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Affidavit and Revenue Certification

Tangipahoe African American Heritage Museum ENTITY NAME
Tangipahoe Parish
Hammond, LA (City), State

ANNUAL SWORN FINANCIAL STATEMENTS AND CERTIFICATION OF REVENUES \$75,000 OR LESS (if applicable)

The annual sworn financial statements are *required* by Louisiana Revised Statute 24:514 to be filed with the Legislative Auditor within 90 days after the close of the fiscal year. The certification of revenues of \$75,000 or less, if applicable, is required by Louisiana Revised Statute 24:513(J)(1)(c)(i)(aa).

Personally came and appeared before the undersigned authority, Delmas A. Dunn, Sr
(enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Tangipahoe African American Heritage Museum (enter entity name) as of Dec 2017 (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.

(Complete if applicable)

In addition, Delmas Dunn (officer name), who, duly sworn, deposes and says that Tangipahoe African American Heritage Museum (entity name) received \$75,000 or less in revenues and other sources for the year ended Dec 2017, and accordingly, is not required to have an audit for the previously mentioned year.

Delmas A. Dunn, Sr
Officer's Signature

Sworn to and subscribed before me this 22 day of SEPTEMBER, 2018.

Eric Dangeloff - ERIC DANGELOFF
NOTARY PUBLIC SIGNATURE & SEAL
LS #9193

For Office Use Only
Under provisions of state law, this report will become a public document on the Monday following the release date. A copy of the report will be submitted to appropriate public officials and be available for public inspection at the Baton Rouge office of the Louisiana Legislative Auditor and, where appropriate, at the office of the parish clerk of court.
Release Date <u>OCT 03 2018</u>

Please Complete This Section
Officer's Name _____
Officer's Title _____
Address _____
City, Zip _____
Ph: Cell/Land _____
E-mail _____

Jaini paha African American Heritage Museum
(Agency Name)

Statement of Cash Receipts and Disbursements
For the Year Ended Dec 2017
(Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. City of Hammond	\$	\$ 25,000 ⁰⁰	\$ 25,000 ⁰⁰
2. Rental Bldg	75,133 ⁰⁰		75,133 ⁰⁰
3. Fundraiser Income	92,485 ⁰⁰		92,485 ⁰⁰
4. Museum Revenue	27,125 ⁰⁰		27,125 ⁰⁰
5.			
6. Total receipts (add lines 1 - 5)	<u>\$ 194,743</u>	<u>\$ 25,000⁰⁰</u>	<u>\$ 219,743⁰⁰</u>
DISBURSEMENTS (Provide Brief Description):			
7. Operations - Telephone, Office supplies, Utilities, etc	\$ 12,585 ⁰⁰	\$	\$ 12,585 ⁰⁰
8. Insurance, Advertising	11,736 ⁰⁰		11,736 ⁰⁰
9. Contract Services - Accounting etc	11,661 ⁰⁰		11,661 ⁰⁰
10. Payroll	35,912 ⁰⁰		35,912 ⁰⁰
11. Taxes	7,413 ⁰⁰		7,413 ⁰⁰
12. Fundraiser Expenses	5,218 ⁰⁰		5,218 ⁰⁰
13. Total Disbursements (add lines 7 - 12)	<u>\$ 84,525⁰⁰</u>	<u>\$ 25,000⁰⁰</u>	<u>\$ 84,525⁰⁰</u>
14. Change in fund balance (Lines 6 minus 13)	\$ 110,218 ⁰⁰	\$	\$ 135,218 ⁰⁰
15. Fund Balance at beginning of year	\$ 23,154 ⁰⁰	\$	\$ 23,154 ⁰⁰
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	<u>\$ 133,372⁰⁰</u>	<u>\$ 25,000⁰⁰</u>	<u>\$ 158,372⁰⁰</u>

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

Louisiana African American Heritage Museum
(Agency Name)

Balance Sheet, on Dec 2017
(Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 18,039 ⁰⁰	\$	\$ 18,039 ⁰⁰
2. Investments (fair value) on hand	0		
3. Office furnishings (Cost of desks, etc) Bldg	967,494 ⁰⁰		967,494 ⁰⁰
4. Equipment (Cost of fax machine, etc)	24,705 ⁰⁰		24,705 ⁰⁰
5. Other (brief description)			
6. Total Assets (add lines 1 - 5)	<u>\$ 1,012,238⁰⁰</u>	<u>\$</u>	<u>\$ 1,012,238⁰⁰</u>
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):			
8. American Bank ^o Trust - Loan	\$ 342,219 ⁰⁰	\$	\$ 342,219 ⁰⁰
9. SBA - Loan	57,611 ⁰⁰		57,611 ⁰⁰
10. Accounts Payables	15,478 ⁰⁰		15,478 ⁰⁰
11. Total Liabilities (add lines 7 - 10)	415,308 ⁰⁰		415,308 ⁰⁰
12. Fund balance (amount from Line 16 on Statement A)	133,372 ⁰⁰		133,372 ⁰⁰
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$ 281,936</u>	<u>\$</u>	<u>\$ 281,936</u>

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Tangipahoa African American Heritage Museum (Agency Name)

Schedule of Compensation, Benefits and Other Payments to Agency Head or Chief Executive Officer (Required Form - Please Submit Completed Form Per Attached Instructions)

For the Year Ended Dec 2017 (Year-End)

Agency Head Name and Title: Delmas A. Dunn Sr., President

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.)

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