

Early Childhood Development and
Family Center of Arroyelles (Entity Name)
Mansura/Arroyelles/Louisiana (City, Parish/State)

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

(Date) 04/14/20

Ms. Gayle Fransen
Engagement Manager
Louisiana Legislative Auditor
1600 North Third Street
Baton Rouge, LA 70802

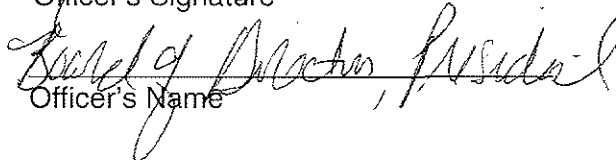
Dear Ms. Fransen:

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 12/31/19 (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



Officer's Name

Enclosures

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

Affidavit and Revenue Certification

Early Childhood Development and Family Center of Avoyelles ENTITY NAME
Avoyelles Parish
Nansura, LA (City), State

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, Melissa Gaudreau (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of President of Board of Directors (enter entity name) as of 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, Melissa Gaudreau (officer name), who, duly sworn, deposes and says that Early Childhood Dev. & Family Cntr of Avoyelles (entity name) received \$75,000 or less in revenues and other sources for the year ended 2019, and accordingly, is not required to have an audit for the previously mentioned year.

Melissa Gaudreau
Officer's Signature

Sworn to and subscribed before me this 21st day of April, 2020.

Shannon Kojis Fender
NOTARY PUBLIC SIGNATURE & SEAL

Shannon Kojis Fender
Notary Public-ID Number 65270
Avoyelles Parish, Louisiana
Commission is 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 _____

Please Complete This Section
Officer's Name _____
Officer's Title _____
Address _____
City, Zip _____
Ph: Cell/Land _____
E-mail _____

Early Childhood Development and Family Center of Avoyelles
(Agency Name)

Statement of Cash Receipts and Disbursements
For the Year Ended 12/31/19
(Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. CACFP Food Program	\$ 45296-	\$	\$
2. State Refund - LDR	22000-		
3. CCAP Reimbursements	99628-		
4. Private Pay Tuition	233935-		
5. Misc	101487-		
6. Total receipts (add lines 1 - 5)	<u>\$ 502346-</u>	<u>\$</u>	<u>\$</u>
DISBURSEMENTS (Provide Brief Description):			
7. Salaries and Wages	\$ 222300-	\$	\$
8. Payroll taxes	20088-		
9. Accounting	11270-		
10. Interest	17078-		
11. Depreciation	17731-		
12. other Food Costs, Maintenance, Utilities, Insurance, etc.	100710		
13. Total Disbursements (add lines 7 - 12)	<u>\$ 389185</u>	<u>\$</u>	<u>\$</u>
14. Change in fund balance (Lines 6 minus 13)	\$ 113161-	\$	\$
15. Fund Balance at beginning of year	\$ 10927-	\$	\$
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	<u>\$ 124088</u>	<u>\$</u>	<u>\$</u>

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Early Childhood Development and Family Center of Arroyelles
 (Agency Name)

Balance Sheet, on 12/31/19
 (Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 98212-	\$	\$
2. Investments (fair value) on hand			
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc) <i>Less A/D</i>	398951		
5. Other (brief description) <i>A/R, Deposit</i>	6938		
6. Total Assets (add lines 1 - 5)	<u>\$ 504101</u>	\$	\$
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description): <i>Accounts Payable</i>	2225-		
8. <i>Note Payable</i>	\$ 375434-	\$	\$
9. <i>Accrued Interest Payable</i>	1215-		
10. <i>Payroll Liabilities</i>	1139-		
11. Total Liabilities (add lines 7 - 10)	380013-		
12. Fund balance (amount from Line 16 on Statement A)	124088-		
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$ 504101-</u>	\$	\$

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

Early Childhood Development
and Family Center of Acadiana

(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 12/31/19 (Year-End)

Agency Head Name and Title: Raven Van Gossen (October 2019 - Present)

Purpose	Dollar Amount
1. Salary	1. 8731-
2. Benefits-insurance	2.
3. Benefits-retirement	3.
4. Benefits-other (describe) <u>Payroll Taxes</u>	4. 827
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. 9558-

_____ 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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Early Childhood Development and Family Center of Arroyelles (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 12/31/19 (Year-End)

Agency Head Name and Title: Theresa Carmouche (Jan-Oct 2019)

Purpose	Dollar Amount
1. Salary	1. 21401
2. Benefits-insurance	2.
3. Benefits-retirement	3.
4. Benefits-other (describe) <u>Payroll Taxes</u>	4. 1699
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. 23100

_____ 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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