

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

Entity Name: Chesed House
Address: 799 Grove St. Dry Prong, LA 71423 Telephone: 318) 442-6611 Email: Jennifer @ Chesed house.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 <u>ereports@lla.la.gov</u> , 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, Boruta Preuett-Ammonter's
name), who, duly sworn, deposes and says that the financial statements herewith given present fairly, in all
material respects, the financial position of <u>Chesed House</u> (entity's name) as of <u>2023</u> (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: None
Complete if Applicable: In addition, Bowla Preuett-Amour (officer's name), who duly sworn, deposes, and says that Chested House (entity's name) received \$75,000 or less in revenues and other sources for the year ended (entity's year-end), and accordingly, is not received to have an addition the previously received for the previously rec
officer's Signature Sworn to and subscribed before me, this Officer's Name of the previously mentioned fiscal year. Officer's Signature Officer's Title May And And And And And And And An
Sworn to and subscribed before me, this day of

	Charad Harris	
Entity Name:	Chesed House	_ Fiscal Yea

Fiscal	Year	End:	2023	
Fiscal	Year	Ena:	- 10-10	

Statement of Receipts and Disbursements			Statement A
	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. Donations	+ B431-		
A	01000 00		
2 Grant Income	21632.		
3.			
4.	,		
5.	-		
6. Total receipts (add lines 1 - 5)	30,26319		
DISBURSEMENTS (Provide Brief Description):			
7. accounting (CPA)	* 845 ⁵⁰		
8. Counselor (Laurie Barduell)	4676881		
9. Workmans Comp Ansurance	+355400		
10. Office Supplies Printing	+1601.40		
11. Payroll Expenses	+1182418		
12. Rent + Utilities . Telephone	*12101.55		
13. Total Disbursements (add lines 7 - 12)	+35,715.54		
14. Change in fund balance (Lines 6 minus 13)	(5452.35)		
15. Fund Balance at beginning of year	(5452.35) 6695.72		
16. Fund balance (deficit) at end of year (Add lines 14-15)This amount also goes on line 12, Statement B	41243.37		

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.

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

Entity Name:	Chesed House	
Littly Name.		

Fiscal Year End: 2023

Balance Sheet

Statement B

	General Fund	Other Fund	Total
ASSETS (balances at year-end)	- Tunu	- T GITG	Total
Cash and cash equivalents	41172.65		
2. Investments (fair value)	-0-		
Office furnishings (Cost of desks, etc)	-0		
4. Equipment (Cost of fax machine, etc)	+6405°5		
5. Other (brief description) deprecuation	(+2103.08)		
6. Total Assets (add lines 1 - 5)	45474.62		
7. Liabilities (brief description): 8. Net Income 9.	\$ 11,842.01 (66367.39)		
10.			
11. Total Liabilities (add lines 7 - 10)	45474.62		
12. Fund balance (amount from Line 16 on Statement A)	*5474.62 *1243.37		
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13	+6117.99		

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name, Title: Jennifer Futrell, Director

Purpose	Dollar Amount
1. Salary	4829200
2. Benefits-insurance	-D-
3. Benefits-retirement	-D-
4. Benefits-other (describe)	0
5. Benefits-other (describe)	D
6. Benefits-other (describe)	D.
7. Car allowance	0
8. Vehicle provided by government (if reported on your W-2)	-0-
9. Per diem	-0-
10. Reimbursements	0
11. Travel	0
12. Registration fees	
13. Conference travel	0
14. Housing	0
15. Unvouchered expenses (example: travel advances, etc.)	0
16. Special meals	0
17. Other	0
18. TOTAL (enter total of line 1-17)	\$ 8292.00

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.)

Sworn Financial Statement Updated: 08/07/2023