Hope Stone New Orleans In	C
doa upturn Arts	(Entity Name)
New Orleans, Orleans, LA	(City, Parish/State)

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

Ms. Gayle Fransen **Engagement Manager** Louisiana Legislative Auditor 1600 North Third Street Baton Rouge, LA 70802

Dear Ms. Fransen:

In accordance with Louisiana Revised Statute 24:513, enclosed are the Affidavit and Revenue Certification Form and the annual financial statements for my entity, as of and for the year ended $\frac{12/31/49}{2}$ (entity's year-end). The statements include all funds under the control of this entity. The accompanying financial statements have been prepared on the cash basis of accounting.

Sincerely,

Dana Reed Executive Director
Officer's Name, Title

Enclosures

PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENT FOR YOUR RECORDS

Affidavit and Revenue Certification

Hope Stone New Means, Inc. Octeans New Octeans,	dha UDWA AVIS ENTITY NAME
- Odeans	Parish
New Orleans.	A (City), State
ANNUAL SWORN FINANCIAL STATEMENTS AND CERTIFICATION OF REVENUES \$75,000 OR LESS (f applicable)
The annual sworn financial statements are required by Legislative Auditor within 90 days after the close of the less, if applicable, is required by Louisiana Revised Stat	Louisiana Revised Statute 24.514 to be filed with the fiscal year. The certification of revenues of \$75,000 or tute 24:513(J)(1)(c)(i)(aa)
	D 0 1
Personally came and appeared before the undersigned	authority. Dana Keed
fairly the financial position of 120520 Avits	ys that the financial statements herewith given present
12/3/10019 (entity's year-end)	(enter entity name) as of and the results of operations for the year then ended, in
accordance with the basis of accounting described within	in the accompanying financial statements
(Complete if applicable) In addition,Dana Reed (o	fficer name), who, duly sworn, deposes and says that
DONA ACS (entity name	ne) received \$75,000 or less in revenues and other
sources for the year ended 12 31 2019	, and accordingly, is not required to have an audit for
the previously mentioned year.	
Dana Ro	Officer's Signature
	Officer's Signature
Sworn to and subscribed before me this 💾 day of 🕺	toral 2020
mel #1	57414
NOTARY PUBLIC SIG	SNATURE & SEAL
Mica Sloan, My com	nission is for life
For Office Use Only	Please Complete This Section
Inder provisions of state law, this report will become a public document on the	Officer's Name Dana Reed
Monday following the release date: A copy of the report will be submitted to	Officer's Title Executive Dyrector
appropriate public officials and be available for public inspection at the Baton	Address 729 Sixth St
Rouge office of the Louisiana Legislative Auditor and, where appropriate, at the	City. Zip New Oxleans, LA 70115
office of the parish clerk of court	Ph: Cell/Land 504-427-1515
Release Date	E-mail danale upturnarts ora

Hope Stone New Orleans, Inc dba upturn Arts (Agency Name)

Statement of Cash Receipts and Disbursements For the Year Ended 12/3/19

(Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. LA Dyision of the Arts	\$ 7000	\$	\$
2 Foundations	84,344		
3. Indusdual Donotions	78,500		
4. Kindraisers / Corporations 5. Program Fees / Contracts	1314 775		
6. Total receipts (add lines 1 - 5)	\$ 381,021	\$	\$ 361,021
DISBURSEMENTS (Provide Brief Description):			
7. Personell Salaries	\$ 262,845	\$	\$
8. Training Professional Dev.	11,333		
9. Supplies requipment	22,125		
10. Pent/liabling Ins.	46,354		
11. Other Endvaiser events	13,440		
12. Other	12,643		
13. Total Disbursements (add lines 7 - 12)	\$368,741	\$	\$
	- 10 000	_	
14. Change in fund balance (Lines 6 minus 13)	\$ 12,280	\$	_ \$
15. Fund Balance at beginning of year	\$34,714	\$	\$
16. Fund balance (deficit) at end of year (Add lines 14-15)	\$ 410.994	œ.	¢
This amount also goes on line 12, Statement B	3 10, 119	3	\$

PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENTS FOR YOUR RECORDS

Hope Stone Dew Orleans, Inc also Upwin Arts (Agency Name)

Balance Sheet, on 12/31/2019 (Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description: 1. Cash and cash equivalents on hand 2. Investments (fair value) on hand 3. Office furnishings (Cost of desks, etc)	\$ 5 4,157 53,273	\$	\$
4. Equipment (Cost of fax machine, etc) Comeyos Compos. 5. Other (brief description)	6,000		
6. Total Assets (add lines 1 - 5)	\$123,430	\$	\$
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (give brief description):			
8. Credit card	\$ 1,484	\$	\$
9. deferred grants	10,500		
10. Employee Healthins.	616		
11. Total Liabilities (add lines 7 - 10)	12/001.		
12. Fund balance (amount from Line 16 on Statement A)	46994		
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 59 595	\$	\$

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Hope Stone New Orleans The Upturn AMS (Agency Name)

Schedule of Compensation, Benefits and Other Payments to Agency Head or Chief Executive Officer (Required Form - Please Submit Completed Form Per Attached Instructions)

For the Year Ended 12/3/ 17019 (Year-End)

Agency Head Name and Title: Dang Reed Executive Director

Purpose	Dollar Amount
1. Salary	1. 104,267
2. Benefits-insurance	2 4013
3. Benefits-retirement	3.
Benefits-other (describe)	4.
5. 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. 68,280

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.)