LOUISIANA LEGISLATIVE AUDITOR

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

Entity Name: Westside Foundation Inc.

Address: 58350 Court St, Plaquemine, LA, 70764

Telephone: N/A Email: westsidefoundationinc@gmail.com

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, Hakeem Rhodes (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 Westside Foundation Inc. (entity's name) as of 2025 (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; 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, _____ (officer's name), who duly sworn, deposes, and says that _____ (entity's name) received $75,000 or less in revenues and other sources for the year ended _____ (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

OFFICER'S SIGNATURE

Vice President
OFFICER'S TITLE

Sworn to and subscribed before me, this 13th day of September, 2026

NOTARY PUBLIC SIGNATURE

QUINTELE M. JACKSON
Notary Public
State of Louisiana
Iberville Parish
Notary ID # 167064
My Commission is for Life

Entity Name: Westside Foundation Inc. Fiscal Year End: 2025

Statement of Receipts and Disbursements **Statement A**

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. State of Louisiana - Appropriation	$ 15,000.00	$ 0.00	$ 15,000.00
2.			$ 0.00
3.			$ 0.00
4.			$ 0.00
5.			$ 0.00
6. **Total receipts** (add lines 1 - 5)	$ 15,000.00	$ 0.00	$ 15,000.00
DISBURSEMENTS (Provide Brief Description):			
7. Utilities & Communications	$ 3,000.00		$ 3,000.00
8. Building Maintenance & Repairs	$ 2,500.00		$ 2,500.00
9. Equipment & Facility Improvements	$ 7,000.00		$ 7,000.00
10. Office & Operating Supplies	$ 1,000.00		$ 1,000.00
11. Administrative & Technology Expenses	$ 1,500.00		$ 1,500.00
12.			$ 0.00
13. **Total Disbursements** (add lines 7 - 12)	$ 15,000.00	$ 0.00	$ 15,000.00
14. Change in fund balance (Lines 6 minus 13)	$ 0.00	$ 0.00	$ 0.00
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	0	0	0

Identify the Basis of Accounting, if not using Cash-Basis: 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: Westside Foundation Inc. Fiscal Year End: 2025

Balance Sheet **Statement B**

	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
1. Cash and cash equivalents	$ 0.00	$ 0.00	$ 0.00
2. Investments (fair value)	$ 0.00	$ 0.00	$ 0.00
3. Office furnishings (Cost of desks, etc)	$ 0.00	$ 0.00	$ 0.00
4. Equipment (Cost of fax machine, etc)	$ 0.00	$ 0.00	$ 0.00
5. Other (brief description)			$ 0.00
6. **Total Assets** (add lines 1 - 5)	$ 0.00	$ 0.00	$ 0.00
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (brief description):	$ 0.00	$ 0.00	$ 0.00
8.	$ 0.00	$ 0.00	$ 0.00
9.	$ 0.00	$ 0.00	$ 0.00
10.	$ 0.00	$ 0.00	$ 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)	0	0	0
13. Other			$ 0.00
14. Total Liabilities and Fund Balance (add lines 11 - 13)	$ 0.00	$ 0.00	$ 0.00

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name, Title: Tyler Turner - President

Purpose	Dollar Amount
1. Salary	
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)	$ 0.00

☑ **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.)