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

Entity Name: Children's Museum of Acadiana Address: 201 East Congress Lafayette, LA 70501 Telephone: 337-232-8500 Email: clayd@dsfcpas.com 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, Clayton E Darnall (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 Children's Museum of Acadiana (entity's name) as of July 31, 2022 (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 regulations. the entity has complied with all laws and except as follows: Complete if Applicable: In addition, Clayton E Darnall (officer's name), who duly sworn, deposes, and says that Children's Museum of Acadiana (entity's name) received \$75,000 or less in revenues and other sources for the year ended July 31, 2022 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year. Stell Treasurer **OFFICER'S SIGNATURE** OFFICER'S TITLE Sworn to and subscribed before me, this 28th day of October, 2022. PAULA W BENOIT Notary Public State of Louisiana

NOTARY PUBLIC SIGNATURE & SEAL

tary ID Number 88272 Latayette Parish

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Statement of Receipts and Disbursements

Statement A

v -	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1.Admissions	\$316,608	\$	\$316,608
2.Programs & Workshops	42,562		42,562
3.Other	136,710		136,710
4.Lafayette Consolidated GovGrant ACA (Operating)		1,869	1,869
5.Lafayette Consolidated GovGrant ACA (Programs)		313	313
6.Lafayette Visitor Enterprise Fund: LCVC 2021		9,000	9,000
7.Louisiana Office of Tourism		4,604	4,604
8.LA Endowment for the Humanities)		3,000	3,000
9.PPP Loan Forgiveness	52,250		52,250
10. Total receipts (add lines 1 - 9)	\$548,130	\$18,786	\$566,916
DISBURSEMENTS (Provide Brief Description):			
11. Operations	\$158,773	\$18,786	\$177,559
12. Payroll	230,306		230,306
13. Other	38,789		38,789
14. Cost of Goods Sold	32,330		32,330
15.			
16. Total Disbursements (add lines 11 - 15)	\$460,198	\$18,786	\$478,984
17. Change in fund balance (Lines 10 minus 16)	\$ 87,932		\$ 87,932
18. Fund Balance at beginning of year	\$ 484,956		\$ 484,956
19. Fund balance (deficit) at end of year (Add lines 16-	Ψ +υ+,υυυ		Ψ τυτ,συυ
19)			
This amount also goes on line 12, Statement B	\$ 572,888		\$ 572,888

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.

Balance Sheet			Statement B
-	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
1. Cash and cash equivalents	\$151,859	\$	\$151,859
Investments (fair value)		7	
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)	452,469		452,469
5. Other (receivables)	8,443		8,443
6. Total Assets (add lines 1 - 5)	\$612,771	\$	\$612,771
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (brief description):			
8. Accounts Payable	\$6,543	\$	\$6,543
9.Secured Mortgages	24,548		24,548
10. Other Liabilities	8,792		8,792
11. Total Liabilities (add lines 7 - 10)	39,883		39,883
12. Fund balance (amount from Line 16 on Statement A)	572,888		572,888
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$612,771		\$ \$612,771

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Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: Carol McManus, Executive Director

Purpose	Dollar Amount
1. Salary	1. 41,700
2. Benefits-insurance	2.
3. Benefits-retirement	3.
Benefits-other (describe)	4.
Benefits-other (describe)	5.
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. 41,700

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.)