

Affidavit and Revenue Certification

The Early Childhood Development and Family Center of Amoyelles ENTITY NAME
Amoyelles Parish
Mansura, Louisiana (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, Miche Moreau (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of ECDC (enter entity name) as of 12/31/17 (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, Miche Moreau (officer name), who, duly sworn, deposes and says that ECDC (entity name) received \$75,000 or less in revenues and other sources for the year ended 2017, and accordingly, is not required to have an audit for the previously mentioned year.

[Signature]
Officer's Signature

Sworn to and subscribed before me this 12th day of June, 2018.

[Signature]
NOTARY PUBLIC SIGNATURE & SEAL

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 JUN 20 2018

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

The Early Childhood Development and Family Center of Acyelles
(Agency Name)

Statement of Cash Receipts and Disbursements
For the Year Ended 12/2017
(Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. CACFP Food Program	\$ 44,886	\$	\$
2. State Refund - LDR	18,045		
3. CCAP Reimbursement	193,894		
4. Private Day Tuition	191,134		
5. Misc	18,479		
6. Total receipts (add lines 1 - 5)	\$416,438	\$	\$
DISBURSEMENTS (Provide Brief Description):			
7. Salaries & wages	\$ 241,111	\$	\$
8. Payroll taxes	21,488		
9. Accounting	16,210		
10. Interest	19,739		
11. Depreciation	16,791		
12. Other - Food costs, Maintenance, Utilities, Insurance	137,094		
13. Total Disbursements (add lines 7 - 12)	\$ 452,763	\$	\$
14. Change in fund balance (Lines 6 minus 13)	\$ 13,675	\$	\$
15. Fund Balance at beginning of year	\$ <18,381>	\$	\$
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ <4706>	\$	\$

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

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

Balance Sheet, on 12/31/17
(Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 10,311	\$	\$
2. Investments (fair value) on hand			
3. Office furnishings (Cost of desks, etc) <u>Less A/D</u>	<u>274</u>		
4. Equipment (Cost of fax machine, etc) <u>Less A/D</u>	<u>420,730</u>		
5. Other (brief description) <u>Accounts Receivable</u>	<u>6,256</u>		
6. Total Assets (add lines 1 - 5)	<u>\$437,571</u>	\$	\$
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):			
8. <u>Note Payable</u>	\$ 437,517	\$	\$
9. <u>Accrued Interest Payable</u>	<u>1,416</u>		
10.	<u>3,344</u>		
11. Total Liabilities (add lines 7 - 10)	<u>442,277</u>		
12. Fund balance (amount from Line 16 on Statement A)	<u>(4,706)</u>		
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$437,571</u>	\$	\$

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The Early Childhood Development and Family Center of Amoyelles (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 12/31/17 (Year-End)

Agency Head Name and Title: Candice Smith, Director

Purpose	Dollar Amount
1. Salary	1. 29,105
2. Benefits-insurance	2.
3. Benefits-retirement	3.
4. Benefits-other (describe) <u>Daycare fees</u>	4. 2,303
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. 171
14. Housing	14.
15. Unvouchered expenses (example: travel advances, etc.)	15.
16. Special meals	16.
17. Other <u>CPR & Toddler Training</u>	17. 300
18. TOTAL (enter total of line 1-17)	18. 31,879

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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