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**Affidavit and Revenue Certification**

<u>Shreveport Metropolitan Ballet</u>	ENTITY NAME
<u>Caddo</u>	Parish
<u>Shreveport, Louisiana</u>	(City), State

**ANNUAL SWORN FINANCIAL STATEMENTS AND CERTIFICATION OF REVENUES \$50,000 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 \$50,000 or less, if applicable, is required by Louisiana Revised Statute 24:513(I)(1)(c)(i).

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Personally came and appeared before the undersigned authority, \_\_\_\_\_  
Carlette Cantu (officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Shreveport Metropolitan Ballet (entity name) as of May 31, 2017 (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, Carlette Cantu, (officer name), who, duly sworn, deposes and says that Shreveport Metropolitan Ballet (entity name) received \$50,000 or less in revenues and other sources for the year ended May 31, 2017, and accordingly, is not required to have an audit for the previously mentioned year.

Carlette Cantu  
Officer Signature

Sworn to and subscribed before me this 24 day of May, 2018.

Katherine Annette Rogers  
NOTARY PUBLIC

**KATHERINE ANNETTE ROGERS**  
Notary Public Caddo Parish, LA  
My Commission Expires with Life  
# 40955

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Under provisions of state law, this report is a public document. A copy of the report has been submitted to the entity and other appropriate public officials. The report is available for public inspection at the Baton Rouge office of the Legislative Auditor and, where appropriate, at the office of the parish clerk of court.	Officer's Name <u>Carlette Cantu</u>
	Officer's Title <u>Treasurer</u>
	Address <u>333 Texas St., Suite 1525</u> <u>Shreveport, LA, 71101</u>
	Ph/Fax/E-mail <u>318-429-2092</u>

Release Date JUN 06 2018

Please return the completed form within 90 days of your entity's year-end to Office of Legislative Auditor – Local Government Services, Post Office Box 94397, Baton Rouge, LA 70804-9397

Shreveport Metropolitan Ballet (Agency Name)

**Statement of Cash Receipts and Disbursements**  
**For the Year Ended May 31, 2017** (Year-End)

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
<b>RECEIPTS (Provide Brief Description):</b>			
1. Ticket Sales	\$124,500	\$	\$ 124,500
2. Grants	\$21,116		\$21,116
3. Memberships	\$77,150		\$77,150
4. Other	\$91,377		\$91,377
5.			
6. <b>Total receipts</b> (add lines 1 - 5)	<u>\$314,143</u>	<u>\$</u>	<u>\$314,143</u>
<b>DISBURSEMENTS (Provide Brief Description):</b>			
7. Performance Expenses	\$141,944	\$	\$141,944
8. Scholarship Expenses	\$4,500		\$4,500
9. Operating Expenses	\$207,205		\$207,205
10.			
11.			
12.			
13. <b>Total Disbursements</b> (add lines 7 - 12)	<u>\$353,649</u>	<u>\$</u>	<u>\$353,649</u>
14. Change in fund balance ( Lines 6 minus 13)	\$38,026	\$	\$38,026
15. Fund Balance at beginning of year	\$(39,506)	\$	\$(39,506)
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$(1,480)	\$	\$(1,480)

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

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Statement B

**Shreveport Metropolitan Ballet** (Agency Name)

Balance Sheet, on May 31, 2017 (Year-End)

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
<b>ASSETS</b> (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$-----	\$	\$-----
2. Investments (fair value) on hand	-----		-----
3. Office furnishings (Cost of desks, etc)	\$19,404		\$19,404
4. Equipment (Cost of fax machine, etc)	-----		-----
5. Other (brief description) Accounts Receivable, etc.	\$2,688		\$2,688
6. <b>Total Assets</b> (add lines 1 - 5)	<u>\$22,092</u>	<u>\$</u>	<u>\$22,092</u>
<b>LIABILITIES AND FUND BALANCE</b> (at year-end):			
7. Liabilities (give brief description):			
8. Accounts Payable	\$8,928	\$	\$8,928
9. Other Liabilities	\$14,644		\$14,644
10.			
11. <b>Total Liabilities</b> (add lines 7 - 10)	<u>\$23,572</u>		<u>\$23,572</u>
12. Fund balance (amount from Line 16 on Statement A)	(\$1,480)		(\$1,480)
13. Other			
14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13)	<u>\$22,092</u>	<u>\$</u>	<u>\$22,092</u>

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Statement C

Shreveport Metropolitan Ballet

(Agency Name)

**Schedule of Compensation, Benefits and Other Payments to Agency Head or Chief Executive Officer**

Agency Head Name/Title: Heidi Gerkin / Executive Director

Purpose	Amount
Salary	\$40,000.00
Benefits-insurance	
Benefits-retirement	
Benefits-other (describe)	
Benefits-other (describe)	
Benefits-other (describe)	
Car allowance	
Vehicle provided by government (enter amount reported on W-2)	
Per diem	
Reimbursements	
Travel	
Registration fees	
Conference travel	
Housing	
Unvouchered expenses (example: travel advances, etc.)	
Special meals	
Other	

Statement C

Shreveport Metropolitan Ballet

(Agency Name)

**Schedule of Compensation, Benefits and Other Payments to Agency Head or Chief Executive Officer**

**Agency Head Name/Title:** Kristina B. Gustavson / President

Purpose	Amount
Salary	\$0.00
Benefits-insurance	
Benefits-retirement	
Benefits-other (describe)	
Benefits-other (describe)	
Benefits-other (describe)	
Car allowance	
Vehicle provided by government (enter amount reported on W-2)	
Per diem	
Reimbursements	
Travel	
Registration fees	
Conference travel	
Housing	
Unvouchered expenses (example: travel advances, etc.)	
Special meals	
Other	