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

Entity Name: Cite Des Arts Address: P.O. Box 2821, Lafayette, LA 70502 Telephone: (337) 291-1122 Email: info@citedesarts. Drg

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, (mys D.V.10.bil)(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>Cite Des Arts</u> (entity's name) as of <u>Ob-30-21</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, Chrys D V(1d.b.1) (officer's name), who duly sworn, deposes, and says that <u>Cite Des Arts</u> (entity's name) received \$75,000 or less in revenues and other sources for the year ended <u>06-30-21</u> (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

<u>President of Board</u> OFFICER'S TITLE Sworn to and subscribed before me, this 30 day of September 20 21 **OFFICIAL SEAL** THEODORE G. EDWARDS, IV NOTARY ID #18195 NOTARY PUBLIC, ATTORNEY NOTARY PUBLIC SIGNATURE & SEAL ENTIRE STATE OF LOUISIANA **COMMISSIONED FOR LIFE**

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

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Statement of Receipts and Disbursements Statement A General Other Fund Fund Total **RECEIPTS (Provide Brief Description):** \$ 112,955 \$ -0- \$ 112,955 1. See attachment #1 2. 3. 4. 5. 6. Total receipts (add lines 1 - 5) \$112,955 \$ -0-\$112,955 **DISBURSEMENTS (Provide Brief Description):** \$96,996 \$ -0- \$96,996 7. see attachment #2 8. 9. 10. 11. 12. \$ 96,996 13. Total Disbursements (add lines 7 - 12) \$-0-\$ 96,996 \$ 15,959 \$ 15,959 14. Change in fund balance (Lines 6 minus 13) \$ - 0 -(\$121,973) \$ -0-15. Fund Balance at beginning of year (\$ 121.973 16. Fund balance (deficit) at end of year (Add lines 14-15) (\$106,014) \$ -0 - (\$ 106,014) --This amount also goes on line 12, Statement B

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.

66,905
6,500
32,878
-
6,672
112,955

Statement A Attachment #2	
Disbursements	
Salaries	37,961
Rent, Utilities, Maintenance	15,120
Advertising and Promotion	315
Bank Charges	351
Depreciation	15,712
Dues & Subs	150
Insurance	2,989
Interest	115
Miscellaneous	858
Office Expense	2,729
Outside Services	1,212
Production/Classes	12,563
Royalties	560
Supplies and Materials	1,536
Taxes & Licenses	1,816
Telephone	3,008
Total Disbursements	96,996

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Balance Sheet		5	Statement B
	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
1. Cash and cash equivalents	\$	\$	\$
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) See attachment#:	3\$ 66, 407	\$ -0-	\$65.407
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (brief description):	\$	\$	\$
8.			
9.			
10.			
11. Total Liabilities (add lines 7 - 10) Sec attachment #	3 171,421	-0-	171,421
12. Fund balance (amount from Line 16 on Statement A)	(106,014)	-0-	(106,014)
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$65,407	\$ -0 -	\$65,407

Statement B Attachment #3		
Assets		
Cash and cash equivalents	45,358	
Furniture & Equipment	44,135	
Leasehold Improve	309,631	
Accumulated Depreciation	(333,717)	
Total Assets	65,407	
Liabilities		
Payroll Taxes	2,881	
Grant Payable	_	
Loans Payable	168,540	
Total Liabilities	171,421	

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: Maureen Brennan Executive Director

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 (ir reported on your VV-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)	180-

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.)