

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

Entity Name: Antenna

Address: 3718 Saint Claude Avenue, New Orleans, LA 70117-5748

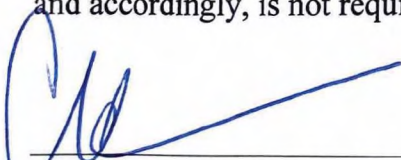
Telephone: (504) 298-3161 Email: info@antenna.works

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, **Carole Frances Lung**, who, duly sworn, deposes and says that the financial statements herewith given present fairly, in all material respects, the financial position of **Antenna, as of December 31, 2023** 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, **Carole Frances Lung**, who duly sworn, deposes, and says that **Press Street, Inc.** received \$75,000 or less in revenues and other sources for the year ended **December 31, 2023**, and accordingly, is not required to have an audit for the previously mentioned fiscal year.



OFFICER'S SIGNATURE

EXECUTIVE DIRECTOR

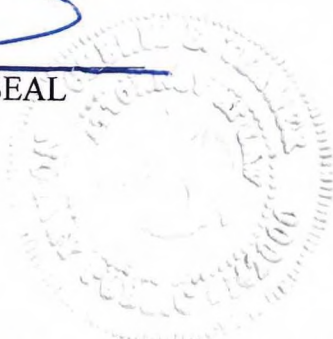
OFFICER'S TITLE

Sworn to and subscribed before me, this 3 day of MARCH, 2026



NOTARY PUBLIC SIGNATURE & SEAL

CHERIE E. TEAMER
NOTARY PUBLIC #142000
STATE OF LOUISIANA
ORLEANS PARISH
LIFETIME COMMISSION



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Entity Name: **Antenna**

Fiscal Year End: 12/31/2023

Statement of Receipts and Disbursements

Statement A

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. Louisiana Endowment for the Humanities	\$ 20,000.00	\$	\$ 20,000.00
2. Arts Council of New Orleans	6,384.75		6,384.75
3. Grants and individual donations		1,049,361.93	1,049,361.93
4. Earned Income		130,484.13	130,484.13
5.			
6. Total receipts (add lines 1 - 5)	\$ 26,384.75	\$1,179,846.06	\$ 1,206,229.91
DISBURSEMENTS (Provide Brief Description):			
7. Grant awards & fiscal sponsorship disbursements	\$	\$ 349,411.94	\$ 349,411.94
8. Staffing expenses	26,384.75	355,692.75	382,077.50
9. Program expenses		183,613.34	214,295.81
10. Legal & Professional Fees		72,397.36	72,397.36
11. Rent		30,210.00	30,210.00
12.			
13. Total Disbursements (add lines 7 – 12)	\$ 26,384.75	\$ 991,325.41	\$ 1,017,710.16
14. Change in fund balance (Lines 6 minus 13)	\$ 0	\$ 188,520.65	\$ 188,519.75
15. Fund Balance at beginning of year	\$ 0	\$	\$
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ 0	\$	\$

Identify the Basis of Accounting, if not using Cash-Basis: **Accrual**

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.*

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Entity Name: **Antenna**

Fiscal Year End: 12/31/2023

Balance Sheet

Statement B

	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
1. Cash and cash equivalents	\$	\$ 492,343.44	\$ 492,343.44
2. Accounts Receivable		94,456.92	94,456.92
3. Fixed Assets (property)		540,000.00	540,000.00
4. Undeposited Funds		54.66	54.66
5. Sales Tax Collected		504.00	504.00
6. Total Assets (add lines 1 - 5)	\$	<u>\$1,127,359.02</u>	<u>\$1,127,359.02</u>
LIABILITIES AND FUND BALANCE (at year-end):			
7. Sales Tax Payable	\$	\$ 504.00	\$ 504.00
8. Opening Balance Equity		456,806.46	456,806.46
9. Retained Earnings		481,528.81	481,528.81
10. Net Revenue		188,519.75	188,519.75
11. Total Liabilities (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement A)		0	
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$	<u>0</u>	<u>\$1,127,359.02</u>

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Entity Name: **Antenna**

Fiscal Year End: 12/31/2023

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: Carole Lung-Bazile, Executive Director

Purpose	Dollar Amount
1. Salary	1. 74,999.97
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. 415.40
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. 74,999.97

 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.)