

(4)

**Affidavit and Revenue Certification**

COMMUNITY CARE OUTREACH CENTER  
POINTE COUPEE  
NEW ROADS, LOUISIANA

**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, Patricia Jackson, who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Community Care Outreach Center as of December 31, 2018, 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, Patricia Jackson, who, duly sworn, deposes and says that Community Care Outreach Center received \$75,000 or less in revenues and other sources for the year ended December 31, 2018, and accordingly, is not required to have an audit for the previously mentioned year.

Patricia Jackson  
Officer's Signature

Sworn to and subscribed before me this 5th day of June, 2019

George Maloyff 3903  
NOTARY PUBLIC SIGNATURE & SEAL

**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 JUN 12 2019

**Please Complete This Section**

Officer's Name Patricia Jackson  
Officer's Title Director  
Address 2352 Hospital Road  
City, Zip New Roads, LA 70760  
Ph: Cell/Land 225-714-0869  
E-mail 1212jackson@bellsouth.net

**COMMUNITY CARE OUTREACH  
CENTER**  
(Agency Name)

**Statement of Cash Receipts and Disbursements  
For the Year Ended DECEMBER 31, 2018**

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
<b>RECEIPTS (Provide Brief Description):</b>			
1. LA DEPT OF EDUCATION (CCAP)	\$36,790	\$	\$36,790
2. GRANTS FROM OTHER NONPROFIT ENTITIES	30,500		30,500
3.			
4.			
5.			
6. <b>Total receipts</b> (add lines 1 - 5)	<b>\$67,290</b>	<b>\$</b>	<b>\$67,290</b>
<b>DISBURSEMENTS (Provide Brief Description):</b>			
7. SALARIES AND RELATED EXPENSES	\$54,115	\$	\$54,115
8. PROFESSIONAL	6,664		6,664
9. OCCUPANCY, RENT, UTILITIES	1,487		1,487
10. OFFICE EXPENSES	8,251		8,251
11. OTHER	2,834		2,834
12.			
13. <b>Total Disbursements</b> (add lines 7 - 12)	<b>\$73,351</b>	<b>\$</b>	<b>\$73,351</b>
14. Change in fund balance ( Lines 6 minus 13)	\$(6,061)	\$	\$(6,061)
15. Fund Balance at beginning of year	\$47,164	\$	\$47,164
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$41,103	\$	\$41,103

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

**COMMUNITY CARE OUTREACH  
CENTER**  
(Agency Name)

**Balance Sheet, on DECEMBER 31, 2018**

	<b>General Fund</b>	<b>Other Fund</b>	<b>Total</b>
<b>ASSETS (balances at year-end) -Give brief description:</b>			
1. Cash and cash equivalents on hand	\$2,090	\$	\$2,090
2. Investments (fair value) on hand			
3. Office furnishings (Cost of desks, etc)	321		321
4. Equipment (Cost of fax machine, etc)			
5. Other (Building)	54,123		54,123
6. <b>Total Assets</b> (add lines 1 - 5)	<b>\$56,534</b>	<b>\$</b>	<b>\$56,534</b>
<b>LIABILITIES AND FUND BALANCE (at year-end):</b>			
7. Liabilities (give brief description):			
8. Accounts payable	\$15,394	\$	\$15,394
9. Payroll liabilities	37		37
10.			
11. <b>Total Liabilities</b> (add lines 7 - 10)	15,431		15,431
12. Fund balance (amount from Line 16 on Statement A)	41,103		41,103
13. Other			
14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13)	<b>\$56,534</b>	<b>\$</b>	<b>\$56,534</b>

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**COMMUNITY CARE OUTREACH CENTER**

**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 DECEMBER 31, 2018

Agency Head Name and Title: **PATRICIA JACKSON**

<b>Purpose</b>	<b>Dollar Amount</b>
1. Salary	1. 4,600
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. 4,600

\_\_\_\_ 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