

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

## NORTHSHORE COMMUNITY FOUNDATION

807 N. Columbia Street, Covington, LA 70433

985-893-8757

sbonnett@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](mailto: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, 2022 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 federal and municipal funds revenues and other sources for the year ended December 31, 2022, 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 24 day of March, 2023

  
NOTARY PUBLIC SIGNATURE & SEAL

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

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

Entity Name: Northshore Community Foundation Fiscal Year End: Dec. 31, 2022

## Statement of Receipts and Disbursements

## Statement A

	General Fund	Other Fund	Total
<b>RECEIPTS (Provide Brief Description):</b>			
1. City of Mandeville	\$ 10,000	\$ 0	\$ 10,000
2. St. Tammany Parish Government	5,000	0	5,000
3. St. Tammany Parish Coroner's Office	5,000	0	5,000
4. St. Tammany Tourist and Convention Commission	5,000	0	5,000
5. St. Tammany Parish Library	5,000	0	5,000
<b>6. Total receipts (add lines 1 - 5)</b>	<b>\$ 30,000</b>	<b>\$ 0</b>	<b>\$ 30,000</b>
<b>DISBURSEMENTS (Provide Brief Description):</b>			
7. Salaries	\$ 30,000	\$ 0	\$ 30,000
8.			
9.			
10.			
11.			
12.			
<b>13. Total Disbursements (add lines 7 - 12)</b>	<b>\$ 30,000</b>	<b>\$ 0</b>	<b>\$ 30,000</b>
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

**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: Northshore Community Foundation Fiscal Year End: Dec. 31, 2022

## Balance Sheet

## Statement B

	General Fund	Other Fund	Total
<b>ASSETS (balances at year-end)</b>			
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)			
6. <b>Total Assets</b> (add lines 1 - 5)	\$ 0	\$ 0	\$ 0
<b>LIABILITIES AND FUND BALANCE (at year-end):</b>			
7. Liabilities (brief description):	\$ 0	\$ 0	\$ 0
8.			
9.			
10.			
11. <b>Total Liabilities</b> (add lines 7 - 10)	0	0	0
12. Fund balance (amount from Line 16 on Statement A)	0	0	0
13. Other			
14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13)	\$ 0	\$ 0	\$ 0

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

Entity Name: Northshore Community Foundation Fiscal Year End: Dec. 31, 2022

## Statement C

### Schedule of Compensation, Benefits and Other Payments to Entity Head

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

Purpose	Dollar Amount
1. Salary	1. 165,000
2. Benefits-insurance	2. 949
3. Benefits-retirement	3. 18,150
4. Benefits-other (describe) cell phone	4. 853
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. 35,455
11. Travel	11. 1,925
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. 222,332

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.)