

Senior Citizens Outreach Entity, Inc. (Entity Name)

Richwood, Ouachita Parish/LA (City, Parish/State)

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

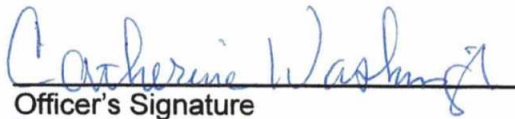
(Date) 06/29/2020

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 December 31, 2019 (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,



Officer's Signature



Officer's Name

Enclosures

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

Please return the completed form within 90 days of your entity's year-end to Louisiana Legislative Auditor – Local Government Services, Post Office Box 94907, Baton Rouge, LA 70804-0907.

Affidavit and Revenue Certification

Senior Citizens Outreach Entity, Inc.

ENTITY NAME

Ouachita Parish
Richwood, 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, Catherine Washington (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Senior Citizens Outreach Entity, Inc. (enter entity name) as of December 31, 2019 (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.

(Complete if applicable)

In addition, Catherine Washington (officer name), who, duly sworn, deposes and says that Senior Citizens Outreach Entity, Inc. (entity name) received \$75,000 or less in revenues and other sources for the year ended 2019, December 31st, and accordingly, is not required to have an audit for the previously mentioned year.

Catherine Washington
Officer's Signature

Sworn to and subscribed before me this 30th day of June, 2020.

[Signature]
NOTARY PUBLIC SIGNATURE



Jasmyne A. McConnell
Notary Public, ID# 139857
Parish of Ouachita

Commission Expires
with Life

For Office Use Only
Under provisions of state law, this report will become a public document on the Monday following the release date. A copy of the report will be submitted to appropriate public officials and be available for public inspection at the Baton Rouge office of the Louisiana Legislative Auditor and, where appropriate, at the office of the parish clerk of court.
Release Date _____

Please Complete This Section
Officer's Name Catherine Washington
Officer's Title Executive Director
Address 5125 Brown Rd.
City, Zip Monroe, LA 71202
Ph: Cell/Land (318) 348-0770
E-mail scoreinc@comcast.net

Senior Citizen Outreach Entity, Inc.

(Agency Name)

Statement of Cash Receipts and Disbursements
For the Year Ended December 31, 2019
 (Year-End)

| | <u>General Fund</u> | <u>Other Fund</u> | <u>Total</u> |
|---|-------------------------|-----------------------|---------------------|
| RECEIPTS (Provide Brief Description): | | | |
| 1. Ouachita Parish Council on Aging | \$ 59,817.00 | \$ | \$59,817.00 |
| 2. Other Income | 797.40 | | 797.40 |
| 3. Interest Income | 457.16 | | 457.16 |
| 4. | | | |
| 5. | | | |
| 6. Total receipts (add lines 1 - 5) | <u>\$ 61,071.56</u> | <u>\$</u> | <u>\$ 61,071.56</u> |
| DISBURSEMENTS (Provide Brief Description): | | | |
| 7. Program Expenses | \$ 59,728.01 | \$ | \$ 59,728.01 |
| 8. Management & General | 34,339.75 | | 34,339.75 |
| 9.** (See Attachment #2 for details) | | | |
| 10. | | | |
| 11. | | | |
| 12. | | | |
| 13. Total Disbursements (add lines 7 - 12) | <u>\$ 94,067.76</u> | <u>\$</u> | <u>\$ 94,067.76</u> |
| 14. Change in fund balance (Lines 6 minus 13) | \$ -32,996.20 | \$ | \$ -32,996.20 |
| 15. Fund Balance at beginning of year | \$ 188,019.62 | \$ | \$ 188,019.62 |
| 16. Fund balance (deficit) at end of year (Add lines 14-15) -This amount also goes on line 12, Statement B | \$ 155,023.42 | \$ | \$ 155,023.42 |

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

Senior Citizens Outreach Entity, Inc.

