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

Entity Name:	_CubaNOLA Arts Collectiv	ve	
Address:	P.O. Box 53243, New Or	leans, LA 7015	3
Telephone:	504-858-1730	Email:	_ariana@cubanola.org
the end of the e	entity's fiscal year by sendin ing to Louisiana Legislative	g a pdf copy by	iled with the Legislative Auditor within 90 days of email to ereports@lla.la.gov, faxing to 225-339-cal Government Services, P.O. Box 94397, Baton
		AFFIDAV	'IT
Personally can	ne and appeared before the	e undersigned	authority,Tasha Ariana Hall
(officer's name	e), who, duly sworn, depos	es and says tha	at the financial statements herewith given present
fairly, in all ma	aterial respects, the financia	al position of _	CubaNOLA Arts Collective
(entity's name)) as of31 Dec 2022	(entity's year-	end) and the results of operations for the year then
ended, in accor	rdance with the basis of acco	ounting describ	ed within the accompanying financial statements;
that the entity h	nas maintained a system of in	nternal control	structure sufficient to safeguard assets and comply
with laws and	regulations; and that the	entity has con	nplied with all laws and regulations, except as
follows:			
and says that _ and other source	_CubaNOLA Arts Collecti	ve (en 1 Dec 2022	(officer's name), who duly sworn, deposes, tity's name) received \$75,000 or less in revenues(entity's year-end), and accordingly, ned fiscal year.
OFFICER'S SI	IGNATURE	_	OFFICER'S TITLE
Sworn to and s	ubscribed before me, this _	day of	April , 20 23
NOTARY PUE	John Haley 24317 Volinte Haley	thy C	own, ssion is issued for 1;

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Statement of Receipts and Disbursements

Statement A

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. Grants	\$ 22,980.38	<u>\$</u>	\$22,980.38
2. Donations	\$ 13,071.09		<u>\$13,071.09</u>
3. Ticket Sales	\$ 5,000.00		\$ 5,000.00
4. Fiscal Agent	\$ 8,250.00		\$ 8,250.00
5.			
6. Total receipts (add lines 1 - 5)	\$ 49,801.47	\$	\$49,801.47
DISBURSEMENTS (Provide Brief Description): 7. Artist Fees 8. Production Costs 9. Administrative Costs	\$ 28,721 \$ 5,651 \$ 3,217	\$	\$28,721 \$ 3,651 \$ 4,217
<u>10.</u> 11.			
12.		_	
13. Total Disbursements (add lines 7 - 12)	\$ 37,589	\$	\$37,589
14. Change in fund balance (Lines 6 minus 13) 15. Fund Balance at beginning of year	\$ 12,212.47 \$ 14,671.45	\$ \$	\$12,212.47 \$14,671.45
16. Fund balance (deficit) at end of year (Add lines 14-15)This amount also goes on line 12, Statement B	\$ 26,883.92	\$	\$26,883.92

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		:	Statement B
	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
Cash and cash equivalents	\$22,553.15	\$	\$22,553.15
2. Investments (fair value)			
3. Office furnishings (Cost of desks, etc)		_	
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description)	\$ 675.00		\$ 675.00
6. Total Assets (add lines 1 - 5)	\$23,228.15	\$	\$23,228.15
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (brief description):	\$	\$	\$
8. Production Loan w/ no penalty or interest	\$-75,000		\$-75,000
9.		-	
10.			
11. Total Liabilities (add lines 7 - 10)	\$-75,000	_	\$-75,000
12. Fund balance (amount from Line 16 on Statement A)	\$ 23,228.15		\$23,228.15
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$-51,771.85	\$	

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Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency	Head Name and	Title:	T. Ariana Hall	

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

__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.)