Affidavit and Revenue Certification



A's & Aces		ENTITY NAME
Orleans	P	arish
New Orleans	s LA (City), Sta	ate
ANNUAL SWORN FINANCIAL STATEMENTS AND CERTIFICATION OF REVENUES \$75,000 OR LESS	S (if applicable)	
The annual sworn financial statements are required Legislative Auditor within 90 days after the close of the less, if applicable, is required by Louisiana Revised Statements.	the fiscal year. T	he certification of revenues of \$75,000 or
Personally came and appeared before the undersigname), who, duly sworn, deposes and says that the financial position of A's & Aces December 31, 2017 (entity ended, in accordance with the basis of accounting december 31.	he financial state ('s year-end), and	ments herewith given present fairly the (enter entity name) as of the results of operations for the year then
(Complete if applicable)		
In addition,	(officer name), v	who, duly sworn, deposes and says that
sources for the year ended(entity if	, and accord	375,000 or less in revenues and other lingly, is not required to have an audit for
the previously mentioned year.		
ann	a Monkar	tora
N. STREET, S. P.	Officer's Sign	pature
Sworn to and subscribed before me this 30th day of	of April	2010
Owom to and subscribed before the this		_, <u>2018</u> .
Const	w	
NOTARY PUBLIC S	SIGNATURE & S	EAL
For Office Use Only		Please Complete This Section
nder provisions of state law, this report will become a public document on the onday following the release date. A copy of the report will be submitted to propriate public officials and be available for public inspection at the Baton ouge office of the Louisiana Legislative Auditor and, where appropriate, at the face of the parish clerk of court.	Officer's N Officer's Ti Address City, Zip Ph: Cell/La E-mail	ame Anna Monhartova itle President 1036 Arabella Street New Orleans, 70115

A's & Aces	
(Agency Name)	

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. NORDC (City of New Orleans - HUD) grant	\$ 26,950	\$	\$ 26,950
2. Individual donor (facility fund)	\$ 200,000		\$ 200,000
3. Donations and fees	\$ 245,722		\$ 245,722
4.	_	-	
5.			
6. Total receipts (add lines 1 - 5)	\$ 472,672	\$	\$ 472,672
DISBURSEMENTS (Provide Brief Description): 7. Salaries and stipends	\$ 285,975		\$ 285,975
8. Direct program expenses	\$ 16,416		\$ 16,416
9. Operational expenses	\$ 12,842		\$ 12,842
10. Other/Miscellaneous	\$ 11	-	\$ 11
11.			
12.	•	_	
13. Total Disbursements (add lines 7 - 12)	\$ 315,244	\$	\$ 315,244
14. Change in fund balance (Lines 6 minus 13)	\$ 157,428	\$	\$ 157,428
15. Fund Balance at beginning of year	\$ 298,899	\$	\$ 298,898
16. Fund balance (deficit) at end of year (Add lines 14-15) This amount also goes on line 12, Statement B	\$ 456,327	\$	\$ 456,327

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

A's & Aces		
(Agency Name)		
_	December 31, 2017	
(Year-End)		

		General Fund	_	Other Fund	_	Total
ASSETS (balances at year-end) -Give brief description:						
Cash and cash equivalents on hand	\$	452,433	\$		\$	452,433
2. Investments (fair value) on hand		0		0		0
Office furnishings (Cost of desks, etc)		0		0		0
4. Equipment (Cost of fax machine, etc)		0		0		0
5. Other (brief description): vehicle (van)		5,308		0		5,308
6. Total Assets (add lines 1 - 5)	\$	457,741	\$	0	\$	457,741
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (give brief description): 8. Payroll/tax liabilities	\$	1,414	\$		\$	1,414
9.						
10.	_		_			
11. Total Liabilities (add lines 7 - 10)		1,414				1,414
12. Fund balance (amount from Line 16 on Statement A)	\$	456,327			\$	456,327
13. Other						
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$	457,741	\$		\$	457,741

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

A's & Aces	(Agency Name)
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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	(Year-End)
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Agency Head Name and Title: <u>David Schumacher</u>, <u>Executive Director</u>

Purpose	Dollar Amount
1. Salary	1. \$53,856
2. Benefits-insurance	2. \$ 3,600
Benefits-retirement	3. \$ 0
4. Benefits-other (describe)	4. \$ 0
5. Benefits-other (describe)	5. \$ 0
6. Benefits-other (describe)	6. \$ 0
7. Car allowance	7. \$ 0
8. Vehicle provided by government (if reported on your W-2)	8. \$ 0
9. Per diem	9. \$ 0
10. Reimbursements	10. \$ 0
11. Travel	11. \$ 0
12. Registration fees	12. \$ 295
13. Conference travel	13. \$ 0
14. Housing	14. \$ 0
15. Unvouchered expenses (example: travel advances, etc.)	15. \$ 0
16. Special meals	16. \$ 0
17. Other	17. \$ 0
18. TOTAL (enter total of line 1-17)	18. \$57,751

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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