ASSURANCE TAX & ACCOUNTING GROUP, LLC

Affidavit — Sworn Financial Statement

To accompany the LLA "Sworn Financial Statements and Certification of Revenues — $75,000 or Less" packet (Statements A, B, and C).

Entity Name: Someone Always Care Foundation, LLC

Fiscal Year Ended: December 31, 2025

STATE OF LOUISIANA
PARISH OF EAST BATON ROUGE

BEFORE ME, the undersigned authority, personally came and appeared **Melvilyn Hamilton** who, being duly sworn, deposes and says:

That I am the **President** of the above-named entity and am authorized to make this affidavit on its behalf;

That the financial statements herewith given — Statement A, Statement B (if applicable), and Statement C — present fairly, in all material respects, the financial position and the public funds received and expended by the entity for the fiscal year ended December 31, 2025;

That the entity received seventy-five thousand dollars ($75,000) or less in public funds (funds received from a state or local governmental entity, or federal funds passed through a state or local entity) during the fiscal year;

That the entity has maintained a system of internal control sufficient to safeguard its assets and to ensure compliance with applicable laws and regulations; and that the entity has complied with all laws and regulations applicable to the public funds received.

Signature of Officer

Printed Name: **Melvilyn Hamilton**

Title: **President**

SWORN TO AND SUBSCRIBED before me this 16 day of July, 2026.

Notary Public

Printed Name: Devon London

Notary / Bar ID No.: 157875

My commission expires: at death

Note: This affidavit must be filed together with the LLA's official Statement A, Statement C (and Statement B if applicable). Confirm the wording against the current LLA form before notarizing; the LLA periodically updates the prescribed packet. File the notarized packet with the LLA by March 31, 2026 (ereports@lla.la.gov).

OFFICIAL SEAL
DEVON LONDON
NOTARY ID # 157875
STATE OF LOUISIANA
PARISH OF LIVINGSTON
My Commission is for Life

Entity Name: Someone Always Cares Foundation Fiscal Year End: December 31,

Statement of Receipts and Disbursements **Statement A**

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. City of BR -1 (Barrow Fund)	$ 20,000.00		$ 20,000.00
2. City of BR -2	$ 5,974.74		$ 5,974.74
3.			$ 0.00
4.			$ 0.00
5.			$ 0.00
6. **Total receipts** (add lines 1 - 5)	$ 25,974.74	$ 0.00	$ 25,974.74
DISBURSEMENTS (Provide Brief Description):			
7. Delinquency Prevention & Intervention-Evening Re	$ 25,000.00		$ 25,000.00
8.			$ 0.00
9.			$ 0.00
10.			$ 0.00
11.			$ 0.00
12.			$ 0.00
13. **Total Disbursements** (add lines 7 - 12)	$ 25,000.00	$ 0.00	$ 25,000.00
14. Change in fund balance (Lines 6 minus 13)	$ 974.74	$ 0.00	$ 974.74
15. Fund Balance at beginning of year			$ 0.00
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	$ 974.74	$ 0.00	$ 974.74

Identify the Basis of Accounting, if not using Cash-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.*

Entity Name: Someone Always Cares Foundation Fiscal Year End: December 31,

Balance Sheet **Statement B**

	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
1. Cash and cash equivalents	$ 149,964.66	$ 31,093.94	$ 181,058.60
2. Investments (fair value)			$ 0.00
3. Office furnishings (Cost of desks, etc)			$ 0.00
4. Equipment (Cost of fax machine, etc)			$ 0.00
5. Other (brief description)		$ 55,316.88	$ 55,316.88
6. **Total Assets** (add lines 1 - 5)	$ 149,964.66	$ 31,093.94	$ 236,375.48
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (brief description):			$ 0.00
8.			$ 0.00
9.			$ 0.00
10.			$ 0.00
11. **Total Liabilities** (add lines 7 - 10)	$ 0.00	$ 0.00	$ 0.00
12. Fund balance (amount from Line 16 on Statement A)	$ 974.74	$ 0.00	$ 974.74
13. Other			$ 0.00
14. Total Liabilities and Fund Balance (add lines 11 - 13)	$ 974.74	$ 0.00	$ 974.74

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name, Title: Melvilyn Hamilton, President

Purpose	Dollar Amount
1. Salary	$ 60,000.00
2. Benefits-insurance	
3. Benefits-retirement	
4. Benefits-other (describe)	
5. Benefits-other (describe)	
6. Benefits-other (describe)	
7. Car allowance	
8. Vehicle provided by government (if reported on your W-2)	
9. Per diem	
10. Reimbursements	
11. Travel	
12. Registration fees	
13. Conference travel	
14. Housing	
15. Unvouchered expenses (example: travel advances, etc.)	
16. Special meals	
17. Other	
18. TOTAL (enter total of line 1-17)	$ 60,000.00

☐ **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.)