

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

Entity Name: Opera Louisiane  
 Address: 629 Convention st Baton Rouge, LA 70802  
 Telephone: 225-377-2029 Email: shannon@operalouisiane.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](mailto: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, Kathryn Frady (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 Opera Louisiane, Inc (entity's name) as of 6/30/23 (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, Kathryn Frady (officer's name), who duly sworn, deposes, and says that Opera Louisiane (entity's name) received \$75,000 or less in revenues and other sources for the year ended 6/30/23 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

Kathryn Frady  
 OFFICER'S SIGNATURE

Director  
 OFFICER'S TITLE

Sworn to and subscribed before me, this 30<sup>th</sup> day of October, 2023

David R Kelly  
 NOTARY PUBLIC SIGNATURE

DAVID R. KELLY  
 NOTARY PUBLIC #9750  
 BAR #1457  
 My commission expires on 08/07/2023

Entity Name: Opera Louisiane

6/30/23

Fiscal Year End: \_\_\_\_\_

**Statement of Receipts and Disbursements**

**Statement A**

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
<b>RECEIPTS (Provide Brief Description):</b>			
1. La Division for arts	500.00		
2. Arts Council of Baton ROuge	11,765.00		
3.			
4.			
5.			
6. <b>Total receipts</b> (add lines 1 - 5)	<u>12,265.00</u>		
<b>DISBURSEMENTS (Provide Brief Description):</b>			
7.			
8. Production cost	12,265.00		
9.			
10.			
11.			
12.			
13. <b>Total Disbursements</b> (add lines 7 - 12)	<u>12,265.00</u>		
14. Change in fund balance ( Lines 6 minus 13)	0		
15. Fund Balance at beginning of year	0		
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	0		

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

**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.**

Entity Name: \_\_\_\_\_

Fiscal Year End: \_\_\_\_\_

**Balance Sheet**

**Statement B**

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
<b>ASSETS (balances at year-end)</b>			
1. Cash and cash equivalents	0		0
2. Investments (fair value)			
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description)			
6. <b>Total Assets</b> (add lines 1 - 5)	0		0
<b>LIABILITIES AND FUND BALANCE (at year-end):</b>			
7. Liabilities (brief description):			
8.	0		0
9.			
10.			
11. <b>Total Liabilities</b> (add lines 7 - 10)	0		0
12. Fund balance (amount from Line 16 on Statement A)			
13. Other			
14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13)	0		0

I, \_\_\_\_\_, Director of the Agency, hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am not aware of any untrue or misleading information contained herein.

I, \_\_\_\_\_, Controller of the Agency, hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am not aware of any untrue or misleading information contained herein.

**Statement C**

**Schedule of Compensation, Benefits and Other Payments to Entity Head**

Kathryn Frady

Agency Head Name, Title: \_\_\_\_\_

<b>Purpose</b>	<b>Dollar Amount</b>
1. Salary	No public funds
2. Benefits-insurance	
3. Benefits-retirement	
4. Benefits-other (describe)	
5. Benefits-other (describe)	
6. Benefits-other (describe)	
7. Car allowance	
8. Vehicle provided by government (if reported on your W-2)	
9. Per diem	
10. Reimbursements	
11. Travel	
12. Registration fees	
13. Conference travel	
14. Housing	
15. Unvouchered expenses (example: travel advances, etc.)	
16. Special meals	
17. Other	
18. TOTAL (enter total of line 1-17)	

**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.)