



**MLK HEALTH CENTER
& PHARMACY**

On Olive Street

February 14, 2023

Louisiana Legislative Auditor
Ms. Sudha R. Jindia
PO Box 94397
Baton Rouge, LA 70804

Dear Ms. Jindia,

Enclosed with this letter is the amended FY 22 Legislative Auditor's Report for the Martin Luther King Health Center. In the original report, funds received from Volunteers of America were inadvertently omitted. They have been included in the amended report.

Sincerely,

Jordan Ring Scroggs
Executive Director
MLK Health Center & Pharmacy

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

Entity Name: MLK HEALTH CENTER & PHARMACY

Address: 865 OLIVE STREET; SHREVEPORT, LA 71104

Telephone: 318-564-3217 Email: celdredge@hmvcpa.com

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, CHRIS ELDREDGE (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 MLK HEALTH CENTER & PHARMACY (entity's name) as of 5/31/2022 (entity's year-end) 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, CHRIS ELDREDGE (officer's name), who duly sworn, deposes, and says that MLK HEALTH CENTER & PHARMACY (entity's name) received \$75,000 or less in revenues and other sources for the year ended 5/31/2022 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.



OFFICER'S SIGNATURE

TREASURER

OFFICER'S TITLE

Sworn to and subscribed before me, this 10 day of February, 2023



NOTARY PUBLIC SIGNATURE & SEAL

KATHERINE ANNETTE ROGERS
Notary Public Caddo Parish, LA
My Commission Expires with Life
40955

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

Entity Name: MLK HEALTH CENTER & PHARMACY Fiscal Year End: 5/31/2022

Statement of Receipts and Disbursements

Statement A

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. STATE OF ARKANSAS	\$20	\$	\$20
2. STATE OF TEXAS	18		18
3. STATE OF LOUISIANA	301.83		301.83
4. CADDO PARISH	20,000		20,000
5. CITY OF SHREVEPORT	10,000		10,000
6. VOLUNTEERS OF AMERICA	28,068.24		28,068.24
7. Total receipts (add lines 1 - 6)	\$58,408.04	\$	\$58,408.07
DISBURSEMENTS (Provide Brief Description):			
8. PHARMACY	\$13,000	\$	\$13,000
9. CLINIC/LAB EXPENSE	12,500		12,500
10. HEALTH EDUCATION	4,500		4,500
11. PRINTING/COPIES	339.83		339.83
12. CARE COORDINATION	28,068.24		28,068.24
13.			
14 Total Disbursements (add lines 7 - 12)	\$58,408.04	\$	\$58,408.04
14. Change in fund balance (Lines 6 minus 13)	\$0	\$	\$0
15. Fund Balance at beginning of year	\$0	\$	\$0
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$0	\$	\$0

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

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.

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

Entity Name: MLK HEALTH CENTER & PHARMACY Fiscal Year End: 5/31/2022

Balance Sheet

Statement B

	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
1. Cash and cash equivalents	\$0	\$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	\$0	\$0
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (brief description):	\$0	\$0	\$0
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11. Total Liabilities (add lines 7 - 10)	_____	_____	_____
12. Fund balance (amount from Line 16 on Statement A)	_____	_____	_____
13. Other	_____	_____	_____
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$0	\$0	\$0

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

Entity Name: MLK HEALTH CENTER & PHARMACY Fiscal Year End: 5/31/2022

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: JORDAN SCROGGS, EXECUTIVE DIRECTOR

Purpose	Dollar Amount
1. Salary	1. 2,074.80
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.

 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.)