Entity Name:NEW ARTS CULTURAL SOCIETY
Address:4714 Monkhouse Drive - Shreveport, LA 71109
Telephone: _(318) 636-0598 Email:cnelson489@aol.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,Charlotte Nelson
(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
(entity's name) as of6/30/2021 (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,Charlotte Nelson (officer's name), who duly sworn, deposes,
and says that _New Arts Cultural Society_ (entity's name) received \$75,000 or less in revenues and other
sources for the year ended _6/30/2021 (entity's year-end), and accordingly, is not required to have an
audit for the previously mentioned fiscal year.
Administrative Assistant OFFICER'S SIGNATURE OFFICER'S TITLE
OTTICER STILL
Sworn to and subscribed before me, this 34 day of November, 2021
Janis J. Bates Notary Public #78// O Commission For Line
NOTARY PUBLIC SIGNATURE & SEAL 2201 Belle Grove Drive Bossier City, LA 71111

Statement of Receipts and Disbursements

Statement A

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description): 1.LA Dept. of Treasury ACT2	\$	\$16,773	\$16,773
2.Black Arts Coalition		10,000	10,000
3.New Orleans Jazz & Heritage		2.000	2.000
4.Membership Dues	2,600		2,600
5.			
6. Total receipts (add lines 1 - 5)	\$2.600	\$28,773	\$31,373
DISBURSEMENTS (Provide Brief Description): 7.Utilities	\$	\$1646.96	\$1646.96
8.Office Supplies/printing/postage/publicity	236.00	1746.32	1982.32
9.Maintenance/security/salary		1153.28	1153.28
10.Insurance	4	1897.14	1897.14
11.Telephone/Internet		1752.53	1752.53
12.Salary	- 4	13,300.00	13,300.00
13. Total Disbus ements (add lines 7 - 12)	\$236 00	\$21496.23	\$21732.23

14. Change in fund balance (Lines 6 minus 13)	\$2364.00	\$7276.77	\$9640.77
15. Fund Balance at beginning of year	\$900.00	\$32,694.61	\$33594.61
16. Fund balance (deficit) at end of year (Add lines 14-15)Thi samount also goes on I ire 12, St abment B	\$3264.00	\$39971.38	\$43235.38

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.

Balance Sheet		*	<u>S1</u>	tatement B
	V -	General Fund	Other Fund	Total
ASSETS (balances at year-end)		W TO		
Cas hand ca hequivalent s	\$_		\$24582.75	\$25782.75
2. Inv estme nst (fair valu e)		0	0	0
3. Office furnishings (Cost of desks, etc)	100		0	0
4. Equipm ent (C ast o ffax mac hin e et c;)			0	0
5. Other (brief description)		1		
6. Total Assets (add lines 1 - 5)	\$0		\$24582.75	\$25782.75
LIABILITIES AND FUND BALANCE (at year-end):		1		
7. Liabilities (brief d escription):	\$0		\$0	\$0
8.		**		₩ 11.
9.				
10.	100	P		
11. Total Liabilities (add lines 7 - 10)		0	0	0
12. Fund balance (amount from Line 16 on Statement A)		3264.00	39971.38	
13. Other			7, C.	
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 0	3264.00	\$39971.38	\$43235.38
	100			

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title:____Patricia Britton-Hall, Artistic Director_____

Purpose	Dollar Amount
1. Salary	1. 8500.00
2. Benefits-insurance	2. 0
3. Benefits-retirement	3. 0
Benefits-other (describe)	4. 0
5. Benefits-other (describe)	5. 0
6. Benefits-other (describe)	6. 0
7. Car allowance	7. 0
8. Vehicle provided by government (if reported on your W-2)	8.0
9. Per diem	9. 0
10. Reimbursements	10.0
11. Travel	11.0
12. Registration fees	12.0
13. Conference travel	13.0
14. Housing	14.0
15. Unvouchered expenses (example: travel advances, etc.)	15.0
16. Special meals	16.0
17. Other	17.0
18. TOTAL (enter total of line 1-17)	18. 8500.00

__X__ 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.)