



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

Entity Name: New Arts Cultural Society, Inc

Address: 4714 Monkhouse Dr, Shreveport, LA 71109

Telephone: 318 636 0598 Email: newdimensionscs@yahoo.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, Mary Dimars (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 New Arts Cultural Society, Inc (entity's name) as of 6/2026 (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, Mary Dimars (officer's name), who duly sworn, deposes, and says that New Arts Cultural Society, Inc (entity's name) received \$75,000 or less in revenues and other sources for the year ended 6/2026 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

Mary Dimars
OFFICER'S SIGNATURE

Vice President
OFFICER'S TITLE

Sworn to and subscribed before me, this 21 day of August, 2026

William Lance Fouts
NOTARY PUBLIC SIGNATURE



WILLIAM LANCE FOUTS
Notary Public
Notary ID No. 138509
Caddo Parish, Louisiana
My Commission is for life.

Entity Name: New Arts Cultural SocietyFiscal Year End: 6/2026**Statement of Receipts and Disbursements****Statement A**

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. Treasury of Louisiana CEA Act 1	\$17,133	\$0	\$17,133
2.			
3.			
4.			
5.			
6. Total receipts (add lines 1 - 5)	\$17,133	\$0	\$17,133
DISBURSEMENTS (Provide Brief Description):			
7. Salaries	\$9000	\$0	\$9000
8. Travel	\$1000	\$0	\$1000
9. Operating services	\$1,133	\$0	\$1133
10. Acquisitions	\$8000	\$0	\$8000
11.			
12.			
13. Total Disbursements (add lines 7 - 12)	\$17,133	\$0	\$17,133
14. Change in fund balance (Lines 6 minus 13)	\$0	\$0	\$0
15. Fund Balance at beginning of year	\$17,133	\$0	\$17,133
16. Fund balance (deficit) at end of year (Add lines 14-15)	\$0	\$0	\$0
--This amount also goes on line 12, Statement B	\$0	\$0	\$0

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

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: New Arts Cultural Society, IncFiscal Year End: 6/2026**Balance Sheet****Statement B**

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

Statement C**Schedule of Compensation, Benefits and Other Payments to Entity Head**Agency Head Name, Title: Patricia Britton Hall, Artistic Director

Purpose	Dollar Amount
1. Salary	\$6000
2. Benefits-insurance	\$0
3. Benefits-retirement	\$0
4. Benefits-other (describe)	\$0
5. Benefits-other (describe)	\$0
6. Benefits-other (describe)	\$0
7. Car allowance	\$0
8. Vehicle provided by government (if reported on your W-2)	\$0
9. Per diem	\$0
10. Reimbursements	\$0
11. Travel	\$0
12. Registration fees	\$0
13. Conference travel	\$0
14. Housing	\$0
15. Unvouchered expenses (example: travel advances, etc.)	\$0
16. Special meals	\$0
17. Other	\$0
18. TOTAL (enter total of line 1-17)	\$6000

 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.)