

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

Entity Name: Upturn Arts
Address: 729 Sixth St. New Orleans, LA 70115
Telephone: 504-390-8399
Email: dana@upturnarts.org

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 <u>ereports@lla.la.gov</u>, 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, Dana Reed (c	officer's		
name), who, duly sworn, deposes and says that the financial statements herewith given present fairly, in all			
material respects, the financial position of Upturn Arts (entity's na	ame) as		
of Dec 31, 2024 (entity's year-end) and the results of operations for the year then en	ded, 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 comp	ly with		
laws and regulations; and that the entity has complied with all laws and regulations, exc	cept as		
follows:			

Complete if Applicable: In addition, Dana Reed		(officer's name), who duly sworn,
deposes, and says that Upturn Arts		entity's name) received \$75,000 or less
in revenues and other sources for the year ended	Dec. 31, 2024	(entity's year-end), and accordingly,
is not required to have an audit for the previously	mentioned fiscal	year.

OFFICER'S SIGNATURE

Executive Director

Sworn to and subscribed before me, this 12μ day of February, 2025

NOTARY PUBLIC SIGNATURE

Mica sion # 16

Entity Name: Upturn Arts

Fiscal Year End: Dec 31, 2024

Statement of Receipts and Disbursements

Statement A

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. Clty and State Funding	\$ 65,600.00		\$ 65,600.00
Grants and Foundations	\$ 143,500.00		\$ 143,500.00
3. Individual donations and Fundraisers	\$ 50,000.00		\$ 50,000.00
4. Program Fees	\$ 180,200.00		\$ 180,200.00
5.			\$ 0.00
6. Total receipts (add lines 1 - 5)	\$ 439,300.00	\$ 0.00	\$ 439,300.00
DISBURSEMENTS (Provide Brief Description):			
7. Salaries, Consultant fees, benefites	\$ 335,500.00		\$ 335,500.00
8. Direct Costs	\$ 49,000.00		\$ 49,000.00
9. Indirect Costs / General Operations	\$ 33,700.00		\$ 33,700.00
10.			\$ 0.00
11.	a		\$ 0.00
12.			
13. Total Disbursements (add lines 7 - 12)	\$ 418,200.00	\$ 0.00	\$ 0.00 \$ 418,200.00
14. Change in fund balance (Lines 6 minus 13)	\$ 21,100.00	\$ 0.00	\$ 21,100.00
15. Fund Balance at beginning of year			\$ 0.00
16. Fund balance (deficit) at end of year (Add lines 14-15) This amount also goes on line 12, Statement B	\$ 21,100.00	\$ 0.00	\$ 21,100.00

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.*

Balance Sheet

Statement B

	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
 Cash and cash equivalents 	•		¢ 404 000 00
2 Investments (feisurelys)	\$ 124,900.00		\$ 124,900.00
2. Investments (fair value)	\$ 60,000.00		\$ 60,000.00
3. Office furnishings (Cost of desks, etc)			\$ 0.00
4. Equipment (Cost of fax machine, etc)			\$ 0.00
5. Other (brief description)			\$ 0.00
6. Total Assets (add lines 1 - 5)	\$ 184,900.00	\$ 0.00	\$ 184,900.00
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (brief description):	• • • • • • •		
Deferred income and paychecks payable	\$ 6,800.00		\$ 6,800.00
8. Line of Credit	\$ 28,900.00		\$ 28,900.00
9.			\$ 0.00
10.			\$ 0.00
11. Total Liabilities (add lines 7 - 10)	· · · · · · · · · · · · · · · · · · ·		
	\$ 35,700.00	\$ 0.00	\$ 35,700.00
12. Fund balance (amount from Line 16 on Statement A)	\$ 21,100.00	\$ 0.00	\$ 21,100.00
13. Other			
	.	A a a a	\$ 0.00
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 56,800.00	\$ 0.00	\$ 56,800.00

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Dana Reed, Executive Director

Purpose	Dollar Amount
1. Salary	\$ 87,800.00
2. Benefits-insurance	\$ 14,400.00
3. Benefits-retirement	\$ 2,600.00
4. Benefits-other (describe)	
5. Benefits-other (describe)	
6. Benefits-other (describe)	
7. Car allowance	
8. Vehicle provided by government (if reported on your W-2)	
9. Per diem	
10. Reimbursements	\$ 1,000.00
11. Travel	\$ 200.00
12. Registration fees	\$ 900.00
13. Conference travel	
14. Housing	
15. Unvouchered expenses (example: travel advances, etc.)	
16. Special meals	
17. Other	
18. TOTAL (enter total of line 1-17)	\$ 106,900.00

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.)