

**RECEIVED**

**JAN 11 2021**

**LEGISLATIVE AUDITOR**

Hammond Youth Ed. Alliance (Entity Name)

Hammond, Tangipahoa / LA (City, Parish/State)

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

(Date) 6 Jan 2021

Ms. Gayle Fransen  
Engagement Manager  
Louisiana Legislative Auditor  
1600 North Third Street  
Baton Rouge, LA 70802

Dear Ms. Fransen:

In accordance with Louisiana Revised Statute 24:513, enclosed are the Affidavit and Revenue Certification Form and the annual financial statements for my entity, as of and for the year ended 2019 (entity's year-end). The statements include all funds under the control of this entity. The accompanying financial statements have been prepared on the cash basis of accounting.

Sincerely,

Wendy Conrro  
Officer's Signature  
Wendy Conrro, President  
Officer's Name, Title

Enclosures

**PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENT FOR YOUR RECORDS**

**Affidavit and Revenue Certification**

Hammond Youth Ed. Alliance ENTITY NAME  
Tangipahoe Parish  
Hammond, 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, Wendy Conarro (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Hammond Youth Education Alliance (enter entity name) as of 2019 (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.

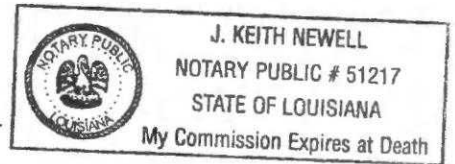
**(Complete if applicable)**

In addition, Wendy Conarro, (officer name), who, duly sworn, deposes and says that Hammond Youth Ed. Alliance (entity name) received \$75,000 or less in revenues and other sources for the year ended 2019, and accordingly, is not required to have an audit for the previously mentioned year.

Wendy Conarro  
Officer's Signature

Sworn to and subscribed before me this 6 day of January, 2021.

J. Keith Newell  
NOTARY PUBLIC SIGNATURE & SEAL  
J. Keith Newell # 51217



**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 03-10-2021

**Please Complete This Section**  
Officer's Name Wendy Conarro  
Officer's Title President  
Address 125 Sherry Dr.  
City, Zip Hammond, LA 70401  
Ph: Cell/Land 985-634-6657  
E-mail wendy.conarro@selu.edu  
cyea4kids@gmail.com

Hammond Youth Ed. Alliance  
 (Agency Name)

Balance Sheet, on 12/31/2019  
 (Year-End)

	General Fund	Other Fund	Total
<b>ASSETS</b> (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 5952	\$	\$ 5952
2. Investments (fair value) on hand			
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)	6051		6051
5. Other (brief description) <i>ATM</i>	855.00		855
6. <b>Total Assets</b> (add lines 1 - 5)	\$ 13324	\$	\$ 13324
<b>LIABILITIES AND FUND BALANCE</b> (at year-end):			
7. Liabilities (give brief description):			
8.	\$ 0	\$	\$ 0
9.			
10.			
11. <b>Total Liabilities</b> (add lines 7 - 10)	0		
12. Fund balance (amount from Line 16 on Statement A)	13324		13324
13. Other			
14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13)	\$ 13324	\$	\$ 13324

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

Hammond Youth Ed. Alliance  
(Agency Name)

**Statement of Cash Receipts and Disbursements**  
For the Year Ended 12/31/2019  
(Year-End)

	General Fund	Other Fund	Total
<b>RECEIPTS (Provide Brief Description):</b>			
1. <u>UNITED WAY</u>	\$ 5600	\$	\$ 5600
2.			
3.			
4.			
5.			
6. <b>Total receipts</b> (add lines 1 - 5)	<u>\$ 5600</u>	<u>\$</u>	<u>\$ 5600</u>
<b>DISBURSEMENTS (Provide Brief Description):</b>			
7. <u>SUPPLIES</u>	\$ 2416	\$	\$ 2416
8. <u>INSURANCE</u>	1099		1099
9. <u>TRAVEL/MEETINGS</u>	1528		1528
10.			
11. <u>COLL OF P/R TAXES</u>	(3723)		(3723)
12.			
13. <b>Total Disbursements</b> (add lines 7 - 12)	<u>\$ 1320</u>	<u>\$</u>	<u>\$ 1320</u>
14. Change in fund balance ( Lines 6 minus 13)	\$ 3690	\$	\$ 3690
15. Fund Balance at beginning of year	\$ 3397	\$	\$ 3397
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ 10,384	\$	\$ 10,384

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

Hammond Youth Ed. Alliance (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 2019 (Year-End)

Agency Head Name and Title: Wendy Casarro, 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

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