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Affidavit and Revenue Certification

American Rose Society 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).

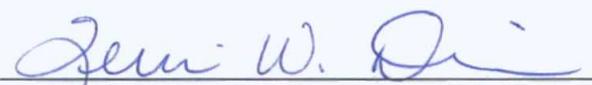
Personally came and appeared before the undersigned authority, Laura Seabaugh (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of American Rose Society (enter entity name) as of 2017 (entity's year-end), and the 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, Laura Seabaugh, (officer name), who, duly sworn, deposes and says that American Rose Society (entity name) received \$75,000 or less in revenues and other sources for the year ended 2017, and accordingly, is not required to have an audit for the previously mentioned year.


Officer's Signature

Sworn to and subscribed before me this 9th day of May, 2018.


NOTARY PUBLIC SIGNATURE & SEAL

Terr W. Dickerson
Notary Public, ID No. 39209
Caddo Parish, Louisiana
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 MAY 23 2018

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

American Rose Society

(Agency Name)

Statement of Cash Receipts and Disbursements**For the Year Ended** 2017

(Year-End)

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
RECEIPTS (Provide Brief Description):			
1. Donations	\$ 333,456		\$333456
2. GIK	33,111		33111
3. Membership Fees	331,653		331653
4. Advertising	83,939		83939
5. Merchandise Sales	50,477		50477
6. Grounds & Events	128,202		128202
7. Trails Grant (Public, State)		1,620	1620
8. Restricted Trust fund Investments		529,682	529682
9. Total receipts (add lines 1 - 8)	<u>\$960,838</u>	<u>\$531,302</u>	<u>\$1,492,140</u>
DISBURSEMENTS (Provide Brief Description):			
10. Payroll Expenses	\$ 558,234	\$	\$558234
11. COGS (Including Postage)	29,482		29482
12. Membership Expense	37,481		37481
13. Editorial Expenses (Magazine & Publications)	80,928		80928
14. Grounds & Events Expense	87,137		87,137
15. Trails (Pertaining to State Grant)		2025	2025
15. Office Operation Expenses	194,891		194891
16. Restricted Trust fund Expenses		58,059	58059
17. Total Disbursements (add lines 10 - 16)	<u>\$988,153</u>	<u>\$60,084</u>	<u>\$ 1,048,237</u>
14. Change in fund balance (Lines 9 minus 17)	\$(27,315)	\$471,218	\$443,903
15. Fund Balance at beginning of year	\$(77,841)	\$	\$(77,841)
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$(105,156)	\$471,218	\$366,062

American Rose Society (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 2017 (Year-End)

Agency Head Name and Title: Patricia Shanley, President

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.)

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