

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

Entity Name: Holy Angels Residential Facility

Address: 10450 Ellerbe Rd, Shreveport, LA 71106

Telephone: 318-797-8500 Email: chorne@laholyangels.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, 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, Chris Horne (officer's name), who, duly sworn, deposes and says that the financial statements herewith given present fairly, in all material respects, the financial position of Holy Angels Residential Facility as of 6/30/2023 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: N/A

Complete if Applicable: In addition, Chris Horne, who duly sworn, deposes, and says that Holy Angels Residential Facility received \$75,000 or less in revenues and other sources for the year ended 6/30/2022 and accordingly, is not required to have an audit for the previously mentioned fiscal year.



OFFICER'S SIGNATURE

Director of Finance
OFFICER'S TITLE

Sworn to and subscribed before me, this 20 day of July, 2023



NOTARY PUBLIC SIGNATURE & SEAL



Sandra Johnson
Notary Public
Notary ID No. 56411
Caddo Parish, Louisiana



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

Statement of Receipts and Disbursements

Statement A

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. Caddo Parish Commission	\$	\$15,000	\$15,000
2.			
3.			
4.			
5.			
6. Total receipts (add lines 1 - 5)	\$	\$15,000	\$15,000
DISBURSEMENTS (Provide Brief Description):			
7. AngelCare Supplies	\$	\$ 15,000	\$ 15,000
8.			
9.			
10.			
11.			
12.			
13. Total Disbursements (add lines 7 - 12)	\$	\$ 15,000	\$ 15,000
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) --This amount also goes on line 12, Statement B	\$	\$ 0	\$ 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.

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

Balance Sheet

Statement B

	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
1. Cash and cash equivalents	\$	\$ 0	\$ 0
2. Investments (fair value)			
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)	\$	\$ 0	\$ 0
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (brief description):	\$	\$ 0	\$ 0
8.			
9.			
10.			
11. Total Liabilities (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement A)			
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$	\$ 0	\$ 0

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

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: Laurie Boswell, CEO

Purpose	Dollar Amount
1. Salary	1.
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.
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.

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

Instructions to Prepare Sworn Financial Statements for the Louisiana Legislative Auditor

The enclosed financial statements have four pages:

The first page is an affidavit in which you will affirm that your revenues are in line with the reporting requirements for a sworn financial statement:

Governmental agencies: Affirm that you received \$75,000 or less in total revenues during the year.

Non-profit entities: Affirm that you received \$75,000 or less in public funds during the year.

--Public funds are those received from a state or local governmental entity, or federal funds passed from a state or local governmental entity.

--PLEASE NOTE: Non-profit entities are not required to submit a financial report to the Legislative Auditor during any year in which they did not receive any public funds. Please notify us in writing that your entity did not receive any public funds during the year under consideration. Please inform us prior to the due date of your report to stay in compliance with the state law.

The second page is Statement A. This statement tells the Legislative Auditor how much public funds your agency took in and paid out during the year. . See instructions below.

The third page is Statement B. This statement tells the Legislative Auditor what your ending balances are in the various accounts as listed on the form. See instructions below.

The fourth page is Statement C. This statement is the schedule of compensation, benefits, and other payments made to the head of your agency or the chief executive officer. It is **required** to be completed by Act 706 of the 2014 Legislative Session. See instructions below.

Instructions to Prepare Statement A: The cash basis of accounting is presumed unless the entity notes otherwise on Statement A.

Receipts – Monies Received During the Year:

1. The **General Fund** column is used to report any monies your agency receives or expends for general purposes. The **Other Fund** column is used to report any monies your agency receives or expends for special purposes, such as restricted grant funds or utilities.
2. Line 1-5. List the types and amounts of your agency's receipts, or monies your agency received, during the year. Give a brief explanation of what these receipts were (taxes, fees, grants from which federal/state/local sources, etc.) A separate page may be used if necessary.
3. Line 6. Enter total of lines 1-5.

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.*

Disbursements – Money Spent During the Year:

4. Lines 7-12. List the types and amounts of your agency's disbursements, or monies your agency paid out, during the year. Give a brief description of what these disbursements were for (payroll, rent, utilities, etc.).
5. Line 13. Enter total of lines 7-12.
6. Line 14. Enter the difference between Line 13 and Line 6. If line 13 is greater than line 6, indicate that the line 14 amount is a negative number.
7. Line 15. Enter your agency's fund balance, this is the amount carried over from last year, if applicable.
8. Line 16. Enter the total of lines 14 and 15; this is the Fund Balance.
9. **If line 16 of Statement A is zero, and all of the amounts in Statement B are zero, you do not need to submit Statement B.**

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

Instructions to Prepare Statement B:

Assets:

Line 1. Cash and cash equivalents on hand. Enter your agency's ending cash balance (this includes petty cash, all checking and savings accounts, and CD's with maturity less than 3 months).

Line 2. Investments on hand. Enter your agency's ending investment balance. Leave blank if your agency has no investments.

Line 3. Office furnishings. Enter the cost of your agency's office furnishings, less any depreciation (if applicable). Leave blank if your agency is not keeping track of this information.

Line 4. Equipment. Enter the cost of your agency's equipment, less any depreciation (if applicable). Leave blank if your agency is not keeping track of this information.

Line 6. Total Assets. Enter total of lines 1 - 5.

Liabilities and Fund Balance:

Lines 7-10. Liabilities. List the type and amount of any bills your agency owes to outside parties, but has not paid out at the end of the year (payroll, payments due to vendors, etc.).

Line 11. Total Liabilities. Enter the total of lines 7 - 10.

Line 12. Fund balance. Enter the amount, if any, from line 16 of Statement A.

Line 13. Other. Leave blank unless you have other fund balances.

Line 14. Total Liabilities and Fund Balance. Enter the total of lines 11, 12, and 13.

[NOTE: Line 6 should equal line 14 — Total Assets = Total Liabilities Plus Fund Balance.]

Instructions to Prepare Statement C:

This statement is the schedule of compensation, benefits, and other payments made to the head of your entity or the chief executive officer. It is **required to be completed and submitted** per Act 706 of the 2014 Legislative Session.

1. Enter your agency name at the top of page.
2. Enter the name and title of the head or chief executive officer of your agency.
3. Enter the amounts of compensation and/or benefits received in the appropriate lines.
4. Enter the total of lines 1-17 on line 18.
5. If the head or chief executive officer of your agency does not receive any compensation or benefits, please check the statement at the bottom of the form.
6. **Note for Non-profit Entities:** Act 462 of the 2015 Legislative Session amends Act 706 to allow not-for-profit (quasi-public) entities to report on the Act 706 schedule **only** those payments to the agency head that are derived from public funds.

Instructions to Complete and Submit Financial Statement Forms:

1. Take Statement A, Statement C, (and Statement B if you have filled it out) and the affidavit page to a notary public. Fill out all the information in the affidavit form in the presence of the notary. The notary will witness your signature and affix his or her seal to the affidavit.
2. **MAKE AND RETAIN A COPY OF ALL INFORMATION THAT YOU SEND TO THE LEGISLATIVE AUDITOR FOR YOUR RECORDS.**
3. Send to the Legislative Auditor the affidavit, Statement A and Statement C, (and statement B if applicable) **on or before ninety days of your agency's fiscal year end.**

You can submit a pdf copy of the report by email to: ereports@lla.la.gov

Or by fax to 225-339-3986, or by regular mail to:

Louisiana Legislative Auditor – Local Government Services
Post Office Box 94397
Baton Rouge, LA 70804-9397