

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

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

Address: 1600 Phoenix Square, Hammond, Louisiana 70403

Telephone: 985.542.4259 Email: tangiafromuseum@att.net

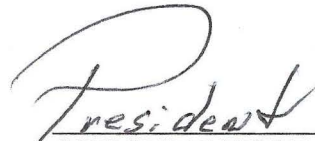
This annual sworn financial statement is required to be filed with the Legislative Auditor within 90 days of the end of the entity's fiscal year by sending a pdf copy by email to ereports@lla.la.gov, faxing to 225-339-3986, or mailing to Louisiana Legislative Auditor – Local Government Services, P.O. Box 94397, Baton Rouge, LA 70804-9397.

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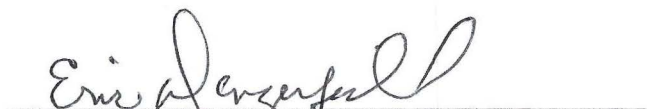
Personally came and appeared before the undersigned authority, Delmas A. Dunn, Sr. (officer's name), who, duly sworn, deposes and says that the financial statements herewith given present fairly, in all material respects, the financial position of TAAHM & VA (entity's name) as of 2020 (entity's year-end) 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 2020 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.


OFFICER'S SIGNATURE


OFFICER'S TITLE

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


NOTARY PUBLIC SIGNATURE & SEAL
ERIC DANGERFIELD
ID. #9193

(Agency Name)

Statement of Cash Receipts and Disbursements
For the Year Ended _____
(Year-End)

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
RECEIPTS (Provide Brief Description):			
1. City of Hammond	\$	\$49,794	\$49,794
2. IMLS		\$7,843	\$7,843
3. STEM	\$6,375		\$6,375
4. Museum	\$22,734		\$22,734
5. Rentals	\$109,605		\$109,605
6. Bingo and Slots	\$104,446		\$104,446
7. EIDG	\$7,000		\$7,000
Total receipts	\$250,160	\$57,637	\$307,797
DISBURSEMENTS (Provide Brief Description):			
8. Operations, Telephone, Office Supplies and Ads	\$14,715	\$18,330	\$33,045
9. Insurance, Facilities and Equipment Repairs/Maint.	\$48,140	\$31,464	\$79,604
10. Bingo and Slot	\$53,918		\$53,918
11. STEM	\$11,843		\$11,843
12. Payroll	\$39,283		\$39,283
13. Depreciation	\$30,730		\$30,730
14. Interest	\$35,359		\$35,359
15. Legal and Accounting	\$29,650		\$29,650
16. Taxes, Licenses, Permits	\$4,660		\$4,660
17. IMLS Grant		\$7,843	\$7,843
18. Fundraiser and other expenses	\$10,836		\$10,836
Total Disbursements	\$279,134	\$57,637	\$336,771
19. Change in fund balance	\$-28,974	\$0	\$-28,974
20. Fund Balance at beginning of year	\$500,037	\$0	\$500,037
Fund balance (deficit) at end of year	\$471,063	\$	\$471,063

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

Please return the completed form within 90 days of your entity's year-end to Louisiana Legislative Auditor – Local Government Services; Post Office Box 94397, Baton Rouge, LA 70804-9397 - Updated 8/3/16

 (Agency Name)

Balance Sheet, on _____
 (Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$102,930	\$	\$102,930
2. Furniture, Equipment and Properties (NET)	\$770,553		\$770,553
3.			
4.			
5.			
6. Total Assets	\$873,483	\$	\$873,483
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):			
8. Payroll	\$4,770	\$	\$4,770
9. Bank Loans	\$279,722		\$279,722
10. SBA	\$47,928		\$47,928
11. EIDL	\$70,000		\$70,000
Total Liabilities (add lines 7 - 10)	\$402,420	\$	\$402,420
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)	\$873,483	\$	\$873,483

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Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

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.)