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

Entity Name:Upturn Arts
Address:1719 Toledano St. New Orleans 70115
Telephone:504-427-1515_ Email:dana@upturnarts.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,Dana Reed (officer's name),
who, duly sworn, deposes and says that the financial statements herewith given present fairly, in all
material respects, the financial position ofUpturn Arts (entity's name) as of2022
(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, _Dana Reed (officer's name), who duly sworn, deposes,
and says thatUpturn Arts (entity's name) received \$75,000 or less in revenues and
other sources for the year ended2022_ (entity's year-end), and accordingly, is not required to have
an audit for the previously mentioned fiscal year.
Dana Reed Executive Director
OFFICER'S SIGNATURE OFFICER'S TITLE
S
Sworn to and subscribed before me, this Alst day of March, 20_33
Trie Mica Ston #157414
NOTARY PUBLIC SIGNATURE & SEAL

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

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Statement of Receipts and Disbursements

Statement A

	General	Other Fund	Total
	Fund	<u> Fuilu</u>	1 Otai
RECEIPTS (Provide Brief Description):			
1.LA Division of the Arts	\$5,000	\$	\$
2.Arts New Orleans NEA Subgrant	\$7,120		
3.Arts New Orleans	\$6,120	the transfer of the transfer o	
4.Other Foundations	\$168,722		
5.Donations, Fundraisers, Program Fees	\$300,425		
6. Total receipts (add lines 1 - 5)	\$487,387	\$	\$
DISBURSEMENTS (Provide Brief Description): 7.Salaries and Consultant fees 8.Fundraisers	\$303,376 \$28,002	\$	\$
9.Supplies and Rent	\$42,781		
10.Insurance 11.Other 12.	\$3,223 \$68,570		
13. Total Disbursements (add lines 7 - 12)	\$445,952	\$	\$
14. Change in fund balance (Lines 6 minus 13)	\$41,435	\$	\$
15. Fund Balance at beginning of year	\$12,260	\$	\$
16. Fund balance (deficit) at end of year (Add lines 14-15)This amount also goes on line 12, Statement B	\$53,695	\$	\$

dentify the Basis of Accounting, if not using Cash-Basis	s:accrual
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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.

Balance Sheet		<u> </u>	Statement B
	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
Cash and cash equivalents	\$96,103	\$	\$
2. Investments (fair value)	\$74,167		
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description)			
6. Total Assets (add lines 1 - 5)	<u>\$17</u> 0,270	\$	\$
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (brief description):	\$	\$	\$
8. Credit Card	\$2,429		
9.PPP Loan	\$10,000		
10.			
11. Total Liabilities (add lines 7 - 10)	\$12,429		
12. Fund balance (amount from Line 16 on Statement A)	\$53,695		
13. Other	WARMAMAMA MARAAA MARAAAA MARAAA MARAAAA MARAAAAA MARAAAAA MARAAAA MARAAAAA MARAAAAA MARAAAAA MARAAAAAA MARAAAAAAA MARAAAAAAAA		
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$66,124	\$	\$

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Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: ___Dana Reed __Executive Director _____

Purpose	Dollar Amount
1. Salary	1. 71,787
2. Benefits-insurance	2. 8,018
3. Benefits-retirement	3.
4. Benefits-other (describe)	4.
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. 79,805

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.)