

Affidavit and Revenue Certification

Lakeview Shepherd Center
ORLEANS PARISH
NEW ORLEANS, LA

**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, Louise Cragin (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Lakeview Shepherd Center (enter entity name) as of June 30, 2019 (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, Louise Cragin (officer name), who, duly sworn, deposes and says that Lakeview Shepherd Center (entity name) received \$75,000 or less in revenues and other sources for the year ended June 30, 2019 and accordingly, is not required to have an audit for the previously mentioned year.

Louise Cragin
Officer's Signature

Sworn to and subscribed before me this 5th day of December, 2019.

Timothy S. Cragin
NOTARY PUBLIC SIGNATURE & SEAL

TIMOTHY S. CRAGIN
NOTARY PUBLIC (La. Bar No. 22313)
Parish of Orleans, State of Louisiana
My Commission is issued for Life

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 12-11-2019

Please Complete This Section

Officer's Name Louise Cragin
Officer's Title Ex-Officio
Address 6868 Louisville Ave
City, Zip New Orleans, LA 70124
Ph: Cell/Land 504-220-4606
E-mail shepherdcenternola@gmail.com

Lakeview Shepherd Center
(Agency Name)

Statement of Cash Receipts and Disbursements
For the Year Ended June 30, 2019
(Year-End)

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
RECEIPTS (Provide Brief Description):			
1. Government Grants	\$73,423	\$	\$73,423.00
2. Contributions (business & Individuals)	31,465		31,465
3. Fundraising Revenue	14,955		14,955
4. Interest Income	262		262
5. In Kind Contributions	13,600		13,600
6. Total receipts (add lines 1 - 5)	\$133,705.00	\$	\$133,705.00
DISBURSEMENTS (Provide Brief Description):			
7. Program Services	\$109,449	\$	\$109,449.00
8. Administrative Services	18,355		18,355
9.			
10. (see attached breakdown of disbursements)			
11.			
12.			
13. Total Disbursements (add lines 7 - 12)	\$127,804.00	\$	\$127,804.00
14. Change in fund balance (Lines 6 minus 13)	\$5,901	\$	\$ 5,901
15. Fund Balance at beginning of year	\$174,113	\$	\$174,113
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$180,014	\$	\$180,014

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 8/3/18

Lakeview Shepherd Center

(Agency Name)

Balance Sheet, on June 30, 2019

(Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$150,691	\$	\$150,691
2. Investments (fair value) on hand			
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description) gov, grants receivable	33,323		33,323
6. Total Assets (add lines 1 - 5)	\$184,014	\$	\$184,014
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):			
8. Accounts Payable	\$4,000	\$	\$4,000
9.			
10.			
11. Total Liabilities (add lines 7 - 10)	4,000		4,000
12. Fund balance (amount from Line 16 on Statement A)	180,014		180,014
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$184,014	\$	\$184,014

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Lakeview Shepherd Center (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 June 30, 2019 (Year-End)

Agency Head Name and Title: Louise Saenz, Director

Purpose	Dollar Amount
1. Salary	1. 18,969.44
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. 18,969.44

____ 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.)

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