

**NextSTEP OF CENTRAL LOUISIANA, INC.** (Entity Name)  
**ALEXANDRIA, RAPIDES PARISH, LOUISIANA** (City, Parish/State)

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

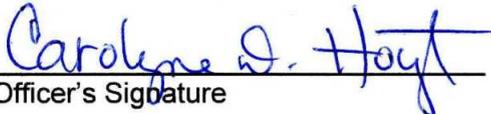
(Date) MAY 27, 2020

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 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

CAROLYNE D. HOYT, EXECUTIVE DIRECTOR  
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 94397, Baton Rouge, LA 70804-9397 - Updated 8/3/16

**Affidavit and Revenue Certification**

**NextSTEP OF CENTRAL LOUISIANA, INC.** (Entity Name)

**RAPIDES PARISH**

**ALEXANDRIA, LOUISIANA**

**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, **CAROLYNE D. HOYT** (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of **NextSTEP OF CENTRAL LOUISIANA, INC.** (enter entity name) as of **DECEMBER 31, 2018** (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, **CAROLYNE D. HOYT**, (officer name), who, duly sworn, deposes and says that **NextSTEP OF CENTRAL LOUISIANA, INC.** (entity name) received \$75,000 or less in revenues and other sources for the year ended **DECEMBER 31, 2019**, and accordingly, is not required to have an audit for the previously mentioned year.

Carolyn D. Hoyt  
Officer's Signature

Sworn to and subscribed before me this 27<sup>th</sup> day of May, 2020.

David T. Marlet  
NOTARY PUBLIC SIGNATURE & SEAL

DAVID T. MARLET, NOTARY; NOTARY No.: 77394  
My Commission Expires at Death; BAR ROLL No.: 27261

**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 2/10/2021

**Please Complete This Section**

Officer's Name **CAROLYNE D. HOYT**  
Officer's Title **EXECUTIVE DIRECTOR**  
Address **220 HOSPITAL BLVD**  
City, Zip **PINEVILLE, LA 71360**  
Ph: Cell/Land **318-664-0277**  
E-mail **carolynehoyt@prodigy.net**

**NextSTEP OF CENTRAL LOUISIANA, 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>
<b>RECEIPTS (Provide Brief Description):</b>			
1. Grants	\$ 35,112.00		\$35,112.00
2. Donations	2,518.40		2,518.40
3.			
4.			
5.			
<b>6. Total receipts</b> (add lines 1 - 5)	<b>\$ 37,630.40</b>		<b>\$37,630.40</b>
<b>DISBURSEMENTS (Provide Brief Description):</b>			
7. Salaries and Wages	\$ 15,362.36		\$ 15,362.36
8. Consulting & Outside Contract Services	35,137.50		35,137.50
9. Royalties Expense	12,000.00		12,000.00
10. Payroll Taxes	1,361.97		1,361.97
11. Insurance Expense	1,448.12		1,448.12
12. Other Expenses	17,822.17		17,822.17
<b>13. Total Disbursements</b> (add lines 7 - 12)	<b>\$ 83,132.12</b>		<b>\$ 83,132.12</b>
14. Change in fund balance ( Lines 6 minus 13)	(\$45,501.72)		(\$45,501.72)
15. Fund Balance at beginning of year	\$ 43,476.38		\$ 43,476.38
16. Fund balance (deficit) at end of year (Add lines 14-15)			
--This amount also goes on line 12, Statement B	(\$ 2,025.34)		(\$ 2,025.34)

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

**NextSTEP OF CENTRAL LOUISIANA, INC.**  
(Agency Name)

**Balance Sheet, on December 31, 2019**  
(Year-End)

	<b>General Fund</b>	<b>Other Fund</b>	<b>Total</b>
<b>ASSETS</b> (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 9,842.32		\$ 9,842.32
2. Investments (fair value) on hand			
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (Accounts Receivable)			
6. <b>Total Assets</b> (add lines 1 - 5)	<b>\$ 9,842.32</b>		<b>\$ 9,842.32</b>
<b>LIABILITIES AND FUND BALANCE</b> (at year-end):			
7. Liabilities (give brief description):			
8. Line of Credit (Capital One)	\$ 9,000.00		\$ 9,000.00
9. Taxes Payable – Payroll	2,086.91		2,086.91
10. Due to Others	780.75		780.75
11. <b>Total Liabilities</b> (add lines 7 - 10)	<b>\$11,867.66</b>		<b>\$11,867.66</b>
12. Fund balance (amount from Line 16 on Statement A)	(2,025.34)		(2,025.34)
13. Other			
14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13)	<b>\$ 9,842.32</b>		<b>\$ 9,842.32</b>

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

NextSTEP OF CENTRAL LOUISIANA, 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: CAROLYNE D. HOYT, EXECUTIVE DIRECTOR

Purpose	Dollar Amount
1. Salary	1. 15,362.36
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. 664.75
11. Travel	11. 847.84
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. 16,874.95

\_\_\_\_ 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.)

PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENTS 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 94397, Baton Rouge, LA 70804-9397 - Updated 8/3/16