

Affidavit and Revenue Certification

Lowlander Center ENTITY NAME
Terrebonne Parish
Gray (City), State
LA

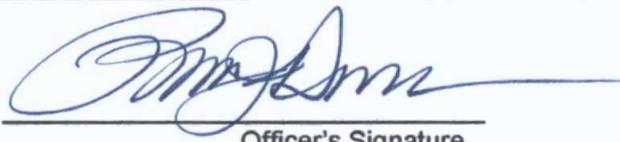
ANNUAL SWORN FINANCIAL STATEMENTS AND CERTIFICATION OF REVENUES \$75,000 OR LESS (if applicable)

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, Kristina J. Peterson (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Lowlander 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, Kristina Peterson (officer name), who, duly sworn, deposes and says that Lowlander Center (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.



Officer's Signature

Sworn to and subscribed before me this 16 day of March, 2018.


NOTARY PUBLIC SIGNATURE & SEAL
Denise S Garofalo #9584

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 APR 11 2018

Please Complete This Section
Officer's Name Kristina Peterson
Officer's Title Facilitator - Director
Address 106 Sandatwood Dr.
City, Zip Gray, LA 70359
Ph: Cell/Land 304-266-2517
E-mail Kristina@lowlandercenter.org

Lowlander Center Inc.

**Statement of Cash Receipts and Disbursements
For the Year Ended December 31, 2017
(Year-End)**

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1.Private Donations	\$119,633.74	\$	\$119,633.74
2.Private Grants	\$288,271.42		\$288,271.42
3.Public Grants	\$42,306.75		\$42,306.75
4.Non-Profit Revenue	\$5,368.31		\$5,368.31
5.			
6. Total receipts (add lines 1 - 5)	\$455,580.22	\$	\$455,580.22
DISBURSEMENTS (Provide Brief Description):			
7.Professional Services	\$175,379.07	\$	\$175,379.07
8.Insurance Expense	\$5,575.20		\$5,575.20
9.Travel Expenses	\$31,707.10		\$31,707.10
10.Education Expenses	\$15,527.21		\$15,527.21
11.Office Expenses	\$6,731.48		\$6,731.48
12.Registration Expenses	\$2,660.55		\$2,660.55
13. Total Disbursements (add lines 7 - 12)	\$237,580.61	\$	\$237,580.61
14. Change in fund balance (Lines 6 minus 13)	\$217,999.61	\$	\$271,999.61
15. Fund Balance at beginning of year	\$133,125.69	\$	\$133,125.69
16. Fund balance (deficit) at end of year (Add lines 14-15) -This amount also goes on line 12, Statement B	\$351,125.30	\$	\$351,125.30

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

Lowlander Center Inc.

Balance Sheet, on December 31, 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	\$354,800.30	\$	\$354,800.30
2. Investments (fair value) on hand			
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other Grants Receivable	\$16,593.51		\$16,593.51
6. Total Assets (add lines 1 - 5)	<u>\$371,393.81</u>	<u>\$</u>	<u>\$371,393.81</u>
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities			
8. Accounts Payable	\$20,268.51	\$	\$20,268.51
9.			
10.			
11. Total Liabilities (add lines 7 - 10)	\$20,268.51		\$20,268.51
12. Fund balance (amount from Line 16 on Statement A)	\$351,125.30		\$351,125.30
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$371,393.81</u>	<u>\$</u>	<u>\$371,393.81</u>

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Lowlander Center Inc.

Balance Sheet, on December 31, 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	\$354,800.30	\$	\$354,800.30
2. Investments (fair value) on hand			
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other Grants Receivable	\$16,593.51		\$16,593.51
6. Total Assets (add lines 1 - 5)	\$371,393.81	\$	\$371,393.81
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities			
8. Accounts Payable	\$20,268.51	\$	\$20,268.51
9.			
10.			
11. Total Liabilities (add lines 7 - 10)	\$20,268.51		\$20,268.51
12. Fund balance (amount from Line 16 on Statement A)	\$351,125.30		\$351,125.30
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$371,393.81	\$	\$371,393.81

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

LOWLANDER CENTER INC.)

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 31, 2017

Agency Head Name and Title: Kristina Peterson, Facilitator - 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. \$11,824.51
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: Professional Fees	17. \$ 24,798.10
18. TOTAL (enter total of line 1-17)	18. \$ 36,622.61

_____ 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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The enclosed financial statement has five pages:

The first page is a transmittal letter that tells the Legislative Auditor which entity you are.

The second page is the affidavit in which you will affirm that your revenues are in line with reporting requirement for a sworn financial statement:

Governmental agencies: Affirm that you received \$75,000 or less in total revenues during the year.

Non-profit entities: Affirm that you received \$75,000 or less in public funds during the year.

–Public funds are those received from a state or local governmental entity, or federal funds passed from a state or local governmental entity.

–PLEASE NOTE: Non-profit entities are not required to submit a financial report to the Legislative Auditor during any year in which they did not receive any public funds. Please notify us in writing that your entity did not receive any public funds during the year under consideration. Please inform us prior to the due date of your report to stay in compliant with the state law.

The third page is Statement A. This statement tells the Legislative Auditor how much money your agency took in and paid out during the year. . See instructions below.

The fourth page is Statement B. This statement tells the Legislative Auditor what your ending balances are in the various accounts as listed on the form. See instructions below.

The fifth page is Statement C. This statement is the schedule of compensation, benefits, and other payments made to the head of your agency or the chief executive officer. It is **required** to be completed by Act 706 of the 2014 Legislative Session. See instructions below.

Instructions to Prepare Statement A:

Receipts – Monies Received During the Year:

1. The **General Fund** column is used to report any monies your agency receives or expends for general purposes. The **Other Fund** column is used to report any monies your agency receives or expends for special purposes, such as restricted grant funds or utilities.
2. Line 1-5. List the types and amounts of your agency's receipts, or monies your agency received, during the year. Give a brief explanation of what these receipts were (taxes, fees, grants from which federal/state/local sources, etc.) A separate page may be used if necessary.
3. Line 6. Enter total of lines 1-5.

Disbursements – Money Spent During the Year:

4. Lines 7-12. List the types and amounts of your agency's disbursements, or monies your agency paid out, during the year. Give a brief description of what these disbursements were for (payroll, rent, utilities, etc.).
5. Line 13. Enter total of lines 7-12.
6. Line 14. Enter the difference between Line 13 and Line 6. If line 13 is greater than line 6, indicate that the line 14 amount is a negative number.
7. Line 15. Enter your agency's fund balance, this is the amount carried over from last year, if applicable.
8. Line 16. Enter the total of lines 14 and 15; this is the Fund Balance.
9. **If line 16 of Statement A is zero, and all of the amounts in Statement B are zero, you do not need to submit Statement B.**