West Monroe-West Ouachita Chamber of Commerce, Inc. (Entity Name)
West Monroe, Ouachita Parish, Louisiana (City, Parish/State)
TRANSMITTAL LETTER
ANNUAL FINANCIAL STATEMENTS
(Date) (0 1 2)
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 (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 Officer's Name, Title

Enclosures

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

Affidavit and Revenue Certification

West Monroe - West Ouachita Chamber of Commerce, Inc. EN	ITITY NAME
Ouachita Parish	
West Monroe (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 Legislative Auditor within 90 days after the close of the fiscal year. The certification of less, if applicable, is required by Louisiana Revised Statute 24:513(J)(1)(c)(i)(aa).	
Personally came and appeared before the undersigned authority, Lila Strode (enter officer name), who, duly sworn, deposes and says that the financial statements fairly the financial position of December 31, 2018 (entity's year-end), and the results of operations for accordance with the basis of accounting described within the accompanying financial statements	nter entity name) as of r the year then ended, in
(Complete if applicable) In addition, Lila Strode, (officer name), who, duly sworn, West Monroe - West Ouachita Chamber of Commerce, Inc. (entity name) received \$75,000 or less sources for the year ended December 31, 2018, and accordingly, is not requ the previously mentioned year.	in revenues and other
Officer's Signature	and the Same
Sworn to and subscribed before me this \(\sigma \) day of \(\sigma \), \(\frac{202\limits}{202\limits} \).	INC.
Monel Forthern 20 45013 NOTARY PUBLIC SIGNATURE & SEAL	Selection and the selection of the selec
For Office Use Only Please Complete	This Section

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 ___06-09-2021

Please	e Complete This Section
Officer's Name	Lila Strode
Officer's Title	President
	Professional Drive
City, Zip West	Monroe, LA 71291
Ph: Cell/Land	318-325-1961
E-mail Istro	de@westmonroechamber.org

West Monroe - West Ouachita Chamber of Commerce, Inc.

(Agency Name)

Statement of Cash Receipts and Disbursements

For the Year Ended December 31, 2019

(Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):	El Company de la		
1. Memberships	\$ 138,339	\$	\$
2. Program Fees		16,000	
3. Special events	·		- Valencia de la constanta de
4. Membership Development Contributions			
5. Other income (including rental income)			
6. Total receipts (add lines 1 - 5)	\$	\$	\$
DISBURSEMENTS (Provide Brief Description): 7. Salaries and benefits	\$ 153,975	\$	\$
8. Program Expenses		16,000	
9. Office Expenses			
10. Depreciation Expense	10,962		
11. Professional Fees	9,108		
12. Other Expenses			
13. Total Disbursements (add lines 7 - 12)	\$	\$ 16,000	\$
		——————————————————————————————————————	
14. Change in fund balance (Lines 6 minus 13)	\$	\$	\$
15. Fund Balance at beginning of year	\$ 123,480	\$	\$
16. Fund balance (deficit) at end of year (Add lines 14-15)This amount also goes on line 12, Statement B	\$	\$	\$

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

West Monroe - West Ouachita Chamber of Commerce, Inc. (Agency Name)

Balance Sheet, on December 31, 2019 (Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
Cash and cash equivalents on hand	\$ 48,392	\$	\$
2. Investments (fair value) on hand	0		
3. Office furnishings (Cost of desks, etc)	0		
4. Equipment (Cost of fax machine, etc)	8,819		
5. Other (brief description)Land Buildings and Improvement	its <u>57,618</u>		
6. Total Assets (add lines 1 - 5)	\$ 114829	\$	\$
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (give brief description): Credit Card Payable 8. Payroll Liabilities 9.	\$ <u>940</u> \$ 4788	\$	\$
10.	· · · · · · · · · · · · · · · · · · ·	-	
11. Total Liabilities (add lines 7 - 10)	5728	-	
12. Fund balance (amount from Line 16 on Statement A)			
13. Other		-	
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$	\$	\$

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

	(Agency Name)
	ts and Other Payments to Agency Head or Chief Executive bmit Completed Form Per Attached Instructions)
For the Year Ended December 31, 2019	_(Year-End)

Agency Head Name and Title:	

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.

X 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.)