# Sworn Financial Statements and Certification of Revenues \$75,000 or Less

Entity Name: <u>NATCHITOCHES ARC, INC.</u>	
Address: 127 Airport Road, Natchitoches, Louisiana 7145	7
Telephone: 318-352-5176 Email: narc@c	ep-tel.net
This annual sworn financial statement is required to be filed the end of the entity's fiscal year by sending a pdf copy by en 3986, or mailing to Louisiana Legislative Auditor – Local Rouge, LA 70804-9397.	nail to <u>ereports@lla.la.gov</u> , faxing to 225-339-
AFFIDAVIT	
Personally came and appeared before the undersigned au	thority, GINGER KELSO, who, duly sworn,
deposes and says that the financial statements herewith gir	ven present fairly, in all material respects, the
financial position of NATCHITOCHES ARC, INC. as of J	UNE 30, 2022 and the results of operations for
the year then ended, in accordance with the basis of accounting	ng described within the accompanying financial
statements; that the entity has maintained a system of interna	al control structure sufficient to safeguard assets
and comply with laws and regulations; and that the entity has	s complied with all laws and regulations, except
as follows: N/A.	-
Complete if Applicable: In addition, GINGER KELSO	O, who duly sworn, deposes, and says that
NATCHITOCHES ARC, INC. received \$75,000 or less in	revenues and other sources for the year ended
June 30, 2022, and accordingly, is not required to have an a	udit for the previously mentioned fiscal year.
Dely Kl	President
OFFICER'S SIGNATURE	OFFICER'S TITLE
Sworn to and subscribed before me, this 294h day of	August, 2022.
NOTARY PUBLIC SIGNATURE & SEAL  DONNA R. STEPHENS  Notary Public - Louisiana  Natchitoches Parish  Notary ID 009331	



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#### Statement of Receipts and Disbursements

#### Statement A

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
Medicaid (not public funds)	\$ 71,749	\$ 0	\$ 71,749
2. Contract work (not public funds)	19,619	0	19,619
3. LA Family Services	13,576	0	13,576
4. Donations (not public funds)	2,098	0	2,098
5. Interest & Other non-public funds	4,370	0	4,370
6. Total receipts (add lines 1 - 5)	<u>\$111,412</u>	\$ 0	\$111 <u>,412</u>
DISBURSEMENTS (Provide Brief Description): 7. Compensation & Related Expenses 8. Occupancy Expenses 9. Transportation Expenses	\$ 74,736 26,036 12,515	\$ 0 0	\$ 74,736 26,036 12,515
10. Other Expenses	27,447	0	27,447
11. 12.			
13. Total Disbursements (add lines 7 - 12)	\$140,734	\$ 0	\$140,734
14. Change in fund balance (Lines 6 minus 13)	\$(29,322)	\$ 0	\$(29,322)
15. Fund Balance at beginning of year	\$ 55,923	\$ 0	\$ 55,923
16. Fund balance (deficit) at end of year (Add lines 14-15)This amount also goes on line 12, Statement B	\$ 26,601	\$ 0	\$ 26,601

Identify the Basis of Accounting, if not using Cash-Basis: \_\_\_\_Accrual

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		Sta	<u>atement B</u>
	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
Cash and Cash Equivalents	\$ 28,386	\$ 0	\$ 28,386
2. Receivables	0	0	0
3. Net Property & Equipment	0	0	0
4.	0	0	0
5.	0	0	0
6. Total Assets (add lines 1 - 5)	\$ 28,386	\$ 0	\$ 28,386
LIABILITIES AND FUND BALANCE (at year-end): 7. Payroll Taxes Payable 8.	\$ 1,785	\$ 0	\$ 1,785
9.			
10.			
11. Total Liabilities (add lines 7 - 10)	\$ 1,785	\$ 0	\$ 1,785
12. Fund balance (amount from Line 16 on Statement A)	\$ 26,601	\$ 0	\$ 26,601
13. Other	0	0	0
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 28,386	\$ 0	\$ 28,386

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#### Statement C

#### Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: Alicia Pierce Gonzales, Executive Director

Purpose	Dollar Amount
Salary (no payments from public funds)	0
2. Benefits-insurance	0
3. Benefits-retirement	0
4. Benefits-other (describe)	0
5. Benefits-other (describe)	0
6. Benefits-other (describe)	0
7. Car allowance	0
8. Vehicle provided by government (if reported on your W-2)	0
9. Per diem	0
10. Reimbursements	0
11. Travel	0
12. Registration fees	0
13. Conference travel	0
14. Housing	0
15. Unvouchered expenses (example: travel advances, etc.)	0
16. Special meals	0
17. Other	0
18. TOTAL (enter total of line 1-17)	0

\_\_\_\_\_ 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.)