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Affidavit and Revenue Certification

Face to Face Enrichment Center
Tangipahoa Parish
Hammond, LA 70403

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).

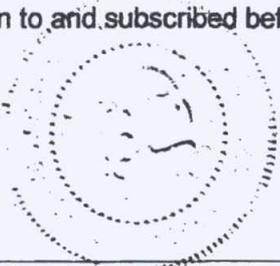
Personally came and appeared before the undersigned authority, Gabrielle Johnson (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Face to Face Enrichment Center (enter entity name) as of 2017 (entity's year-end), 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, Gabrielle Johnson, (officer name), who, duly sworn, deposes and says that Face to Face Enrichment Center (entity name) received \$75,000 or less in revenues and other sources for the year ended December 31, 2017, and accordingly, is not required to have an audit for the previously mentioned year.

Gabrielle Johnson
Officer's Signature

Sworn to and subscribed before me this 22nd day of April, 2018.



Carl N. Perkins #68674
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 MAY 02 2018
Please Complete This Section

Officer's Name Gabrielle Johnson
Officer's Title Executive Director
Address 1206 JW Davis, Suite 104
City, Zip Hammond, LA 70403
Ph: Cell/Land 225-485-8760
E-mail gjohnson@facetofacecenter.org

Face to Face Enrichment Center
(Agency Name)

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

| | <u>General Fund</u> | <u>Other Fund</u> | <u>Total</u> |
|---|-------------------------|-----------------------|--------------------|
| RECEIPTS (Provide Brief Description): | | | |
| 1. Grants/Contributions | \$35,165.00 | \$ | \$35,165.00 |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. Total receipts (add lines 1 - 5) | <u>\$35,165.00</u> | <u>\$</u> | <u>\$35,165.00</u> |
| DISBURSEMENTS (Provide Brief Description): | | | |
| 7. Operating Costs | \$13,800.00 | \$ | \$13,800.00 |
| 8. Salaries | \$20,700.00 | | \$20,700.00 |
| 9. | | | |
| 10. | | | |
| 11. | | | |
| 12. | | | |
| 13. Total Disbursements (add lines 7 - 12) | <u>\$34,500.00</u> | <u>\$</u> | <u>\$34,500.00</u> |
| 14. Change in fund balance (Lines 6 minus 13) | \$665.00 | \$ | \$665.00 |
| 15. Fund Balance at beginning of year | \$ | \$ | \$ |
| 16. Fund balance (deficit) at end of year (Add lines 14-15) -This amount also goes on line 12, Statement B | \$665.00 | \$ | \$665.00 |

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

Face to Face Enrichment 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 December 2017 (Year-End)

Agency Head Name and Title: Gabrielle Johnson/Executive Director

| Purpose | Dollar Amount |
|---|---------------|
| 1. Salary | 1. 2,220.00 |
| 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. 2,220.00 |

_____ 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.)

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