

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

Entity Name: Tangipahoa African American Heritage Museum and Veterans Archives (TAAHM & VA)

Address: 1600 Phoenix Square, Hammond, LA 70403

Telephone: 985.542.4259 Email: tangiafromuseum@att.net

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, Delmas A. Dunn, Sr. (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 TAAHM & VA (entity's name) as of 2023 (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: _____

Complete if Applicable: In addition, Delmas A. Dunn, Sr. (officer's name), who duly sworn, deposes, and says that TAAHM & VA (entity's name) received \$75,000 or less in revenues and other sources for the year ended 2023 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

Delmas A. Dunn, Sr.
OFFICER'S SIGNATURE

President
OFFICER'S TITLE

Sworn to and subscribed before me, this 25 day of April, 2024

Eric Danvers
NOTARY PUBLIC SIGNATURE
ERIC DANVERS
ID #9193

Entity Name: _____

Fiscal Year End: _____

Statement of Receipts and Disbursements

Statement A

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
RECEIPTS (Provide Brief Description):			
1. City of Hammond		49,893	49,893
2. Museum and Donation	10,384		
3. Rental	64,726		
4. Bingo	99,901		
5.			
6. Total receipts (add lines 1 - 5)	<u>175,011</u>	<u>49,893</u>	<u>224,904</u>
DISBURSEMENTS (Provide Brief Description):			
7. Operations, Equipment Repair, Telephone	13,421		13,421
8. Insurance	32,214		32,214
9. Bingo Expense	75,362		75,362
10. Legal & Accounting	5,860		5,860
11. Taxes, Licenses, Permits	5,982		5,982
12. Grant Expenses	71,928	49,893	71,928
13. Total Disbursements (add lines 7 - 12)	<u>204,767</u>	<u>49,893</u>	<u>254,660</u>
14. Change in fund balance (Lines 6 minus 13)			-29,756
15. Fund Balance at beginning of year	471,063		471,063
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	441,307		441,307

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.

Entity Name: _____

Fiscal Year End: _____

Balance Sheet

Statement B

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
ASSETS (balances at year-end)			
1. Cash and cash equivalents	82,914		82,914
2. Investments (fair value)	750,403		750,403
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)	<u>833,317</u>		<u>833,317</u>
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (brief description):			
8. Payroll	3,335		3,335
9. Bank Loans	268,811		268,811
10. SBA/ EIDL	45,813 / 70,351		45,813/ 70,351
11. Total Liabilities (add lines 7 - 10)	388,310		388,310
12. Fund balance (amount from Line 16 on Statement A)	471,063		471,063
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>833,317</u>		<u>833,317</u>

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name, Title: _____

Purpose	Dollar Amount
1. Salary	
2. Benefits-insurance	
3. Benefits-retirement	
4. Benefits-other (describe)	
5. Benefits-other (describe)	
6. Benefits-other (describe)	
7. Car allowance	
8. Vehicle provided by government (if reported on your W-2)	
9. Per diem	
10. Reimbursements	
11. Travel	
12. Registration fees	
13. Conference travel	
14. Housing	
15. Unvouchered expenses (example: travel advances, etc.)	
16. Special meals	
17. Other	
18. TOTAL (enter total of line 1-17)	

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.)