

Affidavit and Revenue Certification

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Highland Area Partnership ENTITY NAME
Caddo Parish
Shreveport, 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, Susie Chandler (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Highland Area Partnership (enter entity name) as of December 31, 2018 (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, Susie Chandler, (officer name), who, duly sworn, deposes and says that Highland Area Partnership (entity name) received \$75,000 or less in revenues and other sources for the year ended December 31, 2018, and accordingly, is not required to have an audit for the previously mentioned year.

Susie Chandler
Officer's Signature

Sworn to and subscribed before me this 24 day of JUNE, 2019.

Notary Public Signature & Seal

GEORGE PORTOCARRERO
NOTARY PUBLIC - LOUISIANA
CADDO - BOSSIER PARISH
NOTARY ID NUMBER 056297
My Commission Is For Life

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 JUL 17 2019

Please Complete This Section
Officer's Name SUSIE CHANDLER
Officer's Title SEC-TREASURER
Address P.O. BOX 44292
City, Zip SHREVEPORT LA 71104
Ph: Cell/Land 318 347 4991
E-mail hiig08@gmail.com

Highland Area Partnership

(Agency Name)

Statement of Cash Receipts and Disbursements
For the Year Ended Year Ended December 31,
2018 (Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. Contributions	\$ 16,638	\$	\$ 16,638
2. State & Local Government	10,000		10,000
3. Jazz & Blue Festival	17,145		17,145
4.			
5.			
6. Total receipts (add lines 1 - 5)	<u>\$ 43,783</u>	<u>\$ -</u>	<u>\$ 43,783</u>
DISBURSEMENTS (Provide Brief Description):			
7. Contract Labor	\$ 22,715	\$	\$ 22,715
22,718. Insurance	3,187		3,187
9. Jazz & Blues Festival	18,201		18,201
10.			
11.			
12.			
13. Total Disbursements (add lines 7 - 12)	<u>\$ 44,103</u>	<u>\$ -</u>	<u>\$ 44,103</u>
14. Change in fund balance (Lines 6 minus 13)	\$ (320)	\$	\$ (320)
15. Fund Balance at beginning of year	\$ 827	\$	\$ 827
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ 507	\$	\$ 507

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

Please return the completed form within 90 days of your entity's year-end to Louisiana Legislative Auditor – Local
 Government Services, Post Office Box 94397, Baton Rouge, LA 70804-9397 - Updated 8/3/16

Highland Area Partnership (Agency Name)

Balance Sheet, on December 31, 2018
(Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 507	\$ -	\$ 507
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>\$ 507</u>	<u>\$ -</u>	<u>\$ 507</u>
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):			
8.	\$	\$	\$
9.			
10.			
11. Total Liabilities (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement A)	507		507
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$ 507</u>	<u>\$ -</u>	<u>\$ 507</u>

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Highland Area Partnership (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 December 31, 2018 (Year-End)

Agency Head Name and Title: Phillip Maxwell

Purpose	Dollar Amount
1. Salary	1. -0-
2. Benefits-insurance	2. -0-
3. Benefits-retirement	3. -0-
4. Benefits-other (describe)	4. -0-
5. Benefits-other (describe)	5. -0-
6. Benefits-other (describe)	6. -0-
7. Car allowance	7. -0-
8. Vehicle provided by government (if reported on your W-2)	8. -0-
9. Per diem	9. -0-
10. Reimbursements	10.-0-
11. Travel	11.-0-
12. Registration fees	12.-0-
13. Conference travel	13.-0-
14. Housing	14. -0-
15. Unvouchered expenses (example: travel advances, etc.)	15. -0-
16. Special meals	16. -0-
17. Other	17. -0-
18. TOTAL (enter total of line 1-17)	18. -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.)

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