LOUISIANA LEGISLATIVE AUDITOR

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

Entity Name: Families in Need of Services (FINS)

Address: P.O. Box 529, Clinton, LA 70722

Telephone: 225-683-4800 Email: gdavis @20thjdc.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, Kathryn E. Jones (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 Families in Need of Services (FINS) (entity's name) as of June 30, 2026 (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, Kathryn E. Jones (officer's name), who duly sworn, deposes, and says that Families in Need of Services (FINS) (entity's name) received $75,000 or less in revenues and other sources for the year ended June 30, 2026 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

OFFICER'S SIGNATURE

Kathryn E. Jones, Chief Judge
OFFICER'S TITLE

Sworn to and subscribed before me, this 21st day of August, 20 26

NOTARY PUBLIC SIGNATURE

GINGER DAVIS #82290
NOTARY PUBLIC
EAST FELICIANA PARISH, LA
MY COMMISSION IS FOR LIFE

Entity Name: Families in Need of Services (FINS) Fiscal Year End: June 30, 2026

Statement of Receipts and Disbursements **Statement A**

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. NONE			$ 0.00
2.			$ 0.00
3.			$ 0.00
4.			$ 0.00
5.			$ 0.00
6. **Total receipts** (add lines 1 - 5)	$ 0.00	$ 0.00	$ 0.00
DISBURSEMENTS (Provide Brief Description):			
7. NONE			$ 0.00
8.			$ 0.00
9.			$ 0.00
10.			$ 0.00
11.			$ 0.00
12.			$ 0.00
13. **Total Disbursements** (add lines 7 - 12)	$ 0.00	$ 0.00	$ 0.00
14. Change in fund balance (Lines 6 minus 13)	$ 0.00	$ 0.00	$ 0.00
15. Fund Balance at beginning of year	$ 1,120.01		$ 1,120.01
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	$ 1,120.01	$ 0.00	$ 1,120.01

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: Families in Need of Services (FINS) Fiscal Year End: June 30, 2026

Balance Sheet **Statement B**

	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
1. Cash and cash equivalents	$ 1,120.01		$ 1,120.01
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)*			$ 0.00
6. **Total Assets** (add lines 1 - 5)	$ 1,120.01	$ 0.00	$ 1,120.01
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (brief description): NONE			$ 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)	$ 1,120.01	$ 0.00	$ 1,120.01
13. Other			$ 0.00
14. Total Liabilities and Fund Balance (add lines 11 - 13)	$ 1,120.01	$ 0.00	$ 1,120.01

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name, Title:_____

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.)