Affidavit and Revenue Certification

MONROE SYMPHONY ORCHESTRA, INC.	ENT	ITY	NAME

OUACHITA Parish MONROE, 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).

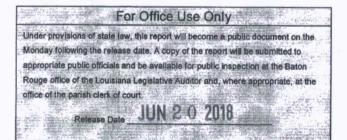
Personally came and appeared before the undersigned authority, <u>E. LYLE MILLER JR.</u> (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of <u>MONROE SYMPHONY ORCHESTRA, INC</u> (enter entity name) as of <u>5/31/2017</u> (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, <u>E. LYLE MILLER, JR</u>, (officer name), who, duly sworn, deposes and says that MONROE SYMPHONY ORCHESTRA, INC (entity name) received \$75,000 or less in revenues and other sources for the year ended <u>5/31/2017</u>, and accordingly, is not required to have an audit for the previously mentioned year.

Officer's Signature

Sworn to and subscribed before me this 11 day of JUNE , 2018



Ple	ease Complete This Section
Officer's Nan	me E. Lyle Miller Jr
Officer's Title	e Treasurer
Address	3605 Loop Road
City, Zip	Monroe, La. 71201
Ph: Cell/Land	d 318-387-35454
E-mail el	lylejr@comcast.net

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

## MONROE SYMPHONY ORCHESTRA, INC

(Agency Name)

### Statement of Cash Receipts and Disbursements

For the Year Ended 5/31/2017 (Year-End)

		General Fund	Other Fund	Total
<b>RECEIPTS (Provide Brief Description):</b>				
1. Contributions & Sponsors	\$	131,234	\$	\$
2. Program Revenue		35,193	_	
3. Public Grants		8,229		
3. Public Grants   4. Other Income   5.		5,049		
5.		1		
6. Total receipts (add lines 1 - 5)	\$	179,705	\$	\$
DISBURSEMENTS (Provide Brief Description):     7.   Employee Expense     8.   Concert Operations     9.   Administrative	\$	30,000 133,506 24,236	\$	\$
10. Legal		6,000		
<u>11.</u> 12.				
13. Total Disbursements (add lines 7 - 12)	\$	193,742	\$	\$
14. Change in fund balance (Lines 6 minus 13)	\$	(14,037)	\$	\$
15. Fund Balance at beginning of year	\$	64,417	\$	\$
16. Fund balance (deficit) at end of year (Add lines 14-15)	-			the second s

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

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(Agency Name)

Balance Sheet, on 5/31/2017 (Year-End)

	General Fund	Other Fund	Total
¢	53 536	¢	\$
\$	55,550	φ	φ
-			
	_		
_			
\$	53,536	\$	\$
\$	3,156	\$	\$
. <u>-</u>		-	
	3,156		
	50,380	j.	
\$	53,536	\$	\$
	\$	Fund \$ 53,536 \$ 53,536 \$ 53,536 \$ 3,156 3,156 50,380	Fund Fund   \$ 53,536 \$   \$ 53,536 \$   \$ 53,536 \$   \$ 53,536 \$   \$ 53,536 \$   \$ 3,156 \$   3,156 \$   50,380 \$

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Statement C Page 5

#### MONROE SYMPHONY ORCHESTRA, INC

(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 \_\_\_\_\_5/31/2017 (Year-End)

Agency Head Name and Title: NANCY MILLER - EXECUTIVE DIRECTOR

Purpose	Dollar Amount
1. Salary	1. 3,750
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. 3,750

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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Statement C Page 5

#### MONROE SYMPHONY ORCHESTRA, INC

(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 5/31/2017 (Year-End)

Agency Head Name and Title: Magan Bass - EXECUTIVE DIRECTOR

Purpose	Dollar Amount
1. Salary	1. 26,250
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. 26,250

\_\_\_\_\_ 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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