7091-20

River Road African A	merican Museum (Entity Name)
Donaldsonville,	Louisiana (City, Parish/State)
Ascension P	arish
TRANSMITTAL LETTER	
ANNUAL FINANCIAL STATEMENTS	
1)	Date) 09/18/2020
Ms. Gayle Fransen Engagement Manager Louisiana Legislative Auditor 1600 North Third Street Baton Rouge, LA 70802 Dear Ms. Fransen:	•• .
In accordance with Louisiana Revised Statute 24:51 Form and the annual financial statements for my ent	3, enclosed are the Affidavit and Revenue Certification tity, as of and for the year ended <u>June 30, 2020</u> s under the control of this entity. The accompanying
financial statements have been prepared on the cas	h basis of accounting.
Since	cerely,
	cer's Name

Enclosures

## PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENT FOR YOUR RECORDS

## **Affidavit and Revenue Certification**

_	River Road African	American	Museum	ENTITY NAME
_	Ascension	Parish	Parish	<del></del>
	Donaldsonville	LA (City)	 , State	
	VORN FINANCIAL STATEMENTS AND FION OF REVENUES \$75,000 OR LES		e)	
Legislative A	sworn financial statements are required auditor within 90 days after the close of a cable, is required by Louisiana Revised S	the fiscal year	r. The certifica	tion of revenues of \$75,000 or
enter officer) fairly the fin Jur	ame and appeared before the undersigname), who, duly swom, deposes and ancial position of River Road Afrace 30, 2020 (entity's year-end with the basis of accounting described w	says that the cican Americ d), and the res	financial state can Museum sults of operation	(enter entity name) as of ons for the year then ended, in
In addition, River Road sources for t	fapplicable)  Darryl Hambrick, Director, African American Museum (entity n he year endedJune 30, 202 ly mentioned year.	ame) receive	ed \$75,000 or	less in revenues and other
	con .	Officer's	Signature	
Sworn to and	subscribed before me this 29 day of	Sept	- , <u>20 2</u> 0	
	NOTARY PUBLIC S	SIGNATURE	& SEAL	Rhonda L. Vinet Notary Public #65467 State of Louisiana Commissioned For Life
	For Office Use Only			nplete This Section
		1 1000	. A. Darı	cyl Hambrick

For Office Use Only				
Under provisions of state law, thi	is report will become a public document on the			
Monday following the release date	te. A copy of the report will be submitted to			
appropriate public officials and be	e available for public inspection at the Baton			
Rouge office of the Louisiana Legislative Auditor and, where appropriate, at the				
office of the parish clerk of court.				
10-21-2020				

Officer's Nam	e Darryl Hambrick
Officer's Title	
Address 4	06 Charles St.
City, Zip	Conaldsonville, LA 70346
Ph: Cell/Land	
E-mail	

River Road African American Museum
(Agency Name)

Statement of Cash Receipts and Disbursements
For the Year Ended June 30, 2020
(Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description): 1. State of LA - Dr. Harris Lecture	\$ 5,000	\$	\$
2. City of Donaldsonville 3.	45,000		
3. 4. 5.	¢ 50 000	<b>\$</b>	<u> </u>
6. Total receipts (add lines 1 - 5)  DISBURSEMENTS (Provide Brief Description):	\$ 50,000	<u> </u>	4
7. Operating Expenses 8. Programs	\$ 30,682 10,879	<u>\$</u>	\$
9. Professional & Contract Services 10.	8,439		
11. 12. 13. Total Disbursements (add lines 7 - 12)	\$ 50,000	•	
14. Change in fund balance (Lines 6 minus 13)	\$	s	\$
<ul><li>15. Fund Balance at beginning of year</li><li>16. Fund balance (deficit) at end of year (Add lines 14-15)</li></ul>	\$	\$	\$
This amount also goes on line 12, Statement B	\$	<u> </u>	

PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENTS FOR YOUR RECORDS

River Road Afr	rican American Museum
(Agency Name)	
Balance Sheet, on _ (Year-End)	June 30, 2020

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$	\$	\$
2. Investments (fair value) on hand			
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)	\$	\$	\$
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (give brief description):			_
8.	\$	<u> </u>	
<u>9.</u> 10.			
11. Total Liabilities (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement A)			
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$	\$	\$

PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENTS FOR YOUR RECORDS

River	Road	African	American	Museum	(Agency Name)
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Schedule of Compensation, Benefits and Other Payments to Agency Head or Chief Executive Officer (Required Form - Please Submit Completed Form Per Attached Instructions)

For the Year	Ended	June	30,	2020	Year-End)

## Agency Head Name and Title:

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.)