

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

Entity Name: St. Tammany Art Association
Address: 320 N. Columbia Street, Covington, LA 70433
Telephone: 985.892.8650 Email: director@sttammany.art

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, LAUREN H. LEE (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 ST. TAMMANY ART ASSOCIATION (entity's name) as of 12/31/2019 (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, LAUREN H. LEE (officer's name), who duly sworn, deposes, and says that ST. TAMMANY ART ASSOCIATION (entity's name) received \$75,000 or less in revenues and other sources for the year ended 12/31/2019 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

[Signature]
OFFICER'S SIGNATURE

TREASURER
OFFICER'S TITLE

Sworn to and subscribed before me, this 16 day of September, 2021

Kelli M. Britt
NOTARY PUBLIC SIGNATURE & SEAL

KELLI M. BRITT
NOTARY PUBLIC
STATE OF LOUISIANA
ID # 62807
COMMISSIONED FOR LIFE

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Statement of Receipts and Disbursements

Statement A

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. Membership Dues	\$ 34,520	\$	\$ 34,520
2. Grants	2,500	16,000	18,500
3. Contributions/Fundraising	66,250		66,250
4. Program Revenues (Tuition / Art Sales)	87,716		87,716
5. Rents	35,440		35,440
6. Total receipts (add lines 1 - 5)	\$ 226,426	\$ 16,000	\$ 242,426
DISBURSEMENTS (Provide Brief Description):			
7. Payroll Expenses	\$ 95,667	\$	\$ 95,667
8. Occupancy Expenses	18,508		18,508
9. Professional Fees / Instructors	50,756		50,756
10. Operating Expense / Office Expense / Insurance	16,545	16,000	32,545
11. Interest/Other	37,347		37,347
12. Depreciation	17,091		17,091
13. Total Disbursements (add lines 7 - 12)	\$ 235,914	\$ 16,000	\$ 251,914
14. Change in fund balance (Lines 6 minus 13)	\$ (9,488)	\$ 0	\$ (9,488)
15. Fund Balance at beginning of year	\$ 320,317	\$	\$ 320,317
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ 310,829	\$ 0	\$ 310,829

Identify the Basis of Accounting, if not using Cash-Basis: Accrual

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.

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Balance Sheet

Statement B

	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
1. Cash and cash equivalents	\$ 23,564	\$	\$ 23,564
2. Investments (fair value)			
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)	546,048		546,048
5. Other (brief description) Inventory	1,429		1,429
6. Total Assets (add lines 1 - 5)	\$ 571,041	\$	\$ 571,041
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (brief description):	\$	\$	\$
8. A/P	1,745		1,745
9. Mortgage	255,286		255,286
10. Payroll / Sales Tax Liability	3,181		3,181
11. Total Liabilities (add lines 7 - 10)	260,212		260,212
12. Fund balance (amount from Line 16 on Statement A)	310,829		310,829
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 571,041	\$	\$ 571,041

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Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: **Jennifer Dewey**

Purpose	Dollar Amount
1. Salary	1. \$38,000
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. \$38,000

_____ 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.)