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

Entity Name:The Lake Charles Symphony
Address: _809 Kirby Street, Ste. 210, Lake Charles, LA, 70601
Telephone: _337-433-1611 Email:info@lcsymphony.org
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, Leua Broussard (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 _The Lake Charles Symphony
(entity's name) as ofMay 31, 2020 (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:n/a
Complete if Applicable: In addition, Leun Broussand (officer's name), who duly sworn,
deposes, and says thatThe Lake Charles Symphony(entity's name)
received \$75,000 or less in revenues and other sources for the year endedMay 31, 2020
(entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal
year.
Celia Browsard OFFICER'S SIGNATURE PRESIDENT OFFICER'S TITLE
Sworn to and subscribed before me, this 19 day of August, 2022 NOTARY PUBLIC SIGNATURE & SEAL DEVIN CASH Notary Public State of Louisiana Calcasieu Parish Notary 10 # 165730

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Statement of Receipts and Disbursements

Statement A

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1.Contributions	\$	\$	\$ 600
2.Grants (Public Funds)			17,935
3.Fundraising, Advertising, Concessions			116,300
4.Memberships			46,975
5.Investment Income			707
6. Total receipts (add lines 1 - 5)	\$	\$	\$ 182,517
DISBURSEMENTS (Provide Brief Description): 7.Contract Labor	\$	\$	\$ 65,680
8.Music, Production, Advertising	17		90,172
9.Travel	P. 2	-	16,481
10.Payroll, Taxes, Benefits	100	=%=	48,475
11.Office	8-2	3/4	19,727
12.Fees and Other	0,	7/2	5,407
13. Total Disbursements (add lines 7 - 12)	\$	\$	<u>\$ 245,942</u>
14. Change in fund balance (Lines 6 minus 13)	\$	\$	\$ - 63,425
15. Fund Balance at beginning of year	\$	\$	\$ 540,897
16. Fund balance (deficit) at end of year (Add lines 14-15)This amount also goes on line 12, Statement B	\$	\$	\$ 477,472

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.

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

Balance Sheet			Statement B
	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
Cash and cash equivalents	\$	_ \$	\$ 19,049
2. Investments (fair value)			461,654
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			2,439
5. Other (brief description)			
6. Total Assets (add lines 1 - 5)	\$	_ \$	\$ 483,142
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (brief description):	\$	\$	\$ 4,886
8. Payroll Liabilities			784
9.		* =====================================	
10.			
11. Total Liabilities (add lines 7 - 10)			5,607
12. Fund balance (amount from Line 16 on Statement A)			477,472
13. Other		"	
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$	\$	\$ 483,142

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Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title:____Michelle Miller, Executive Director_____

Purpose	Dollar Amount
1. Salary	1. 45,000
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	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. 45,000

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.)