

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

Entity Name: Antenna

Address: 3718 Saint Claude Avenue, New Orleans, LA 70117-5748

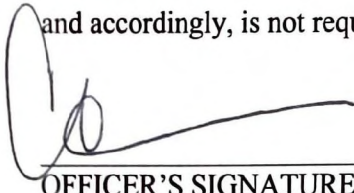
Telephone: (504) 298-3161 Email: info@antenna.works

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, **Carole Frances Lung**, who, duly sworn, deposes and says that the financial statements herewith given present fairly, in all material respects, the financial position of **Antenna**, as of **December 31, 2024** 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, **Carole Frances Lung**, who duly sworn, deposes, and says that **Press Street, Inc.** received \$75,000 or less in revenues and other sources for the year ended **December 31, 2024**, and accordingly, is not required to have an audit for the previously mentioned fiscal year.

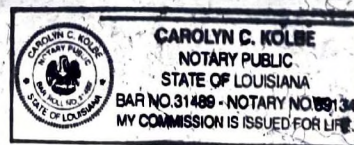


OFFICER'S SIGNATURE

EXECUTIVE DIRECTOR
OFFICER'S TITLE

Sworn to and subscribed before me, this 2nd day of April, 20 25


NOTARY PUBLIC SIGNATURE & SEAL



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

Entity Name: **Antenna**

Fiscal Year End: 12/31/2024

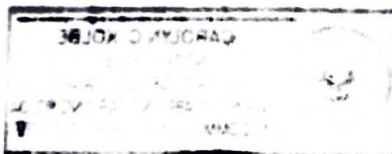
Statement of Receipts and Disbursements

Statement A

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. Arts Council of New Orleans	\$ 14,976.25	\$	\$ 14,976.25
2. New Orleans Community Support Foundation	8,000.00		8,000.00
3. Grants and individual donations		1,576,893.11	1,576,893.11
4. Earned Income		132,976.56	132,976.56
5. Other revenue (e.g, interest)		4,244.88	4,244.88
6. Total receipts (add lines 1 - 5)	\$ 22,976.25	\$ 1,714,114.55	\$ 1,728,601.04
DISBURSEMENTS (Provide Brief Description):			
7. Grant awards & fiscal sponsorship disbursements	\$	\$ 332,900.42	\$ 332,900.42
8. Staffing expenses	22,976.25	357,634.95	380,611.20
9. Program expenses		175,895.28	175,895.28
10. Legal & Professional Fees		28,492.29	28,492.29
11. Rent		28,975.00	28,975.00
12.			
13. Total Disbursements (add lines 7 - 12)	22,976.25	\$ 946,874.19	\$ 946,874.19
14. Change in fund balance (Lines 6 minus 13)	\$ 0	\$ 767,240.36	\$ 767,240.36
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: **Accrual**

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.



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Entity Name: **Antenna**

Fiscal Year End: 12/31/2024

Balance Sheet

Statement B

	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
1. Cash and cash equivalents	\$	\$1,133,149.19	\$1,133,149.19
2. Accounts Receivable		85,387.00	85,387.00
3. Fixed Assets (property)		540,000.00	540,000.00
4. Undeposited Funds			
		1,825.71	1,825.71
5. Sales Tax Collected		408.00	408.00
6. Total Assets (add lines 1 - 5)	\$	\$1,760,613.90	\$1,760,613.90
LIABILITIES AND FUND BALANCE (at year-end):			
7. Sales Tax Payable	\$	\$ 252.00	252.00
8. Opening Balance Equity		498,497.21	498,497.21
9. Retained Earnings		1,261,864.69	1,261,864.69
10. Net Revenue		767,240.36	767,240.36
11. Total Liabilities (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement A)		0	
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$	0 \$1,760,613.90	\$1,760,613.90

Fiscal Year 2024

Statement C

Schedule of Compensation, Benefits and Other Payments to Agency Head or Chief Executive Officer

Agency Head Name: Carole Lung

Purpose	Amount
Salary	\$59,847.89
Benefits-insurance	\$16,558.92
Benefits-retirement	
Benefits-other (describe)	
Benefits-other (describe)	
Benefits-other (describe)	
Car allowance	
Vehicle provided by government (enter amount reported on W-2)	
Per diem	
Reimbursements	\$0
Travel	\$745.98
Registration fees	
Conference travel	
Housing	
Unvouchered expenses (example: travel advances, etc.)	
Special meals	
Other	