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**Affidavit and Revenue Certification**

I & I Educational, Services ,Inc. ENTITY NAME

Ouachita Parish

Monroe, La. (City), State

**ANNUAL SWORN FINANCIAL STATEMENTS AND  
CERTIFICATION OF REVENUES \$50,000 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 \$50,000 or less, if applicable, is required by Louisiana Revised Statute 24:513(I)(1)(c)(i).

\*\*\*\*\*  
Personally came and appeared before the undersigned authority, Clarease L. Isby (officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of I & I Educational, Services (entity name) as of June 30, 2008, 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, Clarease L. Isby (officer name), who, duly sworn, deposes and says that I & I Educational, Services (entity name) received \$50,000 or less in revenues and other sources for the year ended June 30, 2008, and accordingly, is not required to have an audit for the previously mentioned year.

Clarease L. Isby  
Signature

Sworn to and subscribed before me this 20th day of September, 2008.

Under provisions of state law, this report is a public document. A copy of the report has been submitted to the entity and other appropriate public officials. The report is available for public inspection at the Baton Rouge office of the Legislative Auditor and, where appropriate, at the office of the parish clerk of court.

NOTARY PUBLIC

Jude McEak 68885

Release Date 10/1/08

Officer's Name Clarease L. Isby

Officer's Title President

Address P.O. Box 4365 Monroe, La

Ph/Fax/E-mail 3-8-322-0603

2008 SEP 29 AM 10:19

RECEIVED  
LEGISLATIVE AUDITOR

\_\_\_\_\_ (Agency Name)

**Balance Sheet, on June 30, 2008**

	General Fund	Other Fund	Total
<b>ASSETS (balances at end of year) -Give brief description:</b>			
1. Cash and cash equivalents on hand	\$	\$	\$
2. Investments (fair value) on hand			
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (describe)			
6. <b>Total Assets</b> (add lines 1 - 5)	\$	\$	\$
<b>LIABILITIES AND FUND BALANCE (at end of year):</b>			
7. Liabilities (give brief description):			
8.	\$	\$	\$
9.			
10.			
11. <b>Total Liabilities</b> (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement B)			
13. Other			
14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13)	\$	\$	\$

SEE ATTACHED ANNUAL REPORT

**Note: Total Assets should equal Total Liabilities and Fund Balance.**

\_\_\_\_\_  
(Agency Name)

**Statement of Cash Receipts and Disbursements  
For the Year Ended June 30, 2008**

	General Fund	Other Fund	Total
<b>RECEIPTS (Provide Brief Description):</b>			
1.	\$	\$	\$
2.			
3.			
4.			
5.			
6. <b>Total receipts</b> (add lines 1 - 5)	\$	\$	\$
<b>DISBURSEMENTS (Provide Brief Description):</b>			
7.	\$	\$	\$
8.			
9.			
10.			
11.			
12.			
13. <b>Total Disbursements</b> (add lines 7 - 12)	\$	\$	\$
14. Increase (or decrease) in fund balance (Line 6 minus line 13)	\$	\$	\$
15. Fund Balance at beginning of year (**see below)	\$	\$	\$
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement A	\$	\$	\$

SEE ATTACHED ANNUAL REPORT

**\*\* This is the "Fund Balance At End Of Year" From Last Year's Report**

**“ATTACHMENT D”**

**Cost Report**

**for the Period of APRIL MAY JUNE 2008**

Name of Contracting Party: \_\_\_\_\_

Name of Program: I AND I DRUG PREVENTION

Act 18 of 2007 **20-945**

Expense Category	Amount of Line Item Appropriation from Attachment B	Quarterly Expenditures to be paid by the State (must equal invoices etc.)	Total Cumulative Year to Date Expenditures including this quarter's expenditures	Balance Remaining
Salaries	29100.00	12660.00	29100	0
Related Benefits	3504.00	3504.00	3504.00	0
Travel	200.00	200.00	200.00	0.00
Operating Services				
Advertising				
Printing	500.00	371.58	500.00	00.00
Maintenance of Equipment	500.00	195.00	500.00	0.00
Maintenance of Office				
Rentals	3596.00	870.15	3345.22	250.78
Dues/Subscriptions				
Telephones	300.00	16.81	300.00	0
Postage	300.00	140.69	300.00	0.00
Utilities				
Other				
Office Supplies	2000.00	275.92	2000.00	0.00
Professional Services (see attachment D-1)	9000.00	4375.00	9000.00	0.00
Other Charges	1000.	238.00	1000.00	00.00
Acquisitions & Major Repairs				
Totals	\$50,000	22652.15	49749.22	250.78

(Expense categories must reflect budget categories and dollar amounts listed in "Attachment B" project budget.)

\* Should reflect contract payment terms, quarterly or monthly

*Claree M. Isby* President  
 Authorized Person, Print Name and Title  
*Claree M. Isby* 7-23-05  
 Authorized Person, Signature, Date

**“ATTACHMENT D-1”**

**Cost Report**

**APRIL MAY ,JUNE 2008**

Name of Contracting Party: I and I Education

Name of Program: Drug abuse education and youth development after-school  
Enrichment Act 18 of 2007 **20-945**

Instructions: List each individual and/or Firm and approved budget amount as listed on page 3 of Attachment B.

Sub-contractor Name	Amount of Line Item Appropriation from Attachment B	Quarterly Expenditures to be paid by the State (must equal invoices etc.)	Total Cumulative Year to Date Expenditures including this quarter's expenditures	Balance Remaining
Professional Services:				
WILLIAMS, RALPH	1800.00	1600.00	4000.00	(2200.00)
BILLUPS, RUBY	1800.00	0.00	600.00	1200.00
COLEMAN, FREDRICK	1800.00	200	900.00	900.00
MABRY, WILLIE	800.00	0	50.00	750.00
SMITH, DENESE	1000.00	1275.00	2050	(1050)
WILEY, GRETA	1800.00	700.00	1400.00	400.00
Totals	\$9000.00	3700.00	9000.00	0

*Clarence H. Feby*  
 Authorized Person, Print Name and Title

*Clarence H. Feby*  
 Authorized Person Signature, Date

9-23-06

I & I Educational Services. Inc.  
(Entity Name)

Monroe, La. Ouachita City, Parish

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

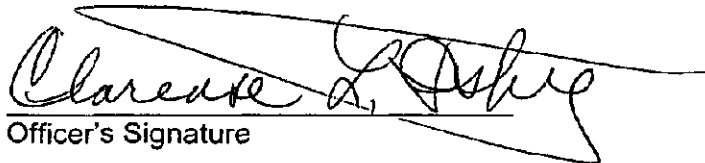
(Date) Sept. 23, 2008

Ms. Suzanne Elliott  
Engagement Manager  
Office of Legislative Auditor  
1600 North Third Street  
Post Office Box 94397  
Baton Rouge, LA 70804-9397

Dear Ms. Elliott:

In accordance with Louisiana Revised Statute 24:513, enclosed are the Affidavit and Revenue Certification Form and the annual financial statements for my office, as of and for the year ended June 30, 2008. The statements include all funds under the control of this entity. The accompanying financial statements have been prepared on the cash basis of accounting.

Sincerely,

  
Officer's Signature

Clarence L. Isby  
Officer's Name

Enclosures

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