

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

Entity Name: Coushatta-Red River Chamber of Comm	erce	
Address: P.O. Box 333, Coushatta, LA 71019		
Telephone: 318-932-3289 Email: chamb	per@redriverparish.org	
This annual sworn financial statement is required to be filed the end of the entity's fiscal year by sending a pdf copy by em 3986, or mailing to Louisiana Legislative Auditor – Local Rouge, LA 70804-9397.	ail to <u>ereports@lla.la.gov</u> , faxing to 225-339-	
AFFIDAVIT		
Personally came and appeared before the undersigned author	ity, (officer's	
name), who, duly sworn, deposes and says that the financial		
material respects, the financial position of Coushatta-Red River Chamber of Com (entity's name) as		
of12/31/2023 (entity's year-end) and the results of operations for the year then ended, in		
accordance with the basis of accounting described within th		
entity has maintained a system of internal control structure s	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, Janelle Givens	(officer's name), who duly sworn,	
deposes, and says that Coushatta-Red River Chamber of Cor (entity's name) received \$75,000 or less		
in revenues and other sources for the year ended12/31/2	(entity's year-end), and accordingly,	
is not required to have an audit for the previously mentioned		
Count ellens	Board President	
OFFICER'S SIGNATURE	OFFICER'S TITLE	
Sworn to and subscribed before me, this	JUNE , 2024	
Stuart 5haw NOTARY PUBLIC SIGNATURE #163968		
NOTARY PUBLIC SIGNATURE #1,3968		

Sworn Financial Statement

Updated: 08/07/2023

Entity Name: Coushatta-Red River Chamber of Com Fiscal Year End: 12/31/2023

Statement of Receipts and Disbursements Statement A Other General Fund Total Fund **RECEIPTS (Provide Brief Description):** \$ 4,350.00 \$ 4,350.00 Membership Dues CEA Tourism Grant (LA Dept of the Treasury) \$ 57,928.16 \$ 57,928.16 Business donations to sponsor events \$ 12,400.00 \$ 12,400.00 \$ 192.00 \$ 192.00 Event food/ticket sales Interest & Dividends & Principal paid to EDLF \$ 291.90 \$ 7,933.03 \$ 8,224.93 6. Total receipts (add lines 1 - 5) \$ 75,162.06 \$ 7,933.03 \$ 83,095.09 **DISBURSEMENTS** (Provide Brief Description): Administrative Services (Executive Director) \$ 10,000.00 \$ 10,000.00 \$ 17,314.39 \$ 17,314.39 Tourism Events Office Expenses (Telephone, Postage, Paper) \$ 2,585.70 \$ 2,585.70 10. Professional Fees (Accounting) \$ 3,125.00 \$ 3,125.00 \$ 825.00 \$ 825.00 Storage Unit Rental 12. \$ 1,326.30 Insurance \$ 1,326.30 \$ 0.00 \$ 35,176.39 13. Total Disbursements (add lines 7 - 12) \$ 35,176.39 14. Change in fund balance (Lines 6 minus 13) \$ 39,985.67 \$ 7,933.03 \$ 47,918.70 15. Fund Balance at beginning of year \$ 3,953.13 \$ 168,412.**77**\$ 172,365.90 16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B \$ 43,938.80 \$ 176,345.80\$ 220,284.60

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: Coushatta-Red River Chamber of Com

Fiscal Year End: ___12/31/2023

Balance Sheet

Statement B

	General Fund	Other Fund	Total
ASSETS (balances at year-end) 1. Cash and cash equivalents			
	\$ 43,938.80	\$ 176,345.8	o \$ 220,284.60
2. Investments (fair value)			\$ 0.00
Office furnishings (Cost of desks, etc)			\$ 0.00
Equipment (Cost of fax machine, etc)			\$ 0.00
5. Other (brief description)			\$ 0.00
6. Total Assets (add lines 1 - 5)	\$ 43,938.80	\$ 176,345.8	\$ 220,284.60
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (brief description):			\$ 0.00
8.			\$ 0.00
9.			\$ 0.00
10.			\$ 0.00
11. Total Liabilities (add lines 7 - 10)	\$ 0.00	\$ 0.00	\$ 0.00
12. Fund balance (amount from Line 16 on Statement A)			0\$ 220,284.60
13. Other			\$ 0.00
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 43,938.80	\$ 176,345.8	\$ 220,284.60

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name, Title:	Agency Head Name, Title	Krissi Stephens, Executive Director (until10/31/23)	
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Purpose	Dollar Amount
1. Salary	\$ 10,000.00
2. Benefits-insurance	
3. Benefits-retirement	
4. Benefits-other (describe)	
5. Benefits-other (describe)	
6. Benefits-other (describe)	
7. Car allowance	
8. Vehicle provided by government (if reported on your W-2)	
9. Per diem	
10. Reimbursements	
11. Travel	
12. Registration fees	
13. Conference travel	
14. Housing	
15. Unvouchered expenses (example: travel advances, etc.)	
16. Special meals	
17. Other	
18. TOTAL (enter total of line 1-17)	\$ 10,000.00

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.)

Sworn Financial Statement Updated: 08/07/2023