

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

Entity Name: Lake Pontchartrain Basin Maritime Museum, Inc.

Address: 133 Mabel Drive, Madisonville, LA 70447

Telephone: 985-845-9200 Email: director@pbmm.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, JOHN BELL (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 LPBMM (entity's name) as of 12/31/2020 (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: NONE

Complete if Applicable: In addition, JOHN BELL (officer's name), who duly sworn, deposes, and says that LPBMM (entity's name) received \$75,000 or less in revenues and other sources for the year ended 12/31/2020 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

John B. Bell
OFFICER'S SIGNATURE

TREASURER
OFFICER'S TITLE

Sworn to and subscribed before me, this 5th day of MAY, 2021

[Signature]
NOTARY PUBLIC SIGNATURE & SEAL
BRUCE M. DANIEL, NOTARY PUBLIC
STATE OF LOUISIANA
LA BAR ROLL NO. 4496
MY COMMISSION IS ISSUED FOR LIFE

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Statement of Receipts and Disbursements

Statement A

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
RECEIPTS (Provide Brief Description):			
1. Admissions/Memberships/Gift Shop/Events	\$ 68,599	\$	\$ 68,599
2. Boat Building/Educational Programs	12,403		12,403
3. Donations	11,968	1,624	13,592
4. Fundraising	55,444	2,960	58,404
5. Grants	15,500		15,500
6. Total receipts (add lines 1 - 5)	\$163,914	\$ 4,584	\$168,498
DISBURSEMENTS (Provide Brief Description):			
7. Operating Exp/Gift Shop/Facility Expenses	\$152,737	\$	\$152,737
8. Payroll (Wages and Taxes)	139,442		139,442
9. Lighthouse/Cottage Restoration		165	
10. Fundraising Expense	14,328		14,328
11. Interest Expense/Other Expense	656		656
12. Grant Expense	16,249		16,249
13. Total Disbursements (add lines 7 - 12)	\$ 323,412	\$ 165	\$323,412
14. Change in fund balance (Lines 6 minus 13)	\$(159,499)	\$ 4,419	\$(155,080)
15. Fund Balance at beginning of year	\$1,638,952	\$ (828)	\$1,638,124
16. Fund balance (deficit) at end of year (Add lines 14-15) -This amount also goes on line 12, Statement B	\$1,479,453	\$ 3,591	\$ 1,483,044

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.*

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Balance Sheet

Statement B

	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
1. Cash and cash equivalents	\$ 118,649	\$ 35,809	\$ 154,458
2. Investments (fair value)	1,048,496		1,048,496
3. Office furnishings (Cost of desks, etc) Building/Additions			
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description) Exhibits	484,543		484,543
6. Total Assets (add lines 1 - 5)	\$ 1,651,688	\$ 35,809	\$ 1,687,497
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (brief description): Loans/Note	\$ 186,904	\$	\$ 186,904
8. Payroll and Sales Tax Liability	8,544		8,544
9. Security Deposits	7,357		7,357
10. Credit Card Payable	1,648		1,648
11. Total Liabilities (add lines 7 - 10)	204,453		204,453
12. Fund balance (amount from Line 16 on Statement A)	1,479,453	3,591	1,483,044
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 1,683,906	\$ 3,591	\$ 1,687,497

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Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: James MacPherson, Executive Director

Purpose	Dollar Amount
1. Salary	1. 46,731
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. 46,731

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.)