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

Entity Name: Louisiana Children's Museum

Address: 15 Henry Thomas Dr. New Orleans, LA 70124

Telephone: 504-523-1357 Email: info@lcm.org

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, Tifferney White (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 Louisiana Children's Museum (entity's name) as of 12/31/2024 (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, Tifferney White (officer's name), who duly sworn, deposes, and says that Louisiana Children's Museum (entity's name) received $75,000 or less in revenues and other sources for the year ended 12/31/2024 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

OFFICER'S SIGNATURE

Chief Executive Officer
OFFICER'S TITLE

Sworn to and subscribed before me, this 16 day of June, 20 25

NOTARY PUBLIC SIGNATURE

Alexandra Roselli Lamb
Notary ID# 152637
Parish of Orleans
My Commission is for life
La Bar No. 37847

Entity Name: Louisiana Children's Museum Fiscal Year End: 12/31/2024

Statement of Receipts and Disbursements **Statement A**

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. Admissions/ Special Event Admission	887112		$ 887,112.00
2. Education Programs	254018		$ 254,018.00
3. Memberships	652464		$ 652,464.00
4. Operating & Earned Revenues	2256382		$ 2,256,382.0
5. Contributed Support/Fundraising/Grants	633803		$ 633,803.00
6. **Total receipts** (add lines 1 - 5)	$ 4,683,779.(	$ 0.00	$ 4,683,779.0
DISBURSEMENTS (Provide Brief Description):			
7. Payroll and Benefits	2849395		$ 2,849,395.0
8. Operating expenses	2320451		$ 2,320,451.0
9. Facilities & Utilities	735900		$ 735,900.00
10. Professional Services	232950		$ 232,950.00
11. Travel and Conferences	48412		$ 48,412.00
12. Programs	113448		$ 113,448.00
13. **Total Disbursements** (add lines 7 - 12)	$ 6,300,556.(	$ 0.00	$ 6,300,556.0
14. Change in fund balance (Lines 6 minus 13)	-$ 1,616,777.	$ 0.00	-$ 1,616,777.(
15. Fund Balance at beginning of year	45086616		$ 45,086,616.
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	$ 43,469,839	$ 0.00	$ 43,469,839.

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.*

Entity Name: Louisiana Children's Museum Fiscal Year End: 12/31/2024

Balance Sheet **Statement B**

	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
1. Cash and cash equivalents	7679617		$ 7,679,617.(
2. Investments (fair value)	262419		$ 262,419.00
3. Office furnishings (Cost of desks, etc)			$ 0.00
4. Equipment (Cost of fax machine, etc)	34433143		$ 34,433,143
5. Other (brief description)	2720991		$ 2,720,991.(
6. **Total Assets** (add lines 1 - 5)	$ 45,096,170	$ 0.00	$ 45,096,170
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (brief description): Accounts Payable	47778		$ 47,778.00
8. Other Current Liabilities	421638		$ 421,638.00
9. Long-Term Liabilities	1141915		$ 1,141,915.(
10.			$ 0.00
11. **Total Liabilities** (add lines 7 - 10)	$ 1,611,331.(	$ 0.00	$ 1,611,331.(
12. Fund balance (amount from Line 16 on Statement A)	$ 43,469,839	$ 0.00	$ 43,469,839
13. Other			$ 0.00
14. Total Liabilities and Fund Balance (add lines 11 - 13)	$ 45,081,170	$ 0.00	$ 45,081,170

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name, Title: Tifferney White, Chief Executive Officer

Purpose	Dollar Amount
1. Salary	235741
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	3016.45
11. Travel	
12. Registration fees	
13. Conference travel	
14. Housing	
15. Unvouchered expenses (example: travel advances, etc.)	
16. Special meals	
17. Other	42799
18. TOTAL (enter total of line 1-17)	$ 281,556.45

☐ **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.)