

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

Entity Name: Huntington Park Improvement District
Address: P.O.Box 871327 New Orleans, LA 70187-1327
Telephone: 504-715-3041 Email: rwill7239@gmail.com, nhstewart@urbansystem
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 <a href="mailto:ereports@lla.la.gov">ereports@lla.la.gov</a> , 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, Riccardo Williams, Treasurer (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 Huntington Park Improvement District (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: N/A
Complete if Applicable: In addition, N/A (officer's name), who duly sworn,
deposes, and says that N/A (entity's name) received \$75,000 or less
in revenues and other sources for the year ended N/A (entity's year-end), and accordingly,
is not required to have an audit for the previously mentioned fiscal year.  Treasurer  OFFICER'S SIGNATURE  OFFICER'S TITLE
Sworn to and subscribed before me, this 22nd day of April , 20 24
OFFICIAL SEAL TALANA L. ANDERSON NOTARY PUBLIC SIGNATURE  OFFICIAL SEAL TALANA L. ANDERSON NOTARY 10\$ 165811 STATE OF LOUISIANA PARISH OF ORLEANS My Commission is for Life

Sworn Financial Statement

Updated: 08/01/2023

Entity Name: Huntington Park Improvement District Fiscal Year End: 2023

Statement of Receipts and Disbursements			Statement A
	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):	Manufacture of the Control of the Co		Martine and the second
1. Fees	\$ 44,265.69		\$ 44,265.69
2. PriorYears fees	\$ 846.25		\$ 846.25
Interest on Investments	\$ 1,632.60		\$ 1,632.60
4.			\$ 0.00
5.			\$ 0.00
6. Total receipts (add lines 1 - 5)	\$ 46,744.54	\$ 0.00	\$ 46,744.54
DISBURSEMENTS (Provide Brief Description):			
7.			\$ 0.00
8. Maintanence Fees - Landscaping, pool maintanenc	\$ 15,200.00		\$ 15,200.00
9. Utilities - Water, gas, electric	\$ 15,955.52		\$ 15,955.52
10. Special Events, general maintanence	\$ 2,844.48		\$ 2,844.48
11.			\$ 0.00
12.			\$ 0.00
13. Total Disbursements (add lines 7 - 12)	\$ 34,000.00	\$ 0.00	\$ 34,000.00
14. Change in fund balance (Lines 6 minus 13)	\$ 12,744.54	\$ 0.00	\$ 12,744.54
15. Fund Balance at beginning of year	\$ 22,293.06	ψ 0.00	\$ 22,293.06
	Ψ ~~,~00.00		Ψ 22,200.00

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.

Identify the Basis of Accounting, if not using Cash-Basis:

Sworn Financial Statement

Updated: 08/01/2023

Entity Name: Huntington Park Improvement District

Fiscal Year End: 2023

## **Balance Sheet**

## Statement B

	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
Cash and cash equivalents	\$ 5,846.20		\$ 5,846.20
2. Investments (fair value)	Ψ 0,0 10120		
2. Office funcializate (Cost of dealer sta)			\$ 0.00
3. Office furnishings (Cost of desks, etc)			\$ 0.00
4. Equipment (Cost of fax machine, etc)			
F. Ottors (helpf decoderfice)			\$ 0.00
5. Other (brief description)			\$ 0.00
6. Total Assets (add lines 1 - 5)	\$ 5,846.20	\$ 0.00	\$ 5,846.20
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)	\$ 35,037.60	\$ 0.00	\$ 35,037.60
13. Other			\$ 0.00
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 35,037.60	\$ 0.00	\$ 35,037.60

## Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name, Title:

Purpose	Dollar Amount
1. Salary	
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	

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.)

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18. TOTAL (enter total of line 1-17)

15. Unvouchered expenses (example: travel advances, etc.)

14. Housing

17. Other

16. Special meals

\$ 0.00