

Affidavit and Revenue Certification

Southern Heights Neighborhood Crime Prevention & Improvement District ENTITY NAME
East Baton Rouge Parish
Baton Rouge, La. (City), State

ANNUAL SWORN FINANCIAL STATEMENTS AND CERTIFICATION OF REVENUES \$75,000 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 of \$75,000 or less, if applicable, is required by Louisiana Revised Statute 24:513(J)(1)(c)(i)(aa).

Personally came and appeared before the undersigned authority, Rita Johnson (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Southern Heights Crime District (enter entity name) as of 2017 (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.

(Complete if applicable)

In addition, Rita Johnson (officer name), who, duly sworn, deposes and says that Southern Heights Crime District (entity name) received \$75,000 or less in revenues and other sources for the year ended 2017, and accordingly, is not required to have an audit for the previously mentioned year.

Rita Johnson Officer's Signature



OFFICIAL SEAL DEBRA B. KEMP NOTARY ID # 77538 STATE OF LOUISIANA PARISH OF EAST BATON ROUGE My Commission is for Life

Sworn to and subscribed before me this 31st day of Dec, 2018.

Debra B. Kemp NOTARY PUBLIC SIGNATURE & SEAL

For Office Use Only
Under provisions of state law, this report will become a public document on the Monday following the release date. A copy of the report will be submitted to appropriate public officials and be available for public inspection at the Baton Rouge office of the Louisiana Legislative Auditor and, where appropriate, at the office of the parish clerk of court.
Release Date JAN 09 2019

Please Complete This Section
Officer's Name
Officer's Title
Address
City, Zip
Ph: Cell/Land
E-mail

Southern Heights NC Prevention & Improvement District
 (Agency Name)

Statement of Cash Receipts and Disbursements
For the Year Ended 2017
 (Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. <u>Public Taxes</u>	\$37,053.79		\$
2. <u>Contra Expense</u>	- 353.77		
3.			
4.			
5.			
6. Total receipts (add lines 1 - 5)	<u>\$36,700.02</u>		<u>\$</u>
DISBURSEMENTS (Provide Brief Description):			
7. <u>Contract Labor</u>	\$23,955.00		\$
8. <u>Bank Charges</u>	33.00		
9. <u>Office Supplies</u>	81.79		
10. <u>Professional Fees (unusual fee)</u>	758.00		
11.			
12.			
13. Total Disbursements (add lines 7 - 12)	<u>\$24,827.79</u>		<u>\$</u>
14. Change in fund balance (Lines 6 minus 13)	\$11,872.23		\$
15. Fund Balance at beginning of year	\$ 0		\$
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	<u>\$11,872.23</u>		<u>\$</u>

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

Southern Heights Neighborhood Crime Prevention Improvement District
 (Agency Name)

Balance Sheet, on 2017
 (Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 11,872.23	\$ 307.04 ^(interest)	\$ 12,179.27
2. Investments (fair value) on hand			
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>\$ 11,872.23</u>	<u>\$ 307.04</u>	<u>\$ 12,179.27</u>
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):			
8.	\$ 0	\$	\$
9.			
10.			
11. Total Liabilities (add lines 7 - 10)	0		
12. Fund balance (amount from Line 16 on Statement A)			
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$ 12,179.27</u>	\$	\$

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Southern Heights Crime Prevention Improvement District (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)

For the Year Ended 2017 (Year-End)

Agency Head Name and Title: Jane Harper / President

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.)

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