Highland Area Partnership Entity Name

Shreveport, Louisiana

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

March 26, 2020

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 December 31, 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,

Officer's Signature

__Susie Chandler_____ Officer's Name

Enclosures

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

Affidavit and Revenue Certification

The annual sworn financial statements are required by Louisiana Revised Statute 24:514 to be filed with the

Highland Area Partnership ENTITY NAME

Caddo Parish

Shreveport, Louisiana (City), State

ANNUAL SWORN FINANCIAL STATEMENTS AND CERTIFICATION OF REVENUES \$75,000 OR LESS (if applicable)

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 CHANDIER. (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of HIGHLAND AREA PART. (enter entity name) as of MEXIMAL AND AREA PART. (enter entity name) as of accordance with the basis of accounting described within the accompanying financial statements.
(Complete if applicable) In addition, Susie Chandler who, duly sworn, deposes and says that Highland Area Partnership received \$75,000 or less in revenues and other sources for the year ended
Suse Chardle Officer's Signature
Sworn to and subscribed before me this 27 day of MARCH, 20
NOTARY PUBLIC SIGNATURE & SEAL

Please Complete This Section					
Officer's Name	SUSIE CHANDLER				
Officer's Title 35	C- TRESSURER				
	O RIDGE LA				
City, Zip 504	UNE LA 71023				
	18 347-4991				
E-mail hiigo	8 e amail. com				
-	3				

Highland Area Partnership

(Agency Name)

Statement of Cash Receipts and Disbursements For the Year Ended <u>December 31, 2019</u>

	ù .	General Fund		Other Fund	-31	Total
RECEIPTS (Provide Brief Description):						
1.Donations	\$	12,266	\$		\$	12,266
2.Sponsorships		17,370				17,370
3.Grants	-	27,846	-			27,846
4.Jazz & Blues Festival		13,848				13,848
5.						
6. Total receipts (add lines 1 - 5)	\$	71,330	\$		\$	71,330
DISBURSEMENTS (Provide Brief Description): 7.Contract Labor	\$	25,200	\$		\$	25,200
8.Insurance		3,408				3,408
9.Jazz & Blues Festival		41,692				41,692
10.			_			
11.						
12.						
13. Total Disbursements (add lines 7 - 12)	\$	70,300	\$		\$	70,300
14. Change in fund balance (Lines 6 minus 13)	\$	1,030	\$		\$	1,030
15. Fund Balance at beginning of year	\$	507	\$		\$	507
16. Fund balance (deficit) at end of year (Add lines 14-15)This amount also goes on line 12, Statement B	\$	1,537	\$		\$	1,537

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

Highland Area Part	nership
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Balance Sheet, on _December 31. 2019 (Year-End)

	General Fund						Other Fund	 Total
ASSETS (balances at year-end) -Give brief description: 1. Cash and cash equivalents on hand 2. Investments (fair value) on hand 3. Office furnishings (Cost of desks, etc)	\$	1,537	\$	\$ 1,537				
 Equipment (Cost of fax machine, etc) Other (brief description) Total Assets (add lines 1 - 5) 	\$	1,537	\$	\$ 1,537				
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) 13. Other		1,537		1,537				
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$	1,537	\$	\$ 1,537				

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

Highland Area Partner	ship	(Agency Name)				
		Payments to Agency Head or Chief Executive ted Form Per Attached Instructions)				
For the Year Ended	December 31, 2019	(Year-End)				

Agency Head Name and Title: Emerie Gentry, Event Coordinator

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 – Fundraising Fees	17. 13,500
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 (quasipublic) entities to report on the Act 706 schedule **only** those payments to the agency head that are derived from the public funds.)