

4

Affidavit and Revenue Certification

Highland Area Partnership, Inc. 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, Phillip Maxfield, _____ (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Highland Area Partnership, Inc. (enter entity name) as of December 31, 2017 (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, Phillip Maxfield, (officer name), who, duly sworn, deposes and says that Highland Area Partnership, Inc. (entity name) received \$75,000 or less in public funds for the year ended December 31, 2017, and accordingly, is not required to have an audit for the previously mentioned year.

Phillip Maxfield
Officer's Signature

Sworn to and subscribed before me this 14 day of MAY, 2018.

Caddo Parish, Louisiana
Notary Public
Weta Happiness Joiner Dowling
My Commission Expires At Death
#68347

W. Joiner Dowling
NOTARY PUBLIC SIGNATURE & SEAL

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 <u>MAY 23 2018</u>

Please Complete This Section
Officer's Name <u>Phillip Maxfield</u>
Officer's Title <u>CHAIRMAN</u>
Address <u>1405 AKRON DRIVE</u>
City, Zip <u>BOSSIER CITY 71112</u>
Ph: Cell/Land <u>318.935.9838</u>
E-mail <u>philip.maxfield@gmail.com</u>

Highland Area Partnership, Inc.
(Agency Name)

Statement of Cash Receipts and Disbursements
For the Year Ended December 31, 2017
(Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. Contributions	\$ 32,846	\$	\$ 32,846
2. State and local government	10,225		10,225
3. Jazz Blues Festival	31,359		31,359
4. Grants	12,119		12,119
5.			
6. Total receipts (add lines 1 - 5)	\$ 86,549	\$	\$ 86,549
DISBURSEMENTS (Provide Brief Description):			
7. Contract labor	\$ 28,900	\$	\$ 28,900
8. Jazz Blues Festival	39,279		39,279
9. Advertising	9,521		9,521
10. Insurance	3,304		3,304
11. Professional fees	1,723		1,723
12. Other	2,461		2,461
13. Total Disbursements (add lines 7 - 12)	\$ 85,188	\$	\$ 85,188
14. Change in fund balance (Lines 6 minus 13)	\$ 1,361	\$	\$ 1,361
15. Fund Balance at beginning of year	\$ (534)	\$	\$ (534)
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ 827	\$	\$ 827

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

Highland Area Partnership, Inc.
(Agency Name)

Balance Sheet, on December 31, 2017
(Year-End)

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 827	\$	\$ 827
2. Investments (fair value) on hand			
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)	6,749		6,749
5. Accumulated depreciation	(6,749)		(6,749)
6. Total Assets (add lines 1 - 5)	<u>\$ 827</u>	<u>\$</u>	<u>\$ 827</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)	827		827
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$ 827</u>	<u>\$</u>	<u>\$ 827</u>

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Highland Area Partnership, Inc. (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, 2017 (Year-End)

Agency Head Name and Title: Kelly Rich, Executive Director

Purpose	Dollar Amount
1. Salary (1099-Non employee compensation)	1. 28,900
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. 28,900

____ 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