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**Affidavit and Revenue Certification**

Contemporary Arts Center ENTITY NAME  
Orleans Parish  
New Orleans, 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, Neil Barclay  
(enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Contemporary Arts Center (enter entity name) as of 06/30/2018 (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, Neil Barclay (officer name), who, duly sworn, deposes and says that Contemporary Arts Center (entity name) received \$75,000 or less in revenues and other sources for the year ended 06/30/2018, and accordingly, is not required to have an audit for the previously mentioned year.

\_\_\_\_\_  
Officer's Signature

Sworn to and subscribed before me this 17 day of October, 2018.

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE & SEAL

**SALLY SHUSHAN  
NOTARY PUBLIC  
BAR NO. 12054  
STATE OF LOUISIANA**

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 <b>OCT 31 2018</b>

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

Contemporary Arts Center

(Agency Name)

**Statement of Cash Receipts and Disbursements**For the Year Ended 06/30/2018

(Year-End)

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
<b>RECEIPTS (Provide Brief Description):</b>			
1. Earned Program Revenue	\$ 1,105,784	\$	\$1,105,784
2. Fundraising Revenue	307,356		307,356
3. Hospitality Sales Revenue	517,453		517,453
4. Contributed Revenue	1,425,278	68,500	1,493,778
5.			
6. <b>Total receipts</b> (add lines 1 - 5)	<u>\$ 3,355,871</u>	<u>\$ 68,500</u>	<u>\$ 3,427,371</u>
<b>DISBURSEMENTS (Provide Brief Description):</b>			
7. Program Expenses	\$ 2,090,506	\$	\$2,090,506
8. Fundraising Expenses	344,317		344,317
9. Hospitality Expenses	287,342		287,342
10. General & Administrative Expenses	765,291		765,291
11.			
12.			
13. <b>Total Disbursements</b> (add lines 7 - 12)	<u>\$ 3,487,456</u>	<u>\$ -0-</u>	<u>\$ 3,487,456</u>
14. Change in fund balance ( Lines 6 minus 13)	\$ (131,585)	\$ 68,500	\$ (63,085)
15. Fund Balance at beginning of year	\$ ( 28,125)	\$8,283,102	\$8,254,977
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ (159,710)	\$8,351,602	\$8,191,893

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

Contemporary Arts Center  
 (Agency Name)

Balance Sheet, on 06/30/2018  
 (Year-End)

	General Fund	Other Fund	Total
<b>ASSETS</b> (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 190,198	\$	\$ 190,198
2. Investments (fair value) on hand	325,636	1,626,701	1,952,337
3. Building Improvements and Land	2,681,405	3,150,000	5,831,405
4. Furnishings and Equipment	1,123,822		1,123,822
5. Other: A/R, Art Collection and Prepaid Expenses	244,240		244,240
6. <b>Total Assets</b> (add lines 1 - 5)	<u>\$ 4,565,301</u>	<u>\$4,776,701</u>	<u>\$ 9,342,002</u>
<b>LIABILITIES AND FUND BALANCE</b> (at year-end):			
7. Liabilities (give brief description):			
8. Accounts Payable	\$ 374,023	\$	\$ 374,023
9. Notes Payable	686,768		686,768
10. Deferred Revenue	89,318		89,318
11. <b>Total Liabilities</b> (add lines 7 - 10)	1,150,109		1,150,109
12. Fund balance (amount from Line 16 on Statement A)	(159,710)	8,351,602	8,191,893
13. Other			
14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13)	<u>\$ 990,400</u>	<u>\$8,351,602</u>	<u>\$ 9,342,002</u>

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

Please return the completed form within 90 days of your entity's year-end to Louisiana Legislative Auditor – Local  
 Government Services; Post Office Box 94397, Baton Rouge, LA 70804-9397 - Updated 8/3/16

Contemporary Arts Center (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 06/30/2018 (Year-End)

Agency Head Name and Title: Neil Barclay, Director and CEO

Purpose	Dollar Amount
1. Salary	1. 160,000
2. Benefits-insurance	2. 5,800
3. Benefits-retirement	3. 4,800
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. 2,852
11. Travel	11. 10,654
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. 184,106

\_\_\_\_ 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.)

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