

Affidavit and Revenue Certification

Samaritan Counseling Center ENTITY NAME
Caddo Parish
Shreveport, LA (City), State

ANNUAL SWORN FINANCIAL STATEMENTS AND CERTIFICATION OF REVENUES \$75,000 OR LESS (if applicable)

The annual sworn financial statements are *required* by Louisiana Revised Statute 24:514 to be filed with the Legislative Auditor within 90 days after the close of the fiscal year. The certification of revenues of \$75,000 or less, if applicable, is required by Louisiana Revised Statute 24:513(J)(1)(c)(i)(aa).

Personally came and appeared before the undersigned authority, Brandon Horton (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Samaritan Counseling Center (enter entity name) as of 12-31-17 (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.

(Complete if applicable)

In addition, Brandon Horton (officer name), who, duly sworn, deposes and says that Samaritan Counseling Center (entity name) received \$75,000 or less in revenues and other sources for the year ended 12-31-17, and accordingly, is not required to have an audit for the previously mentioned year.

[Signature]
Officer's Signature

Sworn to and subscribed before me this 31st day of March, 2018.

Deanna M Phillips #51101

NOTARY PUBLIC SIGNATURE & SEAL
DEANNA M PHILLIPS
Notary Public
State of Louisiana
Bossier Parish
Notary ID # 51101
My Commission is for Life



For Office Use Only

Under provisions of state law, this report will become a public document on the Monday following the release date. A copy of the report will be submitted to appropriate public officials and be available for public inspection at the Baton Rouge office of the Louisiana Legislative Auditor and, where appropriate, at the office of the parish clerk of court.

Release Date APR 11 2018

Please Complete This Section

Officer's Name _____
Officer's Title _____
Address _____
City, Zip _____
Ph: Cell/Land _____
E-mail _____

Samaritan Counseling Center
(Agency Name)

Statement of Cash Receipts and Disbursements
For the Year Ended 12-31-17
(Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. Clinical Income	\$ 278,862	\$	\$ 278,862
2. Grant Income	53,000		53,000
3. Contributions	26,557		26,557
4. Investment Income	11,127		11,127
5. Fundraising	53,731		53,731
6. Total receipts (add lines 1 - 5)	<u>\$ 423,279</u>	<u>\$</u>	<u>\$ 423,279</u>
DISBURSEMENTS (Provide Brief Description):			
7. Wages & Benefits	\$ 334,401	\$	\$ 334,401
8. Professional Expenses	8,677		8,677
9. Operating Expenses	66,637		66,637
10. Fundraising	13,894		13,894
11.			
12.			
13. Total Disbursements (add lines 7 - 12)	<u>\$ 423,609</u>	<u>\$</u>	<u>\$ 423,609</u>
14. Change in fund balance (Lines 6 minus 13)	\$ <332>	\$	\$ <332>
15. Fund Balance at beginning of year	\$ 96,967	\$	\$ 96,967
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ 96,635	\$	\$ 96,635

PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENTS FOR YOUR RECORDS

Samaritan Counseling Center
(Agency Name)

Balance Sheet, on 12-31-17
(Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 1,691	\$	\$ 1,691
2. Investments (fair value) on hand	75,308		75,308
3. Office furnishings (Cost of desks, etc)	5,605		5,605
4. Equipment (Cost of fax machine, etc)	69,072		69,072
5. Other (brief description) <i>Improvements/Accumulated Depreciation</i>	(49,523)		(49,523)
6. Total Assets (add lines 1 - 5)	<u>\$102,153</u>	\$	<u>\$102,153</u>
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):			
8. <i>Payroll Liabilities</i>	\$ 5,518	\$	\$ 5,518
9.			
10.			
11. Total Liabilities (add lines 7 - 10)	5,518		5,518
12. Fund balance (amount from Line 16 on Statement A)	96,635		96,635
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$102,153</u>	\$	<u>\$102,153</u>

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Samaritan Counseling Center (Agency Name)

Schedule of Compensation, Benefits and Other Payments to Agency Head or Chief Executive Officer (Required Form - Please Submit Completed Form Per Attached Instructions)

For the Year Ended 12-31-17 (Year-End)

Agency Head Name and Title: Jennifer Crow, Executive Director

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.

____ 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.)

No Compensation of Executive Director paid from public funds.

PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENTS FOR YOUR RECORDS

Please return the completed form within 90 days of your entity's year-end to Louisiana Legislative Auditor – Local Government Services; Post Office Box 94397, Baton Rouge, LA 70804-9397 - Updated 8/3/16