

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

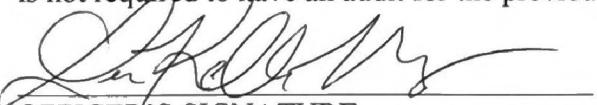
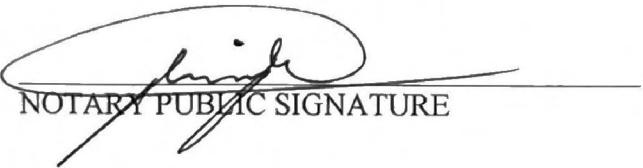
Entity Name: New Orleans Ballet, Inc. DBA New Orleans Ballet TheatreAddress: 1213 Marengo StreetTelephone: (504)826-0646 Email: n.o.ballettheatre@gmail.com

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 _____, 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, Lisa Keller MacCurdy (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 Orleans Ballet, Inc. DBA New Orle (entity's name) as of Dec. 31, 2024 (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: n/a

Complete if Applicable: In addition, Lisa Keller MacCurdy (officer's name), who duly sworn, deposes, and says that New Orleans Ballet, Inc. (entity's name) received \$75,000 or less in revenues and other sources for the year ended Dec. 31, 2024 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.


OFFICER'S SIGNATUREExecutive Director
OFFICER'S TITLESworn to and subscribed before me, this 17 day of February, 20 25
NOTARY PUBLIC SIGNATURE

Entity Name: New Orleans Ballet, Inc. DBA New OrleFiscal Year End: Dec. 31, 2024**Statement of Receipts and Disbursements****Statement A**

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. Contributions	51,100.50		51,100.50
2. Grants	93,289.18		93,289.18
3. Program Service Revenue	983,662.08		983,662.08
4. Realized Gains (Dividends and Interest)	54,490.15		54,490.15
5. Unrealized Gains/Losses on Investments	183,611.73		183,611.73
6. Total receipts (add lines 1 - 5)	1,366,153.64	\$ 0.00	1,366,153.64

DISBURSEMENTS (Provide Brief Description):

7. General and Administrative	55,340.25		55,340.25
8. Production Costs	297,498.83		297,498.83
9. Salaries and Professional Fees (Dancers/Artistic)	448,286.45		448,286.45
10. Space Rental (Studio, Office, Costume Shop)	32,320.91		32,320.91
11. Supplies	4,619.26		4,619.26
12. Travel and Mis.	24,030.50		24,030.50
13. Total Disbursements (add lines 7 - 12)	862,096.20	\$ 0.00	862,096.20
14. Change in fund balance (Lines 6 minus 13)	504,057.44	\$ 0.00	504,057.44
15. Fund Balance at beginning of year	1,810,570		1,810,570
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	2,314,627.44	\$ 0.00	2,314,627.44

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

Entity Name: New Orleans Ballet, Inc. DBA New Orleans BalletFiscal Year End: Dec. 31, 2024**Balance Sheet****Statement B**

	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
1. Cash and cash equivalents	1,338,774.19		1,338,774.19
2. Investments (fair value)	975,853.25		975,853.25
3. Office furnishings (Cost of desks, etc)			\$ 0.00
4. Equipment (Cost of fax machine, etc)			\$ 0.00
5. Other (brief description)			\$ 0.00
6. Total Assets (add lines 1 - 5)	2,314,627.44	\$ 0.00	2,314,627.44
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (brief description):			\$ 0.00
8.			\$ 0.00
9.			\$ 0.00
10.			\$ 0.00
11. Total Liabilities (add lines 7 - 10)	\$ 0.00	\$ 0.00	\$ 0.00
12. Fund balance (amount from Line 16 on Statement A)	2,314,627.44	\$ 0.00	2,314,627.44
13. Other			\$ 0.00
14. Total Liabilities and Fund Balance (add lines 11 - 13)	2,314,627.44	\$ 0.00	2,314,627.44

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Gregory Schramel, Artistic Director

Agency Head Name, Title: _____

Purpose	Dollar Amount
1. Salary	
2. Benefits-insurance	
3. Benefits-retirement	
4. Benefits-other (describe)	
5. Benefits-other (describe)	
6. Benefits-other (describe)	
7. Car allowance	
8. Vehicle provided by government (if reported on your W-2)	
9. Per diem	
10. Reimbursements	
11. Travel	
12. Registration fees	
13. Conference travel	
14. Housing	
15. Unvouchedered expenses (example: travel advances, etc.)	
16. Special meals	
17. Other	
18. TOTAL (enter total of line 1-17)	\$ 0.00



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.)