and Family Cer	nter of Avoyelles (Entity Name)
ana	(City, Parish/State)
(Date) 03/	/22/21
entity, as of an unds under the	are the Affidavit and Revenue Certification of for the year ended12/31/2020 control of this entity. The accompanying ccounting.
Sincerely,	
Officer's Signat	Gudeau Gudeau
:i	(Date)03/ 4:513, enclosed y entity, as of an unds under the cash basis of a Sincerely,

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

Affidavit and Revenue Certification

Early Childhood Development and Fan	nily Center of AvoyellesENTITY NAME
Avoyelles	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 Legislative Auditor within 90 days after the close of the less, if applicable, is required by Louisiana Revised States.	fiscal year. The certification of revenues of \$75,000 or
Personally came and appeared before the undersigned (enter officer name), who, duly sworn, deposes and say fairly the financial position of	ys that the financial statements herewith given present by a fixed of the statements herewith given present and the results of operations for the year then ended, in
(Complete if applicable). In addition, VCISSA COUDER, (or Apply Children Deus Family Ch. 1 Profession Phamesources for the year ended 12/31/2020 the previously mentioned year.	fficer name), who, duly sworn, deposes and says that e) received \$75,000 or less in revenues and other _, and accordingly, is not required to have an audit for
Sworn to and subscribed before me this ZZ day of	Officer's Signature Mack POL . SLOYSIA C DUCOTE Surfacy Public Surface of Louisiana Republic Parish interv ID # 21760 Any Commission is for Life
NOTARY PUBLIC SIG	INATURE & SEAL
•	
For Office Use Only	Please Complete This Section
Under provisions of state law, this report will become a public document on the	Officer's Name
Monday following the release date. A copy of the report will be submitted to	Officer's Title
appropriate public officials and be available for public inspection at the Baton	Address
Rouge office of the Louisiana Legislative Auditor and, where appropriate, at the	City, Zip
office of the parish clerk of court.	Ph: Cell/Land
J/ 12/2U2 I	— · · · · · · · · · · · · · · · · · · ·

Release Date _

Early Childhood Development and Family Center of Avoyelles

(Agency Name)	
Statement of Cash R	eceipts and Disbursements
For the Year Ended	12/31/2020
(Year-End)	

		General Fund		Other Fund	Total
RECEIPTS (Provide Brief Description):					
1.CACFP Food Program	\$	41,828	\$		\$
2.State Refund - LDR		18,000			
3.CCAP Reimbursement		444,587			
4.Private Pay Tuition		181,677			
5.Misc. (Includes \$46,445 PPP loan forgiven)		57,006			<u> </u>
6. Total receipts (add lines 1 - 5)	\$	743,098	\$		\$
DISBURSEMENTS (Provide Brief Description): 7.Salaries & Wages	\$	268,660	æ		\$
8.Payroll Taxes	Ψ_	23,678	Ψ		_ Ψ
9.Accounting		7,550	_		
10.Interest		13,884			
11.Depreciation		18,704		-	
12.Other food costs, Maintenance, Utilities, Insurance, etc		142,056			
13. Total Disbursements (add lines 7 - 12)	\$	474,532	\$		\$
14. Change in fund balance (Lines 6 minus 13)	\$	268,566	\$		\$
15. Fund Balance at beginning of year	\$	124,088	\$		\$
16. Fund balance (deficit) at end of year (Add lines 14-15)This amount also goes on line 12, Statement B	\$	392,654	\$		\$

Early Childhood Development and Family Center of Avoyelles (Agency Name)

Balance Sheet, on 12/31/2020 (Year-End)

	General Fund		Other Fund		Total	
ASSETS (balances at year-end) -Give brief description:						
Cash and cash equivalents on hand	<u>\$</u>	364,606	<u>\$</u>	_	<u> \$ </u>	
2. Investments (fair value) on hand						
3. Office furnishings (Cost of desks, etc)						
4. Equipment less accumulated depreciation		380,247				
5. Other (brief description) Deposit, Due from		624				
6. Total Assets (add lines 1 - 5)	\$	745,477	\$		\$	
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (give brief description): Note Payable						
8. Note Payable	<u>\$</u>	349,433	\$			
9.Payroll Liabilities		3,389				
10						
11. Total Liabilities (add lines 7 - 10)		352,823				
12. Fund balance (amount from Line 16 on Statement A)		392,654				
13. Other						
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$	745,477	\$		\$	

	Early	Childhood	Development	and	Family	Center	of	Avoyelle	es
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For the Year Ended 12/31/2020 (Year-End)

(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)

Agency Head Name and Title: Raven Van Gossen, Director______

Purpose	Dollar Amount
1. Salary	1. 56,353
2. Benefits-insurance	2.
3. Benefits-retirement	3.
4. Benefits-other (describe) Payroll taxes	4. 4,215
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. 60,658

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.)