Entity Name: Manners of the Hea	art Community Fund
Address: 763 North Blvd, Baton Rou	ge, LA 70802
Telephone: (225) 383-3235	Email: jrigby@mannersoftheheart.org
the end of the entity's fiscal year by se	t is required to be filed with the Legislative Auditor within 90 days of nding a pdf copy by email to <u>ereports@lla.la.gov</u> , faxing to 225-339-ative Auditor – Local Government Services, P.O. Box 94397, Baton
- T	AFFIDAVIT
Personally came and appeared before	the undersigned authority, Jill Garner (officer's
name), who, duly sworn, deposes and	says that the financial statements herewith given present fairly, in all
material respects, the financial position	on of Manners of the Heart Community Fund (entity's name) as
of June 30, 2022 (entity's ye	ear-end) and the results of operations for the year then ended, in
accordance with the basis of accounti	ng described within the accompanying financial statements; that the
entity has maintained a system of inte	ernal 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:	14. Cherge in fund betange (1.1se eminus 13) 8 33.014.
Complete if Applicable: In addition,	Jill Garner (officer's name), who duly sworn,
deposes, and says that Manners of th	e Heart Community Fund(entity's name) received \$75,000 or less
in revenues and other sources for the ye	ear ended June 30, 2022 (entity's year-end), and accordingly,
is not required to have an audit for the	previously mentioned fiscal year.
rebisii milalrassh siqiana adl ni s	
Cawarner	Chief Visionary Officer
OFFICER'S SIGNATURE	OFFICER'S TITLE
	0
Sworn to and subscribed before me, the	nis 22 day of Hugy 57, 2022
NOTARY FUBLIC SIGNATURE &	SEAL PUBLICA
ENST BAT	THELI PARISH LOYISIAND HOUST SSION EXPLES AND EATH
Please submit a ndf conv	of the completed form to: exeports@lla la gov - Hodeled 01/22

Entity Name: Manners of the Heart Community Fund Fiscal Year End: June 30, 2022

Statement of Receipts and Disbursements

Statement A

		General Fund		Other Fund		Total
RECEIPTS (Provide Brief Description):						
1. Grants	\$	0	_ \$	0	\$_	0
2. Contributions		2,500				2,500
3. Program Revenue						
4. Other Miscellaneous Revenue						
5.						
6. Total receipts (add lines 1 - 5)	\$	2,500	\$	0	\$	2,500
DISBURSEMENTS (Provide Brief Description):						
7. Cost of Goods Sold	\$_	2,500	_ <u>\$</u> _		<u>\$</u>	2,500
8. Payroll Expenses						
9. Operating Expenses						
10. Depreciation & Amortization						
11. Other Miscellaneous Expenses 12.						
	\$	0.500			\$	2,500
13. Total Disbursements (add lines 7 - 12)	Ф	2,500	Φ		Φ	2,500
14. Change in fund balance (Lines 6 minus 13)	\$	0	\$		\$	0
15. Fund Balance at beginning of year	\$	0	- -		- \$	0
16. Fund balance (deficit) at end of year (Add lines 14-15)		ŭ	•		•	-
-This amount also goes on line 12, Statement B	\$	0	_ <u>\$</u>		\$	0

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

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.

Please submit a pdf copy of the completed form to: eregorts@lla.la.gov - Updated 01/22

Entity Name: Manners of the Heart Community Fund Fiscal Year End: June 30,2022

Balance Sheet			Statement B
	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
Cash and cash equivalents	\$	\$	
2. Investments (fair value)		- N	Telephone years
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)	The state of the s		DATE OF THE PARTY AND
5. Other (brief description)			
6. Total Assets (add lines 1 - 5)	\$	\$	\$
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (brief description): Accounts Payable	\$	\$	\$
Accrued Payroll Expenses		STATE OF THE PARTY	bester a serie
9.			
10.			Communication
11. Total Liabilities (add lines 7 - 10)			Travel - Lever T
12. Fund balance (amount from Line 16 on Statement A)			Portertalica feet
13. Other		To the	Conformor train
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$	\$	\$

Entity Name: Manners of the Heart Community Fund ____Fiscal Year End: June 30, 2022

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: Jill Garner, Founder/Chief Visionary Officer

Purpose		Dollar Amount		
1. Salary	1.	0		
2. Benefits-insurance	2.			
3. Benefits-retirement				
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.	0		

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.)