

CubaNOLA Collective (Entity Name)

New Orleans, Orleans/Louisiana (City, Parish/State)

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

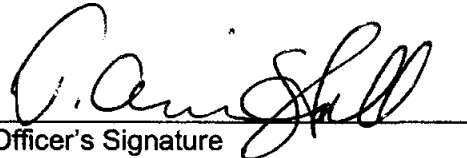
(Date) 27 March 2020

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 2019 (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,



Officer's Signature

T. Ariana Hall, Executive Director, President

Officer's Name, Title

Enclosures

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

Please return the completed form within 90 days of your entity's year-end to Louisiana Legislative Auditor – Local Government Services; Post Office Box 94397, Baton Rouge, LA 70804-9397 - Updated 8/3/16

Affidavit and Revenue Certification

CubaNOLA Collective

ENTITY NAME

Orleans Parish
New Orleans, LA (City), State

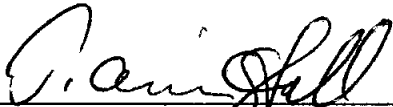
ANNUAL SWORN FINANCIAL STATEMENTS AND CERTIFICATION OF REVENUES \$75,000 OR LESS (if applicable)

The annual sworn financial statements are *required* by Louisiana Revised Statute 24:514 to be filed with the Legislative Auditor within 90 days after the close of the fiscal year. The certification of revenues of \$75,000 or less, if applicable, is required by Louisiana Revised Statute 24:513(J)(1)(c)(i)(aa).

Personally came and appeared before the undersigned authority, Tasha Ariana Hall (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of CubaNOLA Collective (enter entity name) as of 31 Dec 2019 (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.

(Complete if applicable)

In addition, Tasha Ariana Hall (officer name), who, duly sworn, deposes and says that CubaNOLA Collective (entity name) received \$75,000 or less in revenues and other sources for the year ended 31 Dec 2019, and accordingly, is not required to have an audit for the previously mentioned year.



Officer's Signature

Sworn to and subscribed before me this 27 day of March, 2020



NOTARY PUBLIC SIGNATURE & SEAL

Ashlye Keaton
#28635 commissioned for life

For Office Use Only
Under provisions of state law, this report will become a public document on the Monday following the release date. A copy of the report will be submitted to appropriate public officials and be available for public inspection at the Baton Rouge office of the Louisiana Legislative Auditor and, where appropriate, at the office of the parish clerk of court.
Release Date _____

Please Complete This Section
Officer's Name <u>T. Ariana Hall</u>
Officer's Title <u>Executive Director, President</u>
Address <u>P.O. Box 53243</u>
City, Zip <u>New Orleans, LA</u>
Ph: Cell/Land <u>504-858-1730</u>
E-mail <u>ariana@cubanola.org</u>

CubaNOLA Collective

(Agency Name)

Statement of Cash Receipts and DisbursementsFor the Year Ended 31 Dec 2019

(Year-End)

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
RECEIPTS (Provide Brief Description):			
1. Foundation Support	\$ 5,600	\$	\$
2. Grants	11,248		
3. Donations	4,200		
4. Non-Profit Service Income	14,395		
5. Ticket Sales	6,620		
6. Total receipts (add lines 1 - 5)	\$ 42,063	\$	\$
DISBURSEMENTS (Provide Brief Description):			
7. Artist Fees	\$ 20,235	\$	\$
8. Production Costs	32,116		
9. Administrative Costs	4,400		
10.			
11.			
12.			
13. Total Disbursements (add lines 7 - 12)	\$ 56,751	\$	\$
14. Change in fund balance (Lines 6 minus 13)	\$ -14,688	\$	\$
15. Fund Balance at beginning of year	\$ 28,178	\$	\$
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ 13,490	\$	\$

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

CubaNOLA Collective

(Agency Name)

Balance Sheet, on 31 Dec 2019

(Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 11,825	\$	\$
2. Investments (fair value) on hand			
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description)			
6. Total Assets (add lines 1 - 5)	\$ 11,825	\$	\$
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):			
8. Production Loan w/ no penalty or interest	\$ -75,000	\$	\$
9.			
10.			
11. Total Liabilities (add lines 7 - 10)	-75,000		
12. Fund balance (amount from Line 16 on Statement A)	13,490		
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ -61,510	\$	\$

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

CubaNOLA Collective _____ (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 31 Dec 2019 (Year-End)

Agency Head Name and Title: T. Ariana Hall, Executive Director, Volunteer

Purpose	Dollar Amount
1. Salary	1.
2. Benefits-insurance	2.
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. 0

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.)

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