

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

Entity Name: Press Street, Inc. dba Antenna

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

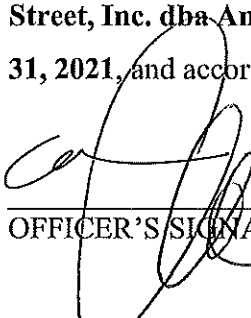
Telephone: (504) 298-3161 Email: info@antenna.works

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 **Press Street, Inc. as of December 31, 2021** 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. dba Antenna** received \$75,000 or less in revenues and other sources for the year ended **December 31, 2021**, 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 _____ day of _____, 20_____

See Attached Certificate behind
NOTARY PUBLIC SIGNATURE & SEAL

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], not Notary)

1 _____

2 _____

3 _____

4 _____

5 _____

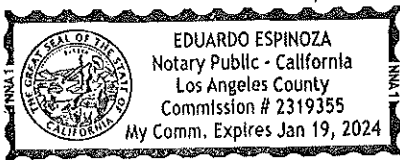
6 _____

Signature of Document Signer No. 1 _____ Signature of Document Signer No. 2 (if any) _____

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
 County of Los Angeles

Subscribed and sworn to (or affirmed) before me
 on this 12 day of May, 2022,
 by Carole Frances Lung-Bzile
 (1) _____
 (and ~~2~~ _____),
 Name(s) of Signer(s)



Place Notary Seal Above

proved to me on the basis of satisfactory evidence
 to be the person(s) who appeared before me.

Signature Eduardo Espinoza
 Signature of Notary Public

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Affidavit Document Date: 5/12/22

Number of Pages: _____ Signer(s) Other Than Named Above: _____

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Statement of Receipts and Disbursements

Statement A

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
RECEIPTS (Provide Brief Description):			
1.Arts Council of New Orleans	\$ 15,440.51	\$	\$ 15,440.51
2.Louisiana Endowment for Humanities			
3. Louisiana Division of the Arts	9,500.00		9,500.00
3.Grants & Donations (Foundations & Individuals)		715,874.21	715,874.21
4.Earned Income (Sales & Rentals)		146,937.93	146,937.93
5.Government Support (Federal)		110,000.00	110,000.00
6.Total receipts (add lines 1 - 6)	<u>\$ 24,940.51</u>	<u>\$ 972,812.14</u>	<u>\$ 997,752.65</u>
DISBURSEMENTS (Provide Brief Description):			
7.Facilities (Rent, Utilities, Insurance)	\$	\$ 59,733.69	\$ 59,733.69
8.Program Expenses		243,773.61	243,773.61
9.Promotion & Marketing Expenses		2,536.78	2,536.78
10.Administration & Staffing Expenses		323,952.05	323,952.05
11.Office & Equipment Expenses		75,463.00	75,463.00
12.Fundraising Expenses		3,035.86	3,035.86
13. Total Disbursements (add lines 7 - 12)	<u>\$ 13,950.00</u>	<u>\$ 708,494.99</u>	<u>\$ 708,494.99</u>
14. Change in fund balance (Lines 6 minus 13)	\$ 0.00	\$ 264,317.15	\$ 264,317.15
15. Fund Balance at beginning of year	\$ 0.00	\$ 533,347.04	\$ 339,188.78
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ 0.00	\$ 797,664.19	\$ 797,664.19

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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Balance Sheet

Statement B

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
ASSETS (balances at year-end)			
1. Cash and cash equivalents	\$ 0.00	\$ 1,296,836.50	\$ 1,296,836.50
2. Accounts Receivable		26,489.33	26,489.33
3. Sales Tax Collected		328.66	328.66
4. Equipment		0.00	0.00
5. Other (brief description)			
6. Total Assets (add lines 1 - 5)	<u>\$ 0.00</u>	<u>\$ 1,323,654.49</u>	<u>\$ 1,323,654.49</u>
LIABILITIES AND FUND BALANCE (at year-end):			
7. Accounts Payable	\$ 0.00	\$ 0.00	\$ 0.00
8. Credit Card		0.00	0.00
9. State Tax Liability		-553.55	-553.55
10. SBA Loan & EIDL Loan Payable		-513,512.65	-513,512.65
11. Total Liabilities (add lines 7 - 10)	0.00	-514,066.20	-514,066.20
12. Fund balance (amount from Line 16 on Statement A)		\$ 797,664.19	\$ 797,664.19
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$ 0.00</u>	<u>\$ 283,597.99</u>	<u>\$ 283,597.99</u>

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Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: Shana Griffin, Interim Executive Director (Jan-Nov 2021)

Purpose	Dollar Amount
1. Salary	1. 61,923.13
2. Benefits-insurance	2. 11,043.67
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. 895.41
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. 73,862.21

_____ 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.)