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

Entity Name: Olive Branch Ministries

Address: 740 Turner Lane, Shreveport, LA 71106

Telephone: 318.861.2249 Ext. 108 Email: Lbaker-olivebranch@comcast.net

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.

AFFIDAVI	T
Personally came and appeared before the undersigned author	ority, <u>Lindora Baker</u> (officer's
name), who, duly sworn, deposes and says that the financia	al statements herewith given present fairly, in all
material respects, the financial position of Olive B	
of (entity's year-end) and the res	
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	ed with all laws and regulations, except as
follows:	
Complete if Applicable: In addition,	(entity's name) received \$75,000 or less (entity's year-end), and accordingly,
Rindow Baker OFFICER'S SIGNATURE	Executive Director OFFICER'S TITLE
Sworn to and subscribed before me, this day of	,
3 4 CO34	(33 (NOTA) 33
SERNARD KIMBLE, Notary Bubble	10, 000 NO
Caddo Parish, Louisiana	

Please submit a pdf copy of the completed form to: ereports@lla.la.dov - updated 01/22

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

Entity Name: Olive Branch Ministries Fiscal Year End: 2021

Statement of Receipts and Disbursements

Identify the Basis of Accounting, If not using Cash-Basis: _

Statement A

General Fund	Other Fund	Total
\$63.701.99	\$	\$ 63, 701.99
	\$5,500.00	
	\$4,000,00	\$ 4,000,00
		·
\$\$13.701.99	\$9,500.00	<u>\$73,201,99</u>
\$63.701.99 \$ ~0~ \$ 1,683,22	\$2,604,27 \$500,00 \$3,650,00 \$1,250,00 \$235,00 \$8,709,27 \$	\$ 66, 306, 26 \$ 500,00 \$ 3,650,00 \$ 1,250.00 \$ 480.00 \$ 225.00 \$ 72,411,26 \$
	\$63,701,99 \$63,701,99 \$63,701,99 \$ ~ 0 -	Fund Fund \$63,701.99 \$ \$5,500.00 \$4,000,00 \$63,701.99 \$9,500.00 \$3,650.00 \$1,250.00 \$480.00 \$225.00 \$480.00 \$225.00 \$1,683,22 \$

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.

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Entity Name: Olive Branch Ministries Fiscal Year End: 2021

Balance Sheet			<u>Statement B</u>
	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
Cash and cash equivalents	\$1, <i>683.</i> 22	\$	\$ 1,68322
2. Investments (fair value)	_0-		
3. Office furnishings (Cost of desks, etc)	0		-0-
4. Equipment (Cost of fax machine, etc)	-o-		-0-
5. Other (brief description)			
6. Total Assets (add lines 1 - 5)	<u>\$ 1,683,22</u>	\$	\$ 1,683.22
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (brief description):	\$ - 0-	\$	s -o-
B.		<u> </u>	
9.	 		
10.			
11. Total Liabilities (add lines 7 - 10)	<u> </u>		-0-
12. Fund balance (amount from Line 16 on Statement A)	\$1.683.22	,	\$1,683,22
13. Other	-0-		~o ~
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 1,683,22	\$	\$1,683.22-

(FAX)3188611279

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Entity Name: University of Clini3thes Fiscal Year End: 502	Entity Name:	Olive Branch Ministries	Fiscal Year End: 2021
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Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: Lindora Baker, 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.)