

Affidavit and Revenue Certification

Pointe Coupee Community Advancement, Inc. ENTITY NAME
Pointe Coupee Parish
New Roads, LA (City), State

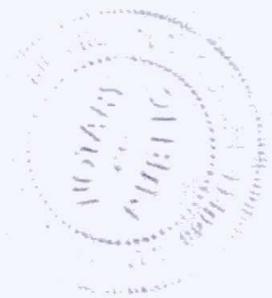
ANNUAL SWORN FINANCIAL STATEMENTS AND CERTIFICATION OF REVENUES \$75,000 OR LESS (if applicable)

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, (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Pointe Coupee Community Advancement, Inc (enter entity name) as of September 30, 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, Willie Mae Butler (officer name), who, duly sworn, deposes and says that Pointe Coupee Community Advancement, Inc (entity name) received \$75,000 or less in revenues and other sources for the year ended September 30, 2017, and accordingly, is not required to have an audit for the previously mentioned year.

Handwritten signature of Willie Mae Butler, Executive Director.



Sworn to and subscribed before me this 2 day of February, 2018.

Candace N. Bueche
NOTARY PUBLIC SIGNATURE & SEAL
#17175

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 2-21-18

Please Complete This Section
Officer's Name Willie Mae Butler
Officer's Title Executive Director
Address P.O. Box 630, 8637 Pecan Dr. East
City, Zip New Roads 70760
Ph: Cell/Land 825-638-6356
E-mail pccai@bellsouth.net

Pointe Coupee Community Advancement, Inc.
(Agency Name)

Statement of Cash Receipts and Disbursements
For the Year Ended September 30, 2017
(Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. <u>Grant Revenue - Office of Community Services</u>	\$	\$ 71,722	\$ 71,722
2.			
3.			
4.			
5.			
6. Total receipts (add lines 1 - 5)	\$	\$ 71,722	\$ 71,722
DISBURSEMENTS (Provide Brief Description):			
7. <u>Salaries & Benefits</u>	\$	\$ 59,052	\$ 59,052
8. <u>Accounting</u>		1,200	1,200
9. <u>Occupancy</u>		6,560	6,560
10. <u>Utilities</u>		7,617	7,617
11. <u>Supplies</u>		3,286	3,286
12. <u>Other</u>		1,798	1,798
13. Total Disbursements (add lines 7 - 12)	\$	\$ 79,513	\$ 79,513
14. Change in fund balance (Lines 6 minus 13)	\$	\$ (7,791)	\$ (7,791)
15. Fund Balance at beginning of year	\$	\$ 14,991	\$ 14,991
16. Fund balance (deficit) at end of year (Add lines 14-15) -This amount also goes on line 12, Statement B	\$	\$ (22,782)	\$ (22,782)

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

Pointe Coupee Community Advancement, Inc.
 (Agency Name)

Balance Sheet, on September 30, 2017
 (Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$	\$(288)	\$(288)
2. Investments (fair value) on hand			
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description) <u>Accounts Receivable</u>		477	477
6. Total Assets (add lines 1 - 5)	\$	\$189	\$189
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):			
8. <u>Payroll Related Liabilities</u>	\$	\$10,917	\$10,917
9.			
10.			
11. Total Liabilities (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement A)		(22,782)	(22,782)
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$	\$11,965	\$11,965

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

Pointe Coupee Community Advancement, Inc. (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 September 30, 2017 (Year-End)

Agency Head Name and Title: Willie Mae Butler, Executive Director

Purpose	Dollar Amount
1. Salary	1,21,590
2. Benefits-insurance	2.
3. Benefits-retirement	3.
4. Benefits-other (describe) <u>FICA</u>	4. 1,339
5. Benefits-other (describe) <u>Medicare</u>	5. 313
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. 23,242

_____ 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