

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

Entity Name: West Monroe/West Ouachita Chamber of Commerce, Inc

Address: 112 Professional Drive, West Monroe, LA 71291

Telephone: 318.325.1961 Email: lstrode@westmonroechamber.org

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 ereports@lla.la.gov, 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, Lila Strode (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 West Monroe/West Ouachita Chamber of Commerce, Inc (entity's name) as of December 31, 2020 (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.

Complete if Applicable: In addition, Lila Strode (officer's name), who duly sworn, deposes, and says that West Monroe/West Ouachita Chamber of Commerce, Inc (entity's name) received \$75,000 or less in revenues and other sources for the year ended December 31, 2020 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

Lila Strode
OFFICER'S SIGNATURE

President
OFFICER'S TITLE

Sworn to and subscribed before me, this 27th day of May, 2021

Shane F. ...
NOTARY PUBLIC SIGNATURE & SEAL

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

Statement of Receipts and Disbursements

Statement A

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
RECEIPTS (Provide Brief Description):			
1.Memberships	\$ 225,071	\$	\$ 225,071
2.Program Fees	11,843	26,000	37,843
3.Special Events	28,096		28,096
4.Membership Development	26,284		26,284
5.Other Income	26,906		26,906
6. Total receipts (add lines 1 - 5)	\$ 318,200	\$ 26,000	\$ 344,200
DISBURSEMENTS (Provide Brief Description):			
7.Salaries and Benefits	\$ 151,476	\$	\$ 151,476
8.Program Expenses	26,224	26,000	52,224
9.Office Expenses	14,193		14,193
10.Depreciation Expense	3,348		3,348
11.Professional Fees	9,986		9,986
12.Other Disbursements	13,505		13,505
13. Total Disbursements (add lines 7 - 12)	\$ 218,732	\$ 26,000	\$ 244,732
14. Change in fund balance (Lines 6 minus 13)	\$ 99,468	\$	\$ 99,468
15. Fund Balance at beginning of year	\$ 58,711	\$	\$ 58,711
16. Fund balance (deficit) at end of year (Add lines 14-15)			
-This amount also goes on line 12, Statement B	\$ 158,179	\$	\$ 158,179

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

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.*

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

Balance Sheet

Statement B

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
ASSETS (balances at year-end)			
1. Cash and cash equivalents	\$ 89,783	\$	\$ 89,783
2. Investments (fair value)	0		0
3. Office furnishings (Cost of desks, etc)	0		0
4. Equipment (Cost of fax machine, etc)	6,637		6,637
5. Other (brief description) Land, buildings & Improvements – Accounts Receivable	90,228		90,228
6. Total Assets (add lines 1 - 5)	<u>\$ 186,648</u>	<u>\$</u>	<u>\$ 186,648</u>
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (brief description): Payroll Liabilities	\$ 6,819	\$	\$ 6,819
8. Deferred Revenue	21,650		21,650
9.			
10.			
11. Total Liabilities (add lines 7 - 10)	28,469		28,469
12. Fund balance (amount from Line 16 on Statement A)	158,179		158,179
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$ 186,648</u>	<u>\$</u>	<u>\$ 186,648</u>

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

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: Lila Strode, President

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.

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.)