EntityName _Jeanerette Bicentennial Museum

Address: P.O.BOX1011500MainStreetJeanerette,LA70544

Telephone:(337) 276-4408 Email: jeanerettemuseum@gmail.com RECEIVED MAR 29 2021 LEGISLATIVE AUDITOR

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 <u>ereports@lla.la.gov</u>, 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, <u>Konald Soving</u> (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 <u>Seamenette Bicentrennial Museum</u> (entity's name) as of <u>2020</u> (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:

<u>Complete if Applicable:</u> In addition, <u>Ronald Sovine</u> (officer's name), who duly sworn, deposes, and says that <u>JeaneretteBicentennialMuseum</u> (entity's name) received \$75,000 or less in revenues and other sources for the year ended <u>Dec.30,2020</u> (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

OFFICER'S SIGNATURE

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Sworn to and subscribed before me, this 26th day of March, 2021

ŠIGNATURE & SEAL NOTA

Please submit a pdf copy of the completed form to: ereports@lla.la.gov - Updated 12/20

Statement of Receipts and Disbursements

Statement A

| | | General Fund | | Other Fund | - | Total |
|---|--------|--------------------------|-----|---------------|--------|--------------------------|
| RECEIPTS (Provide Brief Description): | | | | | | |
| 1.Friends Membership | \$2 | ,720.00 | \$ | | | 720.00 |
| 2.Sales/Donations | 312.20 | | | | 312.20 | |
| 3.Interest | | 38.14 | | | 38.14 | |
| 4.Miscellaneous Fees | 13.41 | | _ | | 13.41 | |
| 5.Grants | | | 10 | 0,000.00 | 10 | 000.00 |
| 6. Total receipts (add lines 1 - 5) | \$3 | ,083.75 | \$1 | 0,000.00 | \$1 | 3,083.75 |
| DISBURSEMENTS (Provide Brief Description): 7.Office Expense/Supplies 8.Awards/Plaques/Tags 9.Gift Shop | \$ | 505.28 10.00 12.00 | \$ | | \$ | 505.28 10.00 12.00 |
| 10.Miscellaneous Fees | | 190.59 | | | | 190.59 |
| 11.Subscriptions | | 152.40 | | | | 152.40 |
| 12.Advertising | • | | | 2,274.00 | | 2,274.00 |
| 13.Postage | | | | 400.00 | | 400.00 |
| 14.Computer Expense | | | | 315.45 | | 315.45 |
| 15.Printing | | | | 120.32 | | 120.32 |
| 16. Total Disbursements (add lines 7 - 15) | \$ | 870.27 | \$ | 3,109.77 | \$ | 3,980.04 |
| 17. Change in fund balance (Lines 6 minus 16) | \$ | 2,213.48 | \$ | 6,890.23 | \$ | 9,103.71 |
| 18. Fund Balance at beginning of year | \$ | 24,387.80 | \$ | 1,872.71 | \$2 | 6,260.51 |
| 19. Fund balance (deficit) at end of year (Add lines 14-15) This amount also goes on line 12, Statement B | \$ | 26,601.28 | \$ | 8,762.94 | \$3 | 5,364.22 |

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 | \$ | 3,083.75 | \$ | 10,000.00 | \$13,083.75 | |
| 2. Investments (fair value) | | | | | | |
| 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) | \$ | 3,083.75 | \$ | 10,000.00 | \$13,083.75 | |
| LIABILITIES AND FUND BALANCE (at year-end): | | | | | | |
| 7. Liabilities (brief description): | \$ | | \$ | | \$ | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | _ | | | | |
| 11. Total Liabilities (add lines 7 - 10) | | | | | | |
| 12. Fund balance (amount from Line 16 on Statement A) | | 870.27 | | 3,109.79 | 3,980.04 | |
| 13. Other | | | | | | |
| 14. Total Liabilities and Fund Balance (add lines 11 - 13) | \$26 | 5,536.36 | \$ | 8,821.96 | \$35,358.22 | |

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: Ronald Sovine, Chairman Jeanerette Museum Board

| 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.)