

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

Entity Name: West Monroe/West Ouachita Chamber of Commerce, Inc

Address: 112 Professional Drive, West Monroe, LA 71291

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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, Kris Kelley (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 West Monroe/West Ouachita Chamber of Commerce, Inc as of December 31, 2021 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.

Complete if Applicable: In addition, Kris Kelley, who duly sworn, deposes, and says that West Monroe/West Ouachita Chamber of Commerce, Inc received \$75,000 or less in revenues and other sources for the year ended December 31, 2021, and accordingly, is not required to have an audit for the previously mentioned fiscal year.


OFFICER'S SIGNATURE

Executive Director
OFFICER'S TITLE

Sworn to and subscribed before me, this 31st day of March, 2022


NOTARY PUBLIC SIGNATURE & SEAL

DANA MCCARTHY, NOTARY ID #062848

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Statement of Receipts and Disbursements

Statement A

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1.Memberships	\$ 196,762	\$	\$ 196,762
2.Program Fees	54,378	22,000	76,378
3.Special Events	25,158		25,238
4.Membership Development	32,238		32,238
5.Other Income	68,982		68,982
6. Total receipts (add lines 1 - 5)	<u>\$ 377,518</u>	<u>\$ 22,000</u>	<u>\$ 399,518</u>
DISBURSEMENTS (Provide Brief Description):			
7.Salaries and Benefits	\$ 159,673	\$	\$ 159,673
8.Program Expenses	55,331	22,000	77,331
9.Office Expenses	53,077		53,077
10.Depreciation Expense	3,384		3,384
11.Professional Fees	8,680		8680
12.Other Disbursements	22,332		22,332
13. Total Disbursements (add lines 7 - 12)	<u>\$ 302,477</u>	<u>\$ 22,000</u>	<u>\$ 324,477</u>
14. Change in fund balance (Lines 6 minus 13)	\$ 75,041	\$	\$ 75,041
15. Fund Balance at beginning of year	\$ 158,179	\$	\$ 158,179
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ 233,220	\$	\$ 233,220

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

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

	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
1. Cash and cash equivalents	\$ 142,025	\$	\$ 142,025
2. Investments (fair value)	0		0
3. Office furnishings (Cost of desks, etc)	0		0
4. Accounts Receivable	57,579		57,579
5. Other (brief description) Equipment, Land, buildings & Improvements	59,798		59,798
6. Total Assets (add lines 1 - 5)	<u>\$ 259,402</u>	<u>\$</u>	<u>\$ 259,402</u>
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (brief description): Payroll Liabilities	\$ 5,555	\$	\$ 5,555
8. Deferred Revenue	18,400		18,400
9. Credit Cards	2,227		2,227
10.			
11. Total Liabilities (add lines 7 - 10)	26,182		26,182
12. Fund balance (amount from Line 16 on Statement A)	233,220		233,220
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$ 259,402</u>	<u>\$</u>	<u>\$ 259,402</u>

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Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: Kris Kelley, Executive Director

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.)