

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

Entity Name: Highland Area Partnership

Address: P O Box 44292

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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, Kira Yeates (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 Highland Area Partnership (entity's name) as of December 31, 2021 (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, Kira Yeates (officer's name), who duly sworn, deposes, and says that Highland Area Partnership (entity's name) received \$75,000 or less in revenues and other sources for the year ended December 31, 2021 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

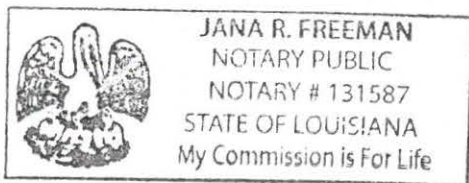

OFFICER'S SIGNATURE

Treasurer
OFFICER'S TITLE

Sworn to and subscribed before me, this 08th day of March, 20 22

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NOTARY PUBLIC SIGNATURE & SEAL



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

Entity Name: Highland Area Partnership Fiscal Year End: December 31, 2021

Statement of Receipts and Disbursements

Statement A

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. Admissions, Concessions, Fundraising	\$ 16,289	\$	\$ 16,289
2. Grants and Donations	19,646		42,691
3. Corporate Support	23,045		
4.			
5.			
6. Total receipts (add lines 1 - 5)	\$ 58,980	\$	\$ 58,980
DISBURSEMENTS (Provide Brief Description):			
7. Festival Coordinator	\$ 12,750	\$	\$ 12,750
8. Personnel	10,449		10,449
9. Supplies and Materials	254		254
10. Utilities	633		633
11. Rental Space	250		23,598
12. Other Festival Expenses	36,268		36,268
13. Total Disbursements (add lines 7 - 12)	\$ 60,604	\$	\$ 60,604
14. Change in fund balance (Lines 6 minus 13)	\$ -1,624	\$	\$ -1,624
15. Fund Balance at beginning of year	\$ 1,420	\$	\$ 1,420
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ -204	\$	\$ -204

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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Entity Name: Highland Area Partnership Fiscal Year End: December 31, 2021

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)	\$ -	\$	\$ -
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (brief description):	\$	\$	\$
8. Bank overdraft	204		204
9.			
10.			
11. Total Liabilities (add lines 7 - 10)	204		204
12. Fund balance (amount from Line 16 on Statement A)	-204		-204
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ -204	\$	\$ -204

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Entity Name: Highland Area Partnership Fiscal Year End: December 31, 2021

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: Emerie Gentry, Festival Coordinator

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 – Contract Labor	17. 12,750
18. TOTAL (enter total of line 1-17)	18. 12,750

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.)