\$	\$
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (give brief description):			
8.	\$	\$	\$
9.			-
10.	province of the second		
11. Total Liabilities (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement A)			
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$	\$	\$

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

Rosaru	Child	Devel	coment	Center	(Agency Name)
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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, 2021 (Year-End)

Agency Head Name and Title: Br. Minh-Tuyet Nguyen, Director

Purpose	Dollar Amount
1. Salary	1.
2. Benefits-insurance	2.
3. Benefits-retirement	3.
4. Benefits-other (describe)	4.
5. Benefits-other (describe)	5.
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.

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.)