

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

Entity Name: Ogden Museum of Art
Address: 925 Camp St Hew Orleans, LA 70130
Address: 925 Camp St How Orleans, LA 70132 Telephone: 504.539.9650 Email: mjohanson Dogden Museum.
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, Jason Wagvespack (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 Ogden Museum of Southernary (entity's name) as
of Dec. 31, 2023 (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, Jason Wagvespack (officer's name), who duly sworn, deposes, and says that Ogden Museum of Swahom Cleftity's name) received \$75,000 or less
in revenues and other sources for the year ended Dec. 3/, 2023 (entity's year-end), and accordingly,
is not required to have an audit for the previously mentioned fiscal year.
OFFICER'S SIGNATURE OFFICER'S TITLE
Sworn to and subscribed before me, this 15th day of July , 20 24
sworn to and subscribed before the, this 19 day of 3 with
Andrew V. Waters (LA Bar No. 37913)
LA Notary ID #183170 Sworn Financial Statement Updated: 08/07/202

Entity Name: Ogden Museum of Synthem Art Fiscal Year End: 12/31/23

Statement of Receipts and Disbursements			Statement A
	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. Grants + Confribations	1,674,676		1,676,674
2. Admissions	227,405		227,405
3. Programs	1,002,240		1,002,240
4. Investment Gains	362,557		362,557
5. Other	585,144		585, 164
6. Total receipts (add lines 1 - 5)	3,854,042		3,854,042
DISBURSEMENTS (Provide Brief Description):			
7. Operations	1,329,094		1,329,094
8. Programs	2,273,386		2,273384
9. 10.			
11.			
12.			
13. Total Disbursements (add lines 7 - 12)	3,602,480		3,602,480
14. Change in fund balance (Lines 6 minus 13)	201010		20101
15. Fund Balance at beginning of year	6,312,977		251,562
16. Fund balance (deficit) at end of year (Add lines 14-15)This amount also goes on line 12, Statement B		i.	
	6,564,539 Basis: AC	crual	

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: Ogden Museum of Souther Art

Fiscal Year End: 12/3/23

Balance Sheet

Statement B

	General Fund	Other Fund	Total
ASSETS (balances at year-end)		0 1990, 1190	
Cash and cash equivalents	1,399,343		1,399 343
Investments (fair value)	2,573,085		2,573,085
3. Office furnishings (Cost of desks, etc)			DATES STORY
	494,680		494,680
Equipment (Cost of fax machine, etc)			
5. Other (brief description)	2,097,43/		2097,431
6. Total Assets (add lines 1 - 5)	10564,539		6,564,539
7. Liabilities (brief description):	119,532		119,532
Deferred Revenue	204,124		206,124
9. SBA EIDL Loan 10.	154,604		154,604
11. Total Liabilities (add lines 7 - 10)	480,261		480,201
12. Fund balance (amount from Line 16 on Statement A)	6,084,278		6,084,278
13. Other			(VIII.
14. Total Liabilities and Fund Balance (add lines 11 - 13)	6,564,539		6,564539

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name,	Title:			
Agency nead Name,	iiue			_

Purpose	Dollar Amount
1. Salary	
2. Benefits-insurance	
3. Benefits-retirement	CONTRACTOR OF THE
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	
11. Travel	
12. Registration fees	
13. Conference travel	
14. Housing	
15. Unvouchered expenses (example: travel advances, etc.)	e retor y E de Bore
16. Special meals	
17. Other	
18. TOTAL (enter total of line 1-17)	

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.)

Sworn Financial Statement Updated: 08/07/2023