(Entity Name)
(City, Parish/State)

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

(Date) 9-30-20

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 24:513, enclosed are the Affidavit and Revenue Certification Form and the annual financial statements for my entity, as of and for the year ended <u>O(-30-20</u> (entity's year-end). The statements include all funds under the control of this entity. The accompanying financial statements have been prepared on the cash basis of accounting.

Sincerely

Officer's Signature

Maureen Brennan, Ex Div Officer's Name, Title

John Bess - Board President

Enclosures

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

	Affidavit and Reven	ue Certification	
Cite Des	Arts	1000 C	ENTITY NAME
A AM	Lafonette	Parish	
	hafayette, LA	_(City), State	
ANNUAL SWORN FINANCIAL STA		oplicable)	
The annual sworn financial stateme Legislative Auditor within 90 days a less, if applicable, is required by Lo	ifter the close of the fis	cal year. The certificate 24:513(J)(1)(c)(i)(aa	ition of revenues of \$75,000 o
Personally came and appeared bef (enter officer name), who, duly swo fairly the financial position of 00-30-20 accordance with the basis of account	orn, deposes and says it Des Arts (entity's year-end), and	uthority, <u>M. M.a.</u> that the financial stated the results of operati	ements herewith given presen (enter entity name) as o ons for the year then ended, in
(Complete if applicable) Ith In addition, M. Maurren Cite Des Arts	Brennan, (office (entity name)	er name), who, duly	swom, deposes and says that less in revenues and othe
sources for the year endedOb- the previously mentioned year.	30-20 John B		ot required to have an audit fo
	My Masson	Brewow fficer's Signature	
Sworn to and subscribed before me			
	TAHIMILAN Sel	kttmet #4	3323

For Office Use Only

Under provisions of state law, this report will become a public document on the Monday following the release date. A copy of the report will be submitted to: appropriate public officials and be available for public inspection at the Baton: Rouge office of the Louisiana Legislative Auditor and, where appropriate, at the omoe of the parish clerk of court.

10-21-2020

Release Date

Please Complete This Section Officer's Name M. Maurery Brennan Officer's Title Executive Director
Address 12 Hiddry Hills
City, Zip Arnaudville, LA F0512
Ph: Cell/Land 337 298-7321 PYCHHON D SWOIL COE

NOTARY PUBLIC SIGNATURE & SEAL

Cite	Des	Arts	
Agency Nar	ne)		

Statement of Cash Receipts and Disbursements For the Year Ended 06-30-20

(Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description): 1. See attachment #-1 2.	\$ 99,008	s - v -	<u>\$ 99,00</u> 8
3. 4. 5.			
6. Total receipts (add lines 1 - 5)	\$ 99,008	\$ -0-	\$99,003
DISBURSEMENTS (Provide Brief Description): 7. See attachment # 2	\$ 120,182	\$ -0-	\$120,182
8. 9. 10. 11.			
13. Total Disbursements (add lines 7 - 12)	\$120.182	\$-0-	\$ 120,182
14. Change in fund balance (Lines 6 minus 13) 15. Fund Balance at beginning of year 16. Fund balance (deficit) at end of year (Add lines 14-15) —This amount also goes on line 12, Statement B	\$(21,174) \$(00, 799) \$(121,913)	\$ -0- \$ - \$ -0-	\$ (21,174) \$100,799 \$ (121,973)

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Statement A Attachment #1	
Receipts	
Contributions	
Private Funds	26,826
Public Funds	5,750
Program Service Revenue	60,336
Gaming	4,670
Fundraising	
Other Revenue	1,426
Total Receipts	99,008

34,509
22,765
1,458
480
16,303
2,225
3,587
1,039
1,323
2,543
-
17,901
477
4,497
5,902
2,553
2,620
120,182

Cite Des	Arts		
(Agency Name)		Allowa S. danyona	

Balance Sheet, on 06-30-20 (Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
Cash and cash equivalents on hand	\$	\$	\$
2. Investments (fair value) on hand			
3. Office furnishings (Cost of desks, etc)			
Equipment (Cost of fax machine, etc)			
5. Other (brief description)			
6. Total Assets (add lines 1-5) SRE subochment#3	\$ 49,071	\$ -0-	\$ 49.071
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (give brief description):			
8.	\$	\$	\$
9.			
10.	77.77.77.77		
11. Total Liabilities (add lines 7 - 10) Sex allachment #3	171 044	-0-	171 844
12. Fund balance (amount from Line 16 on Statement A)	(121,973)	- D-	(12) 973
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 49.071	\$-0-	\$49.071
		-	

Statement B Attachment #3		
Assets	ļ	
Cash and cash equivalents	13,310	
Furniture & Equipment	44,135	
Leasehold Improve	309,631	
Accumulated Depreciation	(318,005)	
Total Assets	49,071	
Liabilities		
Payroll Taxes	1,118	
Grant Payable	_	
Loans Payable	100,159	
Notes Payable	69,767	
Total Liabilities	171,044	

Cite Des Arts	(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	Ole-30-20	(Year-End)

Agency Head Name and Title: Maureen Brennan

Purpose	Dollar Amount
1. Salary	1.
2. Benefits-insurance	2.
3. Benefits-retirement	3.
Benefits-other (describe)	4.
5. 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. — 0 —

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.)