Friends of the Mansfield Female College Musuem dba Clista A. Calhoun Center (Entity Name)

101 Monroe Street, Mansfield, DeSoto Parish, LA 71052 (City, Parish/State)

| TRANSMITTAL LETTER |
|-----------------------------|
| ANNUAL FINANCIAL STATEMENTS |

| (Date) | 3-31-2020 | |
|--------|-----------|--|
|--------|-----------|--|

Ms. Gayle Fransen
Engagement Manager
Louisiana Legislative Auditor
1600 North Third Street
Baton Rouge, LA 70802

Dear Ms. Fransen:

In accordance with Louisiana Revised Statute 24:513, enclosed are the Affidavit and Revenue Certification Form and the annual financial statements for my entity, as of and for the year ended 2019 (entity's year-end). The statements include all funds under the control of this entity. The accompanying financial statements have been prepared on the cash basis of accounting.

Sincerely,

Officer's Signature

Richard Wilkinson
Officer's Name

Enclosures

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

Affidavit and Revenue Certification

Friends of the MFCM & CACC ENTITY NAME

| | DeSoto | Parish | |
|--|--|--|--|
| M | lansfield, 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 ess, if applicable, is required by Louisiana Revised Statute 24:513(J)(1)(c)(i)(aa). | | | |
| Personally came and appeared before (enter officer name), who, duly sworn, of airly the financial position of | deposes and says FMFCM & CAC (entity's year- | that the financial statements I C end), and the results of opera | herewith given present (enter entity name) tions for the year then |
| Complete if applicable) n addition, Richard Wilkinson, (officer name), who, duly sworn, deposes and says that FMFCM & CACC (entity name) received \$75,000 or less in revenues and other sources for the year ended 12-31-2019, and accordingly, is not required to have an audit for the previously mentioned year. Officer's Signature Sworn to and subscribed before me this 31-34 day of MAKCH, 2020. NOTARY PUBLIC SIGNATURE & SEAL | | | |
| For Office Use Only | | Please Complete 1 | This Section |
| Under provisions of state law, this report will become a public d Monday following the release date. A copy of the report will be suppropriate public officials and be available for public inspection to go office of the Louisiana Legislative Auditor and, where apuffice of the parish clerk of court. Release Date | submitted to n at the Baton opropriate, at the | Officer's Name Officer's Title Address City, Zip Ph: Cell/Land E-mail | |

| Friends of MFCM & CA | CC |
|-----------------------|-------------------------|
| (Agency Name) | <u> </u> |
| | |
| Statement of Cash Rec | eipts and Disbursements |
| For the Year Ended | 2019 |

(Year-End)

| | General | Other | |
|---|------------|-------------|------------|
| | Fund | <u>Fund</u> | Total |
| RECEIPTS (Provide Brief Description): | | | |
| 1.Event Rental | \$21,430 | \$ | \$21,430 |
| 2.Public Funding Grants (P. Jury, Tourist B., COC) | 40,000 | | 40,000 |
| 3. Security Deposits Refunded | (4,700) | | (4,700) |
| 4. | | | |
| 5. | | | |
| 6. Total receipts (add lines 1 - 5) | \$56,730 | \$ | \$56,730 |
| | | | |
| DISBURSEMENTS (Provide Brief Description): | | | |
| 7.Payroll | \$24,483 | \$ | \$24,483 |
| 8.Payroll Taxes | 9,962 | | 9,962 |
| 9.Utilities, Repairs | 25,823 | | 25,823 |
| 10.Phone, Internet, Fire Alarm, Etc. | 7,345 | | 7,345 |
| 11.Supplies, Fees, Insur., Adv., Other | 11,809 | | 11,809 |
| 12. | | | |
| 13. Total Disbursements (add lines 7 - 12) | \$79,422 | \$ | \$79,422 |
| | | | |
| 14. Change in fund balance (Lines 6 minus 13) | \$(22,692) | \$ | \$(22,692) |
| 15. Fund Balance at beginning of year | \$ | \$ | \$ |
| 16. Fund balance (deficit) at end of year (Add lines 14-15) | | | |
| This amount also goes on line 12, Statement B | \$16,685 | \$ | \$16,685 |

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

Friends of MFCM & CACC

(Agency Name)

Balance Sheet, on 2019 (Year-End)

| | General Fund | Other Fund | Total |
|--|-----------------|---------------|----------|
| ASSETS (balances at year-end) -Give brief description: | | | |
| Cash and cash equivalents on hand | \$16,685 | \$ | \$16,685 |
| 2. Investments (fair value) on hand | | | |
| 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) | \$16,685 | \$ | \$16,685 |
| LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (give brief description): | | | |
| 8. | \$ 0 | \$ | <u> </u> |
| 9. | | | |
| 10. | | | |
| 11. Total Liabilities (add lines 7 - 10) | | | |
| 12. Fund balance (amount from Line 16 on Statement A) | 16,685 | | 16,685 |
| 13. Other | | | |
| 14. Total Liabilities and Fund Balance (add lines 11 - 13) | \$16,685 | \$ | \$16,685 |

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

| Friends of MFCM & CACC | (Agency Name) |
|-------------------------------------|--|
| • | and Other Payments to Agency Head or Chief Executive nit Completed Form Per Attached Instructions) |
| For the Year Ended 2019 | (Year-End) |
| Agency Head Name and Title: Van Ree | ech Jr Director |

| Purpose | Dollar Amount |
|---|---------------|
| 1. Salary | 1. 32,009 |
| 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. 32,009 |

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.)