Entity Name: Southern Rep Theatre Address: Yo 3503 Bore Street, Metairie, LA 70001 Telephone: 518-588-9096 Email: Ksbabin@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, 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, Karen Swain Babilofficer's name), who, duly sworn, deposes and says that the financial statements herewith given present fairly, in all material respects, the financial position of Southern Rep Theatre (entity's name) as of June 30, 2021 (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:

Complete if Applicable: In addition, Karen Swaim Babin (officer's name), who duly sworn, deposes, and says that Southern Rep Theatre (entity's name) received \$75,000 or less in revenues and other sources for the year ended June 30, 2021 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

sident, Board of Director

(Babin)

Sworn to and subscribed before me, this 10^{-1} day of August, 2022

NOTARY PUBLIC SIGNATURE & SEAL

Emile J. Babin III Notary Public State of Louisiana Bar Roll #23631 My Commission Expires LIFE

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Entity Name: Southern Rep Fiscal Year End: 6.30.21

Statement of Receipts and Disbursements

Statement A

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description): 1. Grants + Contributions	\$ 210,945	\$	\$
2. Forgiveness of Debt	35,000		
3. Admissions	6496		
4. Misc 5.	1973		
6. Total receipts (add lines 1 - 5)	\$ 254,414	\$	\$
DISBURSEMENTS (Provide Brief Description): 7. Program Services (performances) 8. Administrative Services 9. (shaff, rent, which es)	\$272,842	6	\$
10.			
12.			
13. Total Disbursements (add lines 7 - 12)	\$ 615,260 \$	5	\$
14. Change in fund balance (Lines 6 minus 13)	\$1360, 2463 9	6	\$
15. Fund Balance at beginning of year	\$4182,0142		\$
16. Fund balance (deficit) at end of year (Add lines 14-15) -This amount also goes on line 12, Statement B	\$547,860 >5		\$

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

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.

* Arts Council of New Orleans 12,062 National Enderonal for the Art 15,000 Louisiana Dept. of the Arts 10,500 Shubert Coundation 20,000 Bloomberg Philathropies 11,250 Other private sources + individuals 142,133 Please submit a pdf copy of the completed form to; ereports@lla.la.gov - Updated 01/22

Entity Name: Southern Lep Fiscal Year End: 6.30.21

Balance Sheet

Statement B

	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
1. Cash and cash equivalents	\$ 62.352	\$	\$
2. Investments (fair value)	-		
Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description)			
6. Total Assets (add lines 1 - 5)	\$62,352	\$	\$
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (brief description):	\$	\$	\$
8. Accounts langable	73,127		
9. Notes Payable	537.035		
10.		-	
11. Total Liabilities (add lines 7 - 10)	610,212		
12. Fund balance (amount from Line 16 on Statement A)	4547,860	>	
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 62,352	\$	\$

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Entity Name: Southern Rep Fiscal Year End: 6.30.21

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: Sam Sweet, Interim Exective Director

Purpose	Dollar Amount
1. Salary	1. 60,000
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	1 <u>4</u> .
15. Unvouchered expenses (example: travel advances, etc.)	15.
16. Special meals	16.
17. Other	17.
18. TOTAL (enter total of line 1-17)	18. 60,000

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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