

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

Entity Name: Red River Crossroads Historical & Cultural Association, Inc.

Address: P. O. Box 159 Gilliam, LA 710129

Telephone: 318 465-4414 Email: karenlogan@centurytel.net

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, Karen Boyce Logan (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 Red River Crossroads Historical & Cultural Association, 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, except as follows: _____

Complete if Applicable: In addition, Karen Boyce Logan who duly sworn, deposes, and says that Red River Crossroads Historical & Cultural Association, Inc. 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.

Karen Boyce Logan
OFFICER'S SIGNATURE

President, Board of Directors
OFFICER'S TITLE Red River Crossroads Historical, Assoc. of Inc.

Sworn to and subscribed before me, this 9th day of February, 2021

Daliah Godfrey
NOTARY PUBLIC SIGNATURE & SEAL
DALIAH GODFREY, NOTARY PUBLIC
CADDO & BOSSIER PARISH, LOUISIANA
MY COMMISSION IS FOR LIFE
ID# 63407

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Statement of Receipts and Disbursements

Statement A

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. LA State CEA grant	\$	\$ 5,000	\$ 5,000
2. Sunflower Trail, Heritage Tour	860	-	860
3. Memberships	980	-	980
4. Donations	2,000	-	2,000
5.			
6. Total receipts (add lines 1 - 5)	\$ 3,840	\$ 5,000	\$ 8,840
DISBURSEMENTS (Provide Brief Description):			
7. Sunflower, Heritage event supplies	\$ 2,855	\$ -	\$ 2,855
8. Brochures, signs	850	-	850
9. operations, mailings, supplies	3,249	-	3,249
10. Sunflower Trail, Heritage Tour	-	4,885	4,885
11. Historic Site signs	-	115	115
12.			
13. Total Disbursements (add lines 7 - 12)	\$ 6,954	\$ 5,000	\$11,954
14. Change in fund balance (Lines 6 minus 13)	\$ - 3,114 -	\$ 0	\$- 3,114 -
15. Fund Balance at beginning of year	\$ 3,840	\$ 5,000	\$ 8,840
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ 726	\$ 0	\$ 726

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.*

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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	\$ 15,991	\$ 0	\$ 15,991
2. Investments (fair value)	25,000		25,000
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description)			
6. Total Assets (add lines 1 - 5)	<u>\$ 40,991</u>	<u>\$ 0</u>	<u>\$ 40,991</u>
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (brief description):	\$ - 0 -	\$ -0-	\$ -0-
8.			
9.			
10.			
11. Total Liabilities (add lines 7 - 10)	0	0	0
12. Fund balance (amount from Line 16 on Statement A)	726.	0	726.
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$ 41,717</u>	<u>\$ 0</u>	<u>\$ 41,717</u>

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Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: ___ N/A ___ No compensation ___

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.)