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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, E. LYLE MILLER JR
(enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of MONROE SYMPHONY ORCHESTRA, INC (enter entity name) as of 5/31/2018 (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, E. LYLE MILLER JR. (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 5/31/2018, and accordingly, is not required to have an audit for the previously mentioned year.

E. Lyle Miller Jr
Officer's Signature

Sworn to and subscribed before me this 25 day of JULY, 2018.

Peggy Nannette Holly
NOTARY PUBLIC SIGNATURE & SEAL
#40590

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 AUG 01 2018

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

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** 5/31/2018

(Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. Contributions & Sponsorships	\$ 94,595	\$	\$
2. Event Revenue	16,241		
3. Advertising	5,550		
4. Public Grants	5,701		
5. Other Revenue	1,837		
6. Total receipts (add lines 1 - 5)	\$ 123,924	\$	\$
DISBURSEMENTS (Provide Brief Description):			
7.	\$	\$	\$
8. Employee Salary	27,500		
9. Concert Operations	111,050		
10. Administrative	16,574		
11.			
12.			
13. Total Disbursements (add lines 7 - 12)	\$ 155,124	\$	\$
14. Change in fund balance (Lines 6 minus 13)	\$ (31,200)	\$	\$
15. Fund Balance at beginning of year	\$ 51,204	\$	\$
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ 20,004	\$	\$

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

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MONROE SYMPHONY ORCHESTRA, INC

(Agency Name)

Balance Sheet, on 5/31/2018

(Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 20,286	\$	\$
2. Investments (fair value) on hand			
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description)			
6. Total Assets (add lines 1 - 5)	\$ 20,286	\$	\$
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):			
8.	\$	\$	\$
9. Payroll Taxes	282		
10.			
11. Total Liabilities (add lines 7 - 10)	282		
12. Fund balance (amount from Line 16 on Statement A)	20,004		
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 20,286	\$	\$

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

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 5/31/2018 (Year-End)

Agency Head Name and Title: Bob Chambliss - Exec. Director

Purpose	Dollar Amount
1. Salary	1. 27,500
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. 27,500

____ 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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