

Entity Name: New Iberia Museum Foundation

Address: P O Box 14151 New Iberia, LA 70562

Telephone: 337-606-5977 Email: bayoutechemuseum@gmail.com

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, Arthur Mixon (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 New Iberia Museum Foundation (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: _____

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


OFFICER'S SIGNATURE

TREASURER
OFFICER'S TITLE

Sworn to and subscribed before me, this 29 day of JUNE, 2021


NOTARY PUBLIC SIGNATURE & SEAL
PAUL L. DELCAMPRE SR.

Statement of Receipts and Disbursements

Statement A

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. Public Donations and Fundraiser	\$ 183,971	\$	\$ 183,971
2. Capital Account – State Funds		10,000	10,000
3.			
4.			
5.			
6. Total receipts (add lines 1 - 5)	<u>\$ 183,971</u>	<u>\$ 10,000</u>	<u>\$ 193,971</u>
DISBURSEMENTS (Provide Brief Description):			
7. Salaries	\$ 56,967	\$	\$ 56,967
8. Insurance	6,282		6,282
9. Office Expense	5,593		5,593
10. Other	49,571	1,059	50,630
11. Outside Services	152,587		152,587
12.			
13. Total Disbursements (add lines 7 - 12)	<u>\$ 271,000</u>	<u>\$ 1,059</u>	<u>\$ 272,059</u>
14. Change in fund balance (Lines 6 minus 13)	\$ (87,029)	\$ 8,941	\$ (78,088)
15. Fund Balance at beginning of year	\$ 245,459	\$ 32,988	\$ 278,447
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	<u>\$ 158,430</u>	<u>\$ 41,929</u>	<u>\$ 200,359</u>

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.*

Balance Sheet

Statement B

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
ASSETS (balances at year-end)			
1. Cash and cash equivalents	\$ 73,428	\$ 41,929	\$ 115,357
2. Investments (fair value)	26,842		26,842
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)	101,751		101,751
5. Other (brief description) Utility Deposit	1,248		1,248
6. Total Assets (add lines 1 - 5)	<u>\$ 203,269</u>	<u>\$ 41,929</u>	<u>\$ 245,198</u>
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (brief description):	\$	\$	\$
8. Payroll Liabilities	2,323		2,323
9. Other Liabilities	42,516		42,516
10.			
11. Total Liabilities (add lines 7 - 10)	44,839		44,839
12. Fund balance (amount from Line 16 on Statement A)	200,359		200,359
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$ 203,269</u>	<u>\$ 41,929</u>	<u>\$ 245,198</u>

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: Marcia Patout, Director

Purpose	Dollar Amount
1. Salary	1. 42,082
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. 42,082

_____ 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.)