

Updated: 08/01/2023

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

Entity Name: LA QUARTER HORSE ASSOC.
Address: 14600 Miscar Rd., Kentwood, La. 70444
Telephone: 504-881-9385 Email: Iqha1@outlook.com
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, Susan Schneider (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 <u>LA QUARTER HORSE ASSOC.</u> (entity's name) as
of (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, Susan Schneider deposes, and says that La. Quarter Horse Association in revenues and other sources for the year ended. Complete if Applicable: In addition, Susan Schneider (officer's name), who duly sworn, (entity's name) received \$75,000 or less in revenues and other sources for the year ended.
(chirty 5 year-olid), and accordingly,
Susan Schnaider Secretary/Treasurer
OFFICER'S SIGNATURE OFFICER'S TITLE
Sworn to and subscribed before me, this 20th day of February, 2025
Cathy W. Style #8457) NOTARY PUBLIC SIGNATURE CATHY W. MCINTYRE NOTARY PUBLIC / ID NO. 84571 LOUISIANA STATEWIDE JURISDICTION MY COMMISSION IS FOR LIFE

Sworn Financial Statement

Entity Name: LA QUARTER HORSE ASSOC. Fiscal Year End: 12/31/24

Statement A Statement of Receipts and Disbursements General Other **Fund** Fund **Total RECEIPTS (Provide Brief Description):** \$ 36,143.49 \$ 36,143.49 ENTRY FEES \$ 29,992.60 \$ 29,992.60 GRANTS \$ 1,190.00 \$ 1,190.00 MEMBERSHIP \$ 3,550.00 \$ 3,550.00 SPONSORSHIP _____ \$ 1,554.29 \$ 1,554.29 MISCELLANEOUS 6. Total receipts (add lines 1 - 5) \$ 72,430.38 \$ 0.00 \$ 72,430.38 **DISBURSEMENTS (Provide Brief Description):** PROFESSIONAL FEES \$ 1,165.00 \$ 1,165.00 AWARDS \$ 9,806.00 \$ 9,806.00 MISCELLANEOUS OFFICE EXPENSE \$ 1,717.82 \$ 1,717.82 11. \$ 56,969.50 \$ 56,969.50 SHOW EXPENSE 12. \$ 4,428.69 \$ 4,428.69 **ADVERTISING** 13. **Total Disbursements** (add lines 7 - 12) \$ 92,340.17 \$ 0.00 \$ 92,340.17 14. Change in fund balance (Lines 6 minus 13) -\$ 19,909.79 \$ 0.00 -\$ 19,909.79 15. Fund Balance at beginning of year \$ 110,184.33 \$ 110,184.33 16. Fund balance (deficit) at end of year (Add lines 14-15) \$ 90,274.54 \$ 0.00 \$ 90,274.54 --This amount also goes on line 12, Statement B

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.

Entity Name: LA QUARTER HORSE ASSOC.

Fiscal Year End: 12/31/24

Balance Sheet

Statement B

	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
Cash and cash equivalents	0.00.074.54	A. O. O.O.	* 00 074 54
0	\$ 90,274.54	\$ 0.00	\$ 90,274.54
2. Investments (fair value)			\$ 0.00
3. Office furnishings (Cost of desks, etc)			\$ 0.00
4. Equipment (Cost of fax machine, etc)			Ψ 0.00
			\$ 0.00
5. Other (brief description)			\$ 0.00
6. Total Assets (add lines 1 - 5)	\$ 90,274.54	\$ 0.00	\$ 90,274.54
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (brief description):			\$ 0.00
8.			
9.			\$ 0.00
9 .			\$ 0.00
10.			\$ 0.00
11. Total Liabilities (add lines 7 - 10)		A 0 00	A 0 00
40 Find belone (\$ 0.00	\$ 0.00	\$ 0.00
12. Fund balance (amount from Line 16 on Statement A)	\$ 90,274.54	\$ 0.00	\$ 90,274.54
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 90,274.54	\$ 0.00	\$ 0.00
14. Total Elabilities and Fund Dalance (and lines 11 - 15)	Ψ 30,214.34	Ψ 0.00	Ψ 30,214.34

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name, Title: Chele McGauly

Purpose	Dollar Amount
1. Salary	0
2. Benefits-insurance	
Benefits-retirement	B
4. Benefits-other (describe)	(h)
5. Benefits-other (describe)	M
6. Benefits-other (describe)	
7. Car allowance	0
8. Vehicle provided by government (if reported on your W-2)	0
9. Per diem	
10. Reimbursements	0
11. Travel	7
12. Registration fees	O.
13. Conference travel	0
14. Housing	
15. Unvouchered expenses (example: travel advances, etc.)	7
16. Special meals	
17. Other	0
18. TOTAL (enter total of line 1-17)	\$ 0.0

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.)