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Affidavit and Revenue Certification

____ Thrive Foundation ____ ENTITY NAME
____ East Baton Rouge ____ Parish
____ Baton Rouge, 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, Allison Reeves (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Thrive Foundation (enter entity name) as of 2017 (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, _____, (officer name), who, duly sworn, deposes and says that _____ (entity name) received \$75,000 or less in revenues and other sources for the year ended _____, and accordingly, is not required to have an audit for the previously mentioned year.

Allison Reeves

Officer's Signature

Sworn to and subscribed before me this 10th day of May, 2018.

[Signature]

NOTARY PUBLIC SIGNATURE & SEAL

<p>For Office Use Only</p> <p>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.</p> <p style="text-align: center;">MAY 16 2018</p> <p>Release Date _____</p>
<p>Please Complete This Section</p>

<p>Officer's Name <u>Allison Reeves</u></p> <p>Officer's Title <u>President, Thrive Foundation</u></p> <p>Address <u>2585 Brightside Lane Dr.</u></p> <p>City, Zip <u>Baton Rouge, LA 70820</u></p> <p>Ph: Cell/Land <u>(225) 726-3355</u></p> <p>E-mail <u>areeves@thrivebr.org</u></p>
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Thrive Foundation

(Agency Name)

Statement of Cash Receipts and Disbursements**For the Year Ended June 30, 2017**

(Year-End)

PLEASE
RETAIN A
COPY OF
THE

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
RECEIPTS (Provide Brief Description):			
1. Contributions	\$ 50,000	\$	\$ 50,000
2. Rental Income	276,284		276,284
3. State Funding	55,849		55,849
4.			
5.			
6. Total receipts (add lines 1 - 5)	\$ 382,133	\$	\$382,133
DISBURSEMENTS (Provide Brief Description):			
7. Program Services	\$ 357,321	\$	\$ 357,321
8.	119,110		119,110
9.			
10.			
11.			
12.			
13. Total Disbursements (add lines 7 - 12)	\$ 476,431	\$	\$ 476,431
14. Change in fund balance (Lines 6 minus 13)	\$ (94,298)	\$	\$ (94,298)
15. Fund Balance at beginning of year	\$ 2,945,725	\$	\$2,945,725
16. Fund balance (deficit) at end of year (Add lines 14-15)			
--This amount also goes on line 12, Statement B	\$ 2,851,427	\$	\$2,851,427

COMPLETED FINANCIAL STATEMENTS FOR YOUR RECORDS

Thrive Foundation
(Agency Name)

Balance Sheet, on June 30, 2017
(Year-End)

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 3,901	\$	\$ 3,901
2. Note Receivable	150,000		150,000
3. Office furnishings (Cost of desks, etc)			
4. Net PP&E	9,586,859		9,586,859
5. Due from related parties	50,773	50,773	101,546
	50		50
6. Total Assets (add lines 1 - 5)	\$ 9,791,533	\$	\$9,791,533
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):			
8. Accounts Payable	\$ 287,783	\$	\$ 287,783
9. Accrued Liabilities	122,840		122,840
10. Mortgage Loan	6,379,483		6,379,483
11. Other current liabilities	150,000		150,000
11. Total Liabilities (add lines 7 - 10)	6,940,106		6,940,106
12. Fund balance (amount from Line 16 on Statement A)	2,851,427		2,851,427
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 9,791,533	\$	\$9,791,533

Thrive Foundation (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, 2017 (Year-End)

Agency Head Name and Title: Sarah Broome, Executive Director

Purpose	Dollar Amount
1. Salary	1.
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.

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.)

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 8/3/16