

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

Entity Name: Ogden Museum of Southern Art
Address: 925 Camp Street, New Orleans, LA 70130
Telephone: 504-539-9650 Email: finance@ogdenmuseum.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, WILLIAM P. ANDREWS (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 Southern Art (entity's name) as of December 31, 2022 (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, WILLIAM P. ANDREWS (officer's name), who duly sworn, deposes, and says that Ogden Museum of Southern Art (entity's name) received \$75,000 or less in revenues and other sources for the year ended December 31, 2022 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.



OFFICER'S SIGNATURE

EXECUTIVE DIRECTOR

OFFICER'S TITLE

Sworn to and subscribed before me, this 12 day of JUNE, 2023



NOTARY PUBLIC SIGNATURE & SEAL

JESSICA S. HAYNES
NOTARY PUBLIC
Notary I.D. # 84177
State of Louisiana
My Commission is issued for 1 yr

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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. Contributions	\$ 2,814,507	\$	\$ 2,814,507
2. Grants	459,700		459,700
3. Local Gov Grants	34,848		34,848
4. Fundraising Events	965,888		965,888
5. Program and Other Revenue	1,568,386		1,568,386
6. Total receipts (add lines 1 - 5)	\$ 5,843,329	\$	\$ 5,843,329
DISBURSEMENTS (Provide Brief Description):			
7. General Administration	\$ 700,299	\$	\$ 700,299
8. Development & Fundraising events	713,383		713,383
9. Exhibitions and Curatorial	456,114		456,114
10. Other Program Expenses	1,170,472		1,170,472
11. Building and Operations	502,126		502,126
12. Investment Gains/Losses	426,858		426,858
13. Total Disbursements (add lines 7 - 12)	\$ 3,969,252	\$	\$ 3,969,252
14. Change in fund balance (Lines 6 minus 13)	\$ 1,874,077	\$	\$ 1,874,077
15. Fund Balance at beginning of year	\$ 9,788,825	\$	\$ 9,788,825
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ 11,662,902	\$	\$ 11,662,902

Identify the Basis of Accounting, if not using Cash-Basis:

Accrual

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	\$ 1,759,704	\$	\$ 1,759,704
2. Investments (fair value)	2,239,386		2,239,386
3. Office furnishings (Cost of desks, etc)	588,195		588,195
4. Equipment (Cost of fax machine, etc) Art Collection	5,297,700		5,297,700
5. Other (brief description) Receivables, Inventory, Prepaids	2,170,238		2,170,238
6. Total Assets (add lines 1 - 5)	\$ 12,055,223	\$	\$ 12,055,223
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (brief description): Accounts Payable & Credit Card	\$ 63,484	\$	\$ 63,484
8. Deferred Revenue	130,058		130,058
9. Accrued Payroll and Taxes	48,779		48,779
10. SBA EIDL Loan	150,000		150,000
11. Total Liabilities (add lines 7 - 10)	392,321		392,321
12. Fund balance (amount from Line 16 on Statement A)	11,662,902		11,662,902
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 12,055,223	\$	\$ 12,055,223

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Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: William Andrews, Executive Director

Purpose	Dollar Amount
1. Salary	1. N/A
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.)