

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

Entity Name: New Orleans Ballet Theatre

Address: 1213 Marengo Street, New Orleans, Louisiana 70115

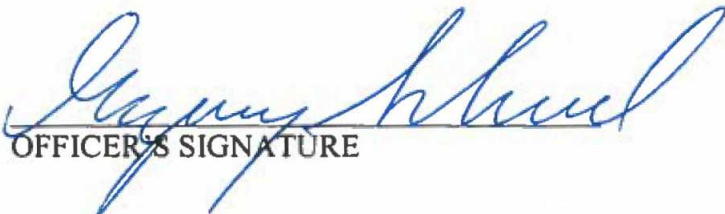
Telephone: 504-782-9223 Email: n.o.ballettheatre@gmail.com

*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 [ereports@lla.la.gov](mailto: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

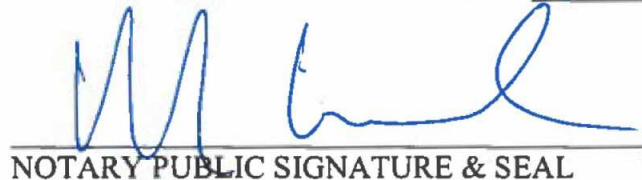
Personally came and appeared before the undersigned authority, Gregory Schramel, who, duly sworn, deposes and says that the financial statements herewith given present fairly, in all material respects, the financial position of New Orleans Ballet Theatre as of December 31, 2020 and the results of operations 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: Not Applicable.

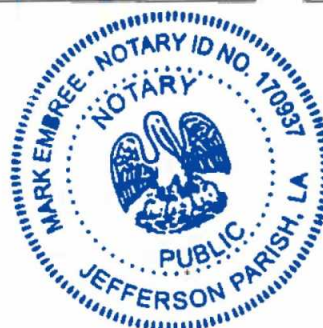
Complete if Applicable: In addition, \_\_\_\_\_ (officer's name), who duly sworn, deposes, and says that \_\_\_\_\_ (entity's name) received \$75,000 or less in revenues and other sources for the year ended \_\_\_\_\_ (entity's year-end), and accordingly, is not required to have an audit for the previously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

  
OFFICER'S SIGNATURE

Artistic Director  
OFFICER'S TITLE

Sworn to and subscribed before me, this 10 day of May, 20 21

  
NOTARY PUBLIC SIGNATURE & SEAL



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

## Statement of Receipts and Disbursements

## Statement A

	General Fund	Other Fund	Total
<b>RECEIPTS (Provide Brief Description):</b>			
1. Contributions	\$ 56,776	\$	\$ 56,776
2. Grants	46,650		46,650
3. Program Service Revenue	37,282		37,282
4. Payroll Protection Program Loan	33,900		33,900
5. Interest Income	4,521		4,521
6. Unrealized Losses on Investments	(52,291)		(52,291)
7. <b>Total receipts</b> (add lines 1 - 5)	<u>\$126,838</u>	<u>\$</u>	<u>\$126,838</u>
<b>DISBURSEMENTS (Provide Brief Description):</b>			
7. General and administrative	\$106,429	\$	\$106,429
8. Production costs	7,126		7,126
9. Salaries and professional fees (dancers)	76,130		76,130
10. Fundraiser	3,785		3,785
11. Travel and miscellaneous	976		976
12.			
13. <b>Total Disbursements</b> (add lines 7 - 12)	<u>\$194,445</u>	<u>\$</u>	<u>\$194,445</u>
14. Change in fund balance ( Lines 6 minus 13)	\$(67,608)	\$	\$(67,608)
15. Fund Balance at beginning of year	\$862,696	\$	\$862,696
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	<u>\$795,088</u>	<u>\$</u>	<u>\$795,088</u>

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.

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## Balance Sheet

## Statement B

	General Fund	Other Fund	Total
<b>ASSETS</b> (balances at year-end)			
1. Cash and cash equivalents	\$ 243,711	\$	\$ 243,711
2. Investments (fair value)	552,013		552,013
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (Accounts receivable)	587		587
6. <b>Total Assets</b> (add lines 1 - 5)	<u>\$ 796,311</u>	<u>\$</u>	<u>\$ 796,311</u>
<b>LIABILITIES AND FUND BALANCE</b> (at year-end):			
7. Liabilities (brief description): Accounts payable	\$ 1,223	\$	\$ 1,223
8.			
9.			
10.			
11. <b>Total Liabilities</b> (add lines 7 - 10)	1,223		1,223
12. Fund balance (amount from Line 16 on Statement A)	795,088		795,088
13. Other			
14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13)	<u>\$ 796,311</u>	<u>\$</u>	<u>\$ 796,311</u>

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## Statement C

### Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: Gregory Schramel, Artistic Director

Purpose	Dollar Amount
1. Salary	1.
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.

  X   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.)