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

Entity Name: Ellis Marsalis Center for Music, Inc.	
Address: _1901 Bartholomew Street, New Orleans, La	A 70117
Telephone: 504-940-3400 Email:_emcm@ellismarsa	aliscenter.org
This annual sworn financial statement is required to be the end of the entity's fiscal year by sending a pdf copy 3986, or mailing to Louisiana Legislative Auditor – L Rouge, LA 70804-9397.	by email to <u>ereports@lla.la.gov</u> , faxing to 225-339-
AFFIDA	AVIT
Personally came and appeared before the undersigned a	uthority,Andrew R. Lee (officer's name), who,
duly sworn, deposes and says that the financial stater respects, the financial position ofEllis Marsalis Ce (entity's year-end) and the results of operations for the accounting described within the accompanying financial of internal control structure sufficient to safeguard ass the entity has complied with all follows:_N/A	enter for Music, Inc. (entity's name) as of 12/31/2021 be year then ended, in accordance with the basis of all statements; that the entity has maintained a system
Clauselata if Amelicables In addition. And Joseph Coffi	
Complete if Applicable: In addition, Andrew Lee (office Ellis Marsalis Center for Music, Inc. (entity's name) reconstruction.	
for the year ended December 31, 2021 (entity's year-en	
for the previously mentioned fiscal year.	,,
OFFICER'S SIGNATURE	Secretary OFFICER'S TITLE
Sworn to and subscribed before me, this Alst day of	of Uctober , 20 22
NOTARY PUBLIC SIGNATURE & SEAL	Rose S. Sher Notary Public State of Louisiana Bar No. 33368 My commission is for life.

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

Statement of Receipts and Disbursements

Statement A

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1.Louisiana Division of the Arts	\$7,500.00	\$	\$7,500.00
2.Louisiana Division of the Arts	\$3,750.00		\$3,750.00
3.			
4.			
5.			
6. Total receipts (add lines 1 - 5)	\$11,250.00	\$	\$11,250.00
DISBURSEMENTS (Provide Brief Description): 7. Teacher Salaries 8. 9. 10.	\$11,250.00	\$	\$11,250.00
11.	-		
12.			
13. Total Disbursements (add lines 7 - 12)	\$11,250.00	_ \$	<u>\$11,250.00</u>
14. Change in fund balance (Lines 6 minus 13)	\$	\$	\$
15. Fund Balance at beginning of year	\$	_ \$	\$
16. Fund balance (deficit) at end of year (Add lines 14-15)This amount also goes on line 12, Statement B	\$		\$

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

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		5	Statement B
	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
Cash and cash equivalents	\$0	\$	\$0
2. Investments (fair value)			
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)	\$0	<u>\$</u>	\$0
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (brief description):	\$0	\$	\$0
8.	T.Y		
9.		entropy and the second	
10.			
11. Total Liabilities (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement A)			
13. Other		The state of the s	
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$0	\$	\$0

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Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: Ann Marie Wilkins, President

Purpose	Dollar Amount	
1. Salary	1. 0	
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	

X_ 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.)