Entity Name: The Strand Thentre of Shreve Bort, INC
Address: 619 Louisian Ave, ShurevePort, La 71101
Telephone: 318-226-8555 Email: MAH @ MAH . CPA
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 , 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, Matt J. McCellis (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 Treasurer Board of Directors (entity's name) as of 5/31/2620 (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: No exceptions
Complete if Applicable: In addition, MAH J. McColl: W (officer's name), who duly sworn, deposes, and says that The Strand Theatre Of Shrevels (entity's name) received \$75,000 or less in revenues and other sources for the year ended 5/31/2020 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year. OFFICER'S SIGNATURE OFFICER'S TITLE
Sworn to and subscribed before me, this 13th day of July , 20 Z NOTARY PUBLIC SIGNATURE & SEAL

Please submit a pdf copy of the completed form to: ereports@lla.la.gov - Updated 12/20

Statement of Receipts and Disbursements

Statement A

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):	10.00		
1. Courtibutions + Graves	\$ 476,488	\$ 33,907	\$ 510,395
2. OPERATING INCOME	619,900		619,900
3. Other thisc income	55,087	-	551087
4.			
5.	01 101 400	00000	01 110 003
6. Total receipts (add lines 1 - 5)	\$1,151,475	\$33,907	\$1,185,382
DISBURSEMENTS (Provide Brief Description):	0 101 001		0.151 - 5
7. MANAGEMENT + GENERA	\$ 151,051	\$	\$ 151,051
8. Deculary	76,1090	-	76090
9. PAYROLL	391,305		391,305
10. Treatrical + Program 11. All other	<u>384,489</u> 59,864		384,489
11. All other Balance Street	39,878	37,086	46,958
13. Total Disbursements (add lines 7 - 12)	\$ HUNGIAG	\$ 37,080	\$ 1139757
	111021677		
14. Change in fund balance (Lines 6 minus 13)	\$ 48,798	\$ -3173	\$ 45,625
15. Fund Balance at beginning of year	\$ 231,266	\$ 35,743	\$ 267,009
16. Fund balance (deficit) at end of year (Add lines 14-15)			
This amount also goes on line 12, Statement B	\$280,064	\$ 32,570	\$ 312,634

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

Public grants for fiscal year 5-31-20

SRAC	4,616.00	7/15/2019
Caddo Parish	7,500.00	7/22/2019
SRAC	700.00	8/5/2019
SRAC	21,400.00	8/28/2019
SRAC	3,756.88	3/12/2020
City of Shreveport	24,075.00	4/6/2020

62,047.88

Balance Sheet		<u>s</u>	tatement B
	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
Cash and cash equivalents	\$ 280 664	\$32,570	\$312,814
2. Investments (fair value)		242309	242,309
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description) Therre building thixed Asses 1	Prepaids 31847175	22	
6. Total Assets (add lines 1 - 5)	\$ 4127819	\$ 274,879	\$ 4402698
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (brief description):	\$	\$	\$
8. PPP LOAN	70,200		70,200
9. Esrowed ticket sales + other Misc Payables	270,407		270,407
10.		26 8	
11. Total Liabilities (add lines 7 - 10)	340,607		340,607
12. Fund balance (amount from Line 16 on Statement A)	280,064		280,064
13. Other		* ***	
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 620,67	\$	\$ 620,671

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: Jewifer Hill, Executive Director

Purpose	Dollar Amount
1. Salary	1. 90,667
2. Benefits-insurance	2. 6000
3. Benefits-retirement	3. 2630
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. 600
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. 99,297

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.)