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

Entity Name:Hope Stone New Orleans Inc dba Up	oturn Arts
Address: _729 Sixth St. New Orleans LA 70115	Thomas Cither
Telephone:504-427-1515 Email:dana@u	
This annual sworn financial statement is required to be of the end of the entity's fiscal year by sending a pdf of 225-339-3986, or mailing to Louisiana Legislative Av 94397, Baton Rouge, LA 70804-9397.	one by email to ereports (a) Ila. Iu. 201, Julies
AFFIDAV	IT
Personally came and appeared before the undersigned au	uthority,Dana Reed (officer's name),
who, duly sworn, deposes and says that the financial	
material respects, the financial position ofUptu	
31, 2020 (entity's year-end) and the results of operations	s for the year then ended, in accordance with the
basis of accounting described within the accompany	ying financial statements; that the entity has
maintained a system of internal control structure sufficient	ent 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	
revenues and other sources for the year endedDec 31,	
required to have an audit for the previously mentioned fi	scal year.
	ner Cymnat Pales exception and
Mana Klech	Executive Director
OFFICER'S SIGNATURE	OFFICER'S TITLE
	20.41
Sworn to and subscribed before me, this day of	March , 20 21
72.9	Wall Story
NOTARY PUBLIC SIGNATURE & SEAL	3 300

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

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Commission is for life

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Statement of Receipts and Disbursements

Statement A

	Genera Fund		Other Fund	7-4-1	
RECEIPTS (Provide Brief Description):				¢	
1. LA Division of the Arts	\$	7,000	\$	_ \$	
2. Foundations		80,000			
3. Individual Donations and Fundraisers		15,849			
4. Program Fees		16,019			
5. Other		11,339		L. L.	
6. Total receipts (add lines 1 - 5)	\$13	0,207	\$	\$	
7. Salaries / Consultant fees 8. Program Supplies	\$	121,939 15,993	\$	\$	
9. Rent		3,000			
10. Insurance / Memberships		5,668			
11. Office Supplies		2,096			
12. Other	WE SE	20,702			
13. Total Disbursements (add lines 7 - 12)	\$16	9,398	\$	\$	
14. Change in fund balance (Lines 6 minus 13)	\$ -3	9,191	\$	\$	
15. Fund Balance at beginning of year		04,801	\$	\$	
16. Fund balance (deficit) at end of year (Add lines 14-15)This amount also goes on line 12, Statement B	\$ 65	5,610	\$	\$	

Identify	the.	Basis	of A	counting.	if not using	Cash-Basis:	Accrual	
IUCIIIII		-4010	A1	9 6 6 MIII MIII MI				

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				Statement B
Schedule of Companyation Records and Other Appears to ad Bures and Titlet Dame Roof E	General Fund		Oth Fur	- 4-1
ASSETS (balances at year-end)				
1. Cash and cash equivalents	\$	58,914	\$	\$
2. Investments (fair value)	10	54,381	ana Liji	
3. Office furnishings (Cost of desks, etc)		THE CHICLES		
4. Equipment (Cost of fax machine, etc)	1 10	62.9	11.43	
5. Other (brief description) A/R	19	6,191		
6. Total Assets (add lines 1 - 5)	\$ 11	9,485	\$	\$
LIABILITIES AND FUND BALANCE (at year-end):				
7. Liabilities (brief description): Deferred Grant	\$	4,586	\$	\$
8. Refunds from Camp	1.5	TEX TITLE		
9. SBA EIDL		10,000	12.11.	
10. SBA PPP Loan	- 11	39,289		
11. Total Liabilities (add lines 7 - 10)	110	53,874	La. V	
12. Fund balance (amount from Line 16 on Statement A)	2.1.7	65,610		
13. Other	117		TEST K	
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$119	9,485	\$	\$

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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. 50,826.35
2. Benefits-insurance	2. 2,004
3. Benefits-retirement	3.
4. 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. 52,830

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.)

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