

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

Entity Name: NextSTEP of Central Louisiana, Inc.

Address: 220 Hospital Boulevard, Pineville, LA 71360

Telephone: 318-448-0884

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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, Carolyn D. Hoyt, who, duly sworn, deposes and says that the financial statements herewith given present fairly, in all material respects, the financial position of NextSTEP of Central Louisiana, Inc. as of December 31, 2020 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: NONE

Complete if Applicable: In addition, Carolyn D. Hoyt, who duly sworn, deposes, and says that NextSTEP of Central Louisiana, Inc. received \$75,000 or less in revenues and other sources for the year ended December 31, 2020, and accordingly, is not required to have an audit for the previously mentioned fiscal year.

Carolyn D. Hoyt
OFFICER'S SIGNATURE

Executive Director
OFFICER'S TITLE

Sworn to and subscribed before me, this 11th day of June, 2021

Natalie B #161710 @ death
NOTARY PUBLIC SIGNATURE & SEAL

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Statement of Receipts and Disbursements

Statement A

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
RECEIPTS (Provide Brief Description):			
1. Donations	\$ 11,360	\$	\$ 11,360
2. Grants (VOCA)		43,431	43,431
3. Other	319		319
4.			
5.			
6. Total receipts (add lines 1 - 5)	\$ 11,679	\$ 43,431	\$ 55,110
DISBURSEMENTS (Provide Brief Description):			
7. Salaries and wages	\$	\$ 13,987	\$ 13,987
8. Consulting services		25,125	25,125
9. Royalties expense	3,600		3,600
10. Insurance	85	3,189	3,274
11. Payroll taxes	55	1,266	1,321
12. Others (see attached)	5,823	2,654	8,477
13. Total Disbursements (add lines 7 - 12)	\$ 9,563	\$ 46,221	\$ 55,784
14. Change in fund balance (Lines 6 minus 13)	\$ 2,116	\$ -2,790	\$ -675
15. Fund Balance at beginning of year	\$ -2,026	\$	\$ -2,025
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ 90	\$ -2,790	\$ -2,700

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

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Balance Sheet

Statement B

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
ASSETS (balances at year-end)			
1. Cash and cash equivalents	\$ 300	\$	\$ 300
2. Investments (fair value)			
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (Accounts receivable)		20,440	20,440
6. Total Assets (add lines 1 - 5)	<u>\$ 300</u>	<u>\$ 20,440</u>	<u>\$ 20,740</u>
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities:	\$	\$	\$
8. Capital One credit card (Spark)	1,024		1,024
9. Line of credit (Capital One)	7,478		7,478
10. Other (see attached)	10,023	4,915	14,939
11. Total Liabilities (add lines 7 - 10)	18,525	4,915	23,440
12. Fund balance (amount from Line 16 on Statement A)	90	-2,790	-2,700
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$ 90</u>	<u>\$ -2,790</u>	<u>\$ -2,700</u>

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Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: **Carolyn D. Hoyt, Executive Director**

Purpose	Dollar Amount
1. Salary	1. 13,987
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 (office supplies, meeting expense)	10. 712
11. Travel	11. 96
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. 14,795

_____ 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.)

NextSTEP of Central Louisiana, Inc.
Attachment to
Sworn Statement and Certification of Revenues \$75,000 or Less
For Fiscal Year Ending December 31, 2020

	<u>General</u> <u>Fund</u>	<u>Other</u> <u>Fund</u>	<u>Total</u>
Other Disbursements:			
Office Equipment	0	1,154	1,154
Bank Fees	60	0	60
Interest Expense	69	0	69
Meeting Expenses	92	0	92
Postage and Mailing Service	41	0	41
Printing and Copying	0	483	483
Telephone Expenses	1,668	301	1,969
Travel Expense	0	96	96
Storage Expense	510	0	510
Supplies	197	619	817
Website / Social Media	3,186	0	3,186
Total Other Disbursements	5,823	2,654	8,477
Other Liabilities:			
Taxes Payable	217	4,915	5,132
Due to Others	9,806		9,806
Total Other Liabilities	10,023	4,915	14,938