

ArtSpot Productions Inc. _____ (Entity Name)

New Orleans, Orleans/LA _____ (City, Parish/State)

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

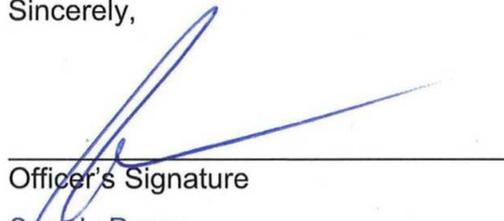
(Date) 9/29/20

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 June 30, 2020 (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

Sean LaRocca

Officer's Name

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

ArtSpot Productions Inc.

ENTITY NAME

Orleans Parish

New Orleans, LA (City), State

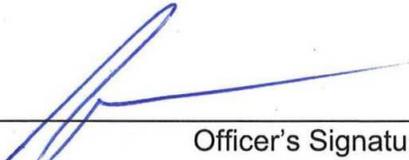
ANNUAL SWORN FINANCIAL STATEMENTS AND CERTIFICATION OF REVENUES \$75,000 OR LESS (if applicable)

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, Sean LaRocca (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of ArtSpot Productions Inc. (enter entity name) as of June 30, 2020 (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, Sean LaRocca (officer name), who, duly sworn, deposes and says that ArtSpot Productions Inc. (entity name) received \$75,000 or less in revenues and other sources for the year ended June 30, 2020, and accordingly, is not required to have an audit for the previously mentioned year.

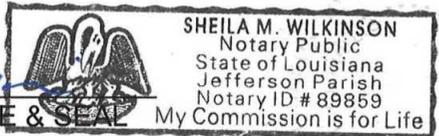


Officer's Signature

Sworn to and subscribed before me this 29 day of September, 2020



NOTARY PUBLIC SIGNATURE & SEAL


SHEILA M. WILKINSON
Notary Public
State of Louisiana
Jefferson Parish
Notary ID # 89859
My Commission is 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 10/14/2020

Please Complete This Section

Officer's Name Sean LaRocca
Officer's Title Managing Director
Address PO Box 792472
City, Zip New Orleans, LA 70179-2472
Ph: Cell/Land (504) 826-7783
E-mail sean@artspotproductions.org

ArtSpot Productions Inc.

(Agency Name)**Statement of Cash Receipts and Disbursements****For the Year Ended** June 30, 2020

(Year-End)

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
RECEIPTS (Provide Brief Description):			
1. Contributed	\$ 5,479	\$ 45,500	\$ 50,979
2. Earned	10,565		10,565
3. Net Assets Released From Restrictions (LDOA)	8,000	(8,000)	0
4. Net Assets Released From Restrictions (All Other)	73,306	(73,306)	0
5.			0
6. Total receipts (add lines 1 - 5)	<u>\$ 97,350</u>	<u>\$ (35,806)</u>	<u>\$ 61,544</u>
DISBURSEMENTS (Provide Brief Description):			
7. Programs & Services	\$ (78,463)	\$	\$ (78,463)
8. Management & General	(31,701)		(31,701)
9.			0
10. ON THIS FORM, DISBURSEMENTS ARE SHOWN AS			0
11. NEGATIVE FOR CALCULATION PURPOSES ONLY.			0
12.			0
13. Total Disbursements (add lines 7 - 12)	<u>\$ (110,164)</u>	<u>\$ 0</u>	<u>\$ (110,164)</u>
14. Change in fund balance (Lines 6 minus 13)	\$ (12,814)	\$ (35,806)	\$ (48,620)
15. Fund Balance at beginning of year	\$ 48,393	\$ 57,956	\$ 106,349
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ 35,579	\$ 22,150	\$ 57,729

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

ArtSpot Productions Inc.

(Agency Name)

Balance Sheet, on June 30, 2020
(Year-End)

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 68,063	\$	\$ 68,063
2. Investments (fair value) on hand			0
3. Office furnishings (Cost of desks, etc)			0
4. Equipment (Cost of fax machine, etc)	1,115		1,115
5. Other (brief description) <u>Prepaid Expenses, etc</u>	5,733		5,733
6. Total Assets (add lines 1 - 5)	<u>\$ 74,911</u>	<u>\$ 0</u>	<u>\$ 74,911</u>
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):			
8. Accounts Payable	\$ 6,312	\$	\$ 6,312
9. Credit Cards Payable	73		73
10. Other Current Liabilities including Notes Payable	10,798		10,798
11. Total Liabilities (add lines 7 - 10)	17,183	0	17,183
12. Fund balance (amount from Line 16 on Statement A)	35,579	22,150	57,729
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$ 52,761</u>	<u>\$ 22,150</u>	<u>\$ 74,911</u>

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ArtSpot Productions Inc. _____ (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 June 30, 2020 (Year-End)

Agency Head Name and Title: Kathy Randels, Artistic Director

Purpose	Dollar Amount
1. Salary	1. 18,000
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. 100
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. 18,100

_____ 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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MID CITY FINANCE
501 N JEFFERSON DAVIS PKWY
NEW ORLEANS, LA 70119-4928
(800)275-8777

09/29/2020 02:15 PM

Product	Qty	Unit Price	Price
Priority Mail® 2-Day 1			\$7.75
Flat Rate Env			
Baton Rouge, LA 70804			
Flat Rate			
Expected Delivery Date			
Fri 10/02/2020			
Tracking #:			
9505 5154 4794 0273 5115 84			
Insurance			\$0.00
Up to \$50.00 included			
Total			\$7.75

Grand Total: \$7.75

Credit Card Remitted \$7.75
Card Name: VISA
Account #: XXXXXXXXXXXX8875
Approval #: 05309G
Transaction #: 539
AID: A0000000031010 Chip
AL: VISA CREDIT
PIN: Not Required CHASE VISA

UFN: 216580-0019
Receipt #: 840-57000634-4-3681817-2
Clerk: 37