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, 2021 (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 complied with all laws regulations, has and except as follows:

<u>Complete if Applicable:</u> In addition, <u>Clayton E Darnall</u> (officer's name), who duly sworn, deposes, and says that <u>Children's Museum of Acadiana</u> (entity's name) received \$75,000 or less in revenues and other sources for the year ended <u>July 31, 2021</u> (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

OFFICER'S SIGNATURE

Treasurer

OFFICER'S TITLE

Sworn to and subscribed before me, this 23rd day of September, 2021.

NOTARY PUBLIC SIGNATURE & SEAL

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Statement of Receipts and Disbursements

Statement A

	General Fund	Other Fund	Total
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RECEIPTS (Provide Brief Description):			
1.Admissions	\$ 189,008	\$	\$ 189,008
2.Programs & Workshops	28,285		28,285
3.Other	122,667		122,667
4.Lafayette Consolidated Gov.–Grant (Utilities)		3,617	3,617
5.Lafayette Consolidated GovGrant (Create Art with Artists)		3,090	3,090
6.Lafayette Convention & Visitors Commission (Adjusting Museum processes for COVID-19)		7,500	7,500
7.Louisiana Department of the Arts – (Cultural Development)		1,200	1,200
8.Louisiana Department of the Arts – (NEA CARES Act funding)	5,000		5,000
9.PPP Loan Forgiveness	55,500		55,500
9. Total receipts (add lines 1 - 8)	\$ 400,460	\$ 15,407	\$ 415,867
DISBURSEMENTS (Provide Brief Description): 10. Operations	\$ 114,997	\$ 15,407	\$ 130,404
11. Payroll	192,821		192,821
12. Other	26,001		26,001
13. Cost of Goods Sold	16,760		16,760
14.			
15.			
13. Total Disbursements (add lines 7 - 12)	\$ 350,579	\$ 15,407	\$ 365,986
14. Change in fund balance (Lines 6 minus 13)	\$ 49,881		\$ 49,881
15. Fund Balance at beginning of year	\$ 435,086		\$ 435,086
16. Fund balance (deficit) at end of year (Add lines 14-15)This amount also goes on line 12, Statement B	\$ 484,967		\$ 484,967

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)			
Cash and cash equivalents	\$ 126,421	\$	\$ 126,421
2. Investments (fair value)			
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)	438,690	×	438,690
5. Other (Receivables)	21,742		21,742
6. Total Assets (add lines 1 - 5)	\$ 586,853	\$	\$ 586,853
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (brief description): 8. Accounts Payable	\$ 6,234	\$	\$ 6,234
9. Secured Mortgages	29,422	Ψ	29,422
10. Other Liabilities	66,230		66,230
11. Total Liabilities (add lines 7 - 10)	101,886		101,886
12. Fund balance (amount from Line 16 on Statement A) 13. Other	484,967		484,967
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 586,853	\$	\$ 586,853

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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. \$ 48,021.66	
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. \$ 48,021.66	

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.)