

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

Entity Name: ___A Shared Initiative, Inc.

Address: _5508 Citrus Blvd., Harahan, LA 70123

Telephone: 504-733-7274x79557 Email: __Jared.Freeman@beonpath.com

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, _Jared Freeman___ (officer's name), who, duly sworn, deposes and says that the financial statements herewith given present fairly, in all material respects, the financial position of _A Shared Initiative, Inc.____ (entity's name) as of December 31, 2020__ (entity's year-end) and the results of operations for the 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, Jared Freeman _____ (officer's name), who duly sworn, deposes, and says that _ A Shared Initiative, Inc. _____ (entity's name) received \$75,000 or less in revenues and other sources for the year ended December 31, 2020 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.



OFFICER'S SIGNATURE

_CEO_____
OFFICER'S TITLE

Sworn to and subscribed before me, this 18 day of February, 2021



NOTARY PUBLIC SIGNATURE & SEAL

Tiffany O. Cazabon, #22506
Attorney & Notary Public
My Commission Is For Life

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Statement of Receipts and Disbursements

Statement A

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. HUD Funds	\$25,808	\$	\$25,808
2.			
3.			
4.			
5.			
6. Total receipts (add lines 1 - 5)	\$25,808	\$	\$25,808
DISBURSEMENTS (Provide Brief Description):			
7. Homeowner's Classes	\$ 12,908	\$	\$ 12,809
8. Professional Service Fees	12,999		12,999
9.			
10.			
11.			
12.			
13. Total Disbursements (add lines 7 - 12)	\$25,808	\$	\$25,808
14. Change in fund balance (Lines 6 minus 13)	\$ 0	\$	\$ 0
15. Fund Balance at beginning of year	\$ 0	\$	\$ 0
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ 0	\$	\$ 0

Identify the Basis of Accounting, if not using Cash-Basis: _____

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.*

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Balance Sheet

Statement B

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
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>\$ 0</u>	<u>\$</u>	<u>\$ 0</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)	<u>\$ 0</u>	<u>\$</u>	<u>\$ 0</u>

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Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: _ Jared Freeman / CEO

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.

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.)