

Princess Theatre, Inc. (Entity Name)  
Winnsboro, Franklin Parish, LA (City, Parish/State)

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

(Date) June 22, 2020

Ms. Gayle Fransen  
Engagement Manager  
Louisiana Legislative Auditor  
1600 North Third Street  
Baton Rouge, LA 70802

Dear Ms. Fransen:

In accordance with Louisiana Revised Statute 24:513, enclosed are the Affidavit and Revenue Certification Form and the annual financial statements for my entity, as of and for the year ended 12/31/18 (entity's year-end). The statements include all funds under the control of this entity. The accompanying financial statements have been prepared on the cash basis of accounting.

Sincerely,

Celeste Shivers

Officer's Signature

Celeste Shivers, President

Officer's Name, Title

Enclosures

**PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENT FOR YOUR RECORDS**

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

**Affidavit and Revenue Certification**

Princess Theatre, Inc ENTITY NAME  
Franklin Parish  
Winnsboro, 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, Celeste Shivers (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Princess Theatre, Inc. (enter entity name) as of 12/31/18 (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, Celeste Shivers (officer name), who, duly sworn, deposes and says that Princess Theatre, Inc. (entity name) received \$75,000 or less in revenues and other sources for the year ended 12/31/18, and accordingly, is not required to have an audit for the previously mentioned year.

Celeste Shivers  
Officer's Signature

Sworn to and subscribed before me this 22 day of June, 2020

Joe R. Doughty  
Notary Public - No. 11145  
Franklin Parish, LA  
Commission Expires - Life

Joe R. Doughty  
NOTARY PUBLIC SIGNATURE & SEAL

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 <u>8/12/2020</u>

Please Complete This Section
Officer's Name <u>Celeste Shivers</u>
Officer's Title <u>President</u>
Address <u>802 Prairie St / PO Box 940</u>
City, Zip <u>Winnsboro, LA 71295</u>
Ph: Cell/Land <u>(318)376-0044 / (318)435-3711</u>
E-mail <u>celeste@fsbnet.com</u>

Princess Theatre, Inc.

(Agency Name)

**Statement of Cash Receipts and Disbursements**For the Year Ended 12/31/2018

(Year-End)

	General Fund	Other Fund	Total
<b>RECEIPTS (Provide Brief Description):</b>			
1. <u>Ticket Sales</u>	\$ 26,822	\$	\$
2. <u>Contributions/Sponsorships/Fundraisers</u>	66,483		
3. <u>Rents/Interest/Misc.</u>	19,375		
4. <u>Grants</u>	4,695		
5. <u>Donations for Building Repairs</u>	130,223		
6. <b>Total receipts</b> (add lines 1 - 5)	<u>\$ 247,598</u>	<u>\$</u>	<u>\$</u>
<b>DISBURSEMENTS (Provide Brief Description):</b>			
7. <u>Compensation &amp; Benefits</u>	\$ 37,083	\$	\$
8. <u>Building Repair</u>	95,356		
9. <u>Utilities &amp; Maintenance</u>	11,244		
10. <u>Off. Supplies/Postage/Printing</u>	8,545		
11. <u>Professional Fees &amp; Production Costs</u>	34,172		
12. <u>Adv./Ins./Misc</u>	4,418		
13. <b>Total Disbursements</b> (add lines 7 - 12)	<u>\$ 190,818</u>	<u>\$</u>	<u>\$</u>
14. Change in fund balance ( Lines 6 minus 13)	\$ 56,780	\$	\$
15. Fund Balance at beginning of year	\$ 74,716	\$	\$
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	<u>\$ 131,496</u>	<u>\$</u>	<u>\$</u>

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Princess Theatre, Inc.

(Agency Name)

Balance Sheet, on 12/31/2018  
(Year-End)

	General Fund	Other Fund	Total
<b>ASSETS</b> (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 108,123	\$	\$
2. Investments (fair value) on hand	25,537		
3. Office furnishings (Cost of desks, etc)	6,753		
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description) <i>Prepaid Exp.</i>	3,959		
6. <b>Total Assets</b> (add lines 1 - 5)	\$ 144,372	\$	\$
<b>LIABILITIES AND FUND BALANCE</b> (at year-end):			
7. Liabilities (give brief description):			
8. <i>Sales Tax Payable</i>	\$ 417	\$	\$
9. <i>Unearned Revenue</i>	12,459		
10.			
11. <b>Total Liabilities</b> (add lines 7 - 10)	12,876		
12. Fund balance (amount from Line 16 on Statement A)	131,496		
13. Other			
14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13)	\$ 144,372	\$	\$

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

Princess Theatre, 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 12/31/2018 (Year-End)

Agency Head Name and Title: Jon Baccarini Executive Director

Purpose	Dollar Amount
1. Salary	1. <u>33,333</u>
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. <u>33,333</u>

\_\_\_\_ 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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Princess Theatre, 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 12/31/2018 (Year-End)

Agency Head Name and Title: Robert Spradling, Operations Manager

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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