(Agency Name)

Balance Sheet, on December 31, 2019

(Year-End)

| | General Fund | Other Fund | Total |
|---|-------------------------|-----------------------|---------------------|
| ASSETS (balances at year-end) -Give brief description: | | | |
| **See Attachment #1 - All equipment have fully depreciated** | | | |
| 1. Cash and cash equivalents on hand | \$ 155,023.42 | \$ | \$155,023.42 |
| 2. 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) | <u>\$ 155,023.42</u> | <u>\$</u> | <u>\$155,023.42</u> |
| LIABILITIES AND FUND BALANCE (at year-end): | | | |
| 7. Liabilities (give brief description): | | | |
| 8. | \$ | \$ | \$ |
| 9. | | | |
| 10. | | | |
| 11. Total Liabilities (add lines 7 - 10) | 0.00 | | 0.00 |
| 12. Fund balance (amount from Line 16 on Statement A) | 155,023.42 | | 155,023.42 |
| 13. Other | | | |
| 14. Total Liabilities and Fund Balance (add lines 11 - 13) | <u>\$ 155,023.42</u> | <u>\$</u> | <u>\$155,023.42</u> |

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

Senior Citizens Outreach Entity, Inc. _____ (Agency Name)

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 December 31, 2019 (Year-End)

Agency Head Name and Title: Catherine Washington, Executive Director

| Purpose | Dollar Amount |
|---|----------------|
| 1. Salary | 1. \$7,956 |
| 2. Benefits-insurance | 2. |
| 3. Benefits-retirement | 3. |
| 4. 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. \$15.44 |
| 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. \$7,971.44 |

_____ 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.)

(Attachment #1)

Senior Citizens Outreach Entity, Inc.
Statement of Financial Position
For The Year Ended December 31, 2019

ASSETS

| | |
|-------------------------------|-----------------------------|
| Cash | \$ 155,023.42 |
| Property & Equipment | |
| Furniture & Equipment | 22,649.00 |
| Automobile | 21,287.00 |
| Leasehold Improvements | 51,420.00 |
| Total | <u>95,356.00</u> |
| Less Accumulated Depreciation | <u>(95,356.00)</u> |
| Net Property & Equipment | - |
| TOTAL ASSETS | <u>\$ 155,023.42</u> |

LIABILITIES AND FFUND BALANCE

| | |
|--|-----------------------------|
| Liabilities | \$ - |
| Fund Balance | |
| Net Assets | \$ 188,019.62 |
| Net Revenue | <u>(32,996.20)</u> |
| TOTA LIABILITIES AND FUND BALANCE | <u>\$ 155,023.42</u> |

(Attachment #2)

Senior Citizens Outreach Entity, Inc.
Statement of Activities & Functional Expenses
December 31, 2019

| <u>Statement of Activities</u> | | <u>Statement of Functional Expenses</u> | |
|----------------------------------|-----------------------|---|---------------------------------|
| REVENUE | Grand Totals | | |
| Interest Income | \$ 457.16 | | |
| Misc. Income | 797.40 | | |
| OCO A | 59,817.00 | | |
| TOTAL REVENUE | \$ 61,071.56 | | |
| EXPENDITURES | | Programs & Services | Management & General |
| Bank Charges & Fees | \$ 83.24 | \$ - | \$ 83.24 |
| Communication | 3,681.51 | 3,681.51 | - |
| Contract Service | 6,707.64 | 6,707.64 | - |
| Fuel | 2,537.05 | 2,537.05 | - |
| Insurance | 3,818.87 | 3,818.87 | - |
| Legal & Professional Services | 15,041.93 | - | 15,041.93 |
| Meals & Entertainment (Business) | 22,040.09 | 22,040.09 | - |
| Office Expenses (Business) | 4,618.47 | 2,309.24 | 2,309.24 |
| Other Expense | 1,645.17 | - | 1,645.17 |
| Payroll | 14,453.05 | 2,890.61 | 11,562.44 |
| Payroll Taxes | 2,347.06 | 469.41 | 1,877.65 |
| Pest Control | 336.60 | - | 336.60 |
| Taxes (Business) | 1,483.49 | - | 1,483.49 |
| Transportation | 9,120.49 | 9,120.49 | - |
| Utilities (Business) | 6,153.10 | 6,153.10 | - |
| TOTAL EXPENDITURES | \$ 94,067.76 | \$ 59,728.01 | \$ 34,339.75 |
| NET REVENUE | \$ (32,996.20) | | |