| Entity Name:The Arc of East Ascension |
|--|
| Address: 1122 S E Ascension Complex Blvd, Gonzales La 70737 |
| Telephone:225-621-2000 Email:kewanda.joshua@thearcea.org |
| This annual sworn financial statement is required to be filed with the Legislative Auditor within 90 days of the end of the entity's fiscal year by sending a pdf copy by email to ereports@lla.la.gov , faxing to 225-339-3986, or mailing to Louisiana Legislative Auditor – Local Government Services, P.O. Box 94397, Baton Rouge, LA 70804-9397. |
| AFFIDAVIT |
| Personally came and appeared before the undersigned authority, _Kewanda_Joshua |
| (officer's name), who, duly sworn, deposes and says that the financial statements herewith given present fairly, in all material respects, the financial position ofThe Arc of East Ascension |
| year then ended, in accordance with the basis of accounting described within the accompanying financial statements; that the entity has maintained a system of internal control structure sufficient to safeguard assets and comply with laws and regulations; and that the entity has complied with all laws and regulations, except as follows: |
| Complete if Applicable: In addition, _Kewanda Joshua (officer's name), who duly sworn, |
| deposes, and says that _The Arc of East Ascension (entity's name) received \$75,000 or |
| less in revenues and other sources for the year ended _June 30, 2023 (entity's year-end), and |
| accordingly, is not required to have an audit for the previously mentioned fiscal year. |
| Kuvanda Joshua Business Manager OFFICER'S SIGNATURE OFFICER'S TITLE |
| Sworn to and subscribed before me, this 25 day of September, 2013 |
| Lary S. Burned |
| NOT SINCHUBE IGNIATURE & SEAL Notary Public No. 80333 |

Please submit a pdf copy of the completed form to: ereports@lla.la.gov - Updated 12/20

Commissioned for Life

Statement of Receipts and Disbursements

Statement A

| | General Fund | Other Fund | Total |
|---|-----------------|---------------|-------------|
| RECEIPTS (Provide Brief Description): | | | |
| 1.Cooperative Endeavor | \$ | \$37,500.00 | \$ |
| <u>2.</u> 3. | | | |
| | | | |
| <u>4.</u> 5. | | | |
| 6. Total receipts (add lines 1 - 5) | \$ | \$37,500.00 | \$ |
| DISBURSEMENTS (Provide Brief Description): | | | |
| 7.Supplies, Program Expense, Repairs | \$ | \$37,500.00 | <u>\$</u> |
| <u>8.</u> 9. | | | |
| 9. 10. | | | · |
| 11. | | _ | |
| 12. | | | |
| 13. Total Disbursements (add lines 7 - 12) | \$ | \$37,500.00 | \$ |
| 14. Change in fund balance (Lines 6 minus 13) | \$ | \$ | \$ |
| 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 | \$ | \$ | \$ |

| Identify | the Racic of | Accounting, if | not usina | Cach Basis | | |
|-----------|---------------|----------------|-----------|--------------|--|--|
| 10 CHUI Y | tile masis of | Accounting, ii | not usmy | Casii Dasis. | | |

NOTE: If the entity receives any funds from pre- or post-adjudication court costs, fines, and/or fees, the entity must use one or more of the following categories in the receipts description fields: Civil Fees; Bond Fees; Asset Forfeiture/Sale; Pre-Trial Diversion Program; Criminal Court Costs/Fees; Criminal Contempt Fines; Other Criminal Fines; Restitution; and Probation/Parole/Supervision Fees.

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

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title:__Raven LaBiche, Executive 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. 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. |

___x__ 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.)