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**Affidavit and Revenue Certification**

Pointe Coupee Community Advancement, Inc. ENTITY NAME

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

Willie Mae Bull  
Officer's Signature

Sworn to and subscribed before me this 26 day of March, 2019.

Candace N. Bueche  
NOTARY PUBLIC SIGNATURE & SEAL  
Candace N Bueche #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 <u>MAY 01 2019</u>

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

**Pointe Coupee Community Advancement, Inc.**

(Agency Name)

**Statement of Cash Receipts and Disbursements****For the Year Ended September 30, 2018**

(Year-End)

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
<b>RECEIPTS (Provide Brief Description):</b>			
1. Grant Revenue – Office of Community Services	\$50,728	\$	\$50,728
2. Indirect Public Support	2,500		2,500
3.			
4.			
5.			
6. <b>Total receipts</b> (add lines 1 - 5)	<u>\$53,228</u>	<u>\$</u>	<u>\$53,228</u>
<b>DISBURSEMENTS (Provide Brief Description):</b>			
7. Salaries	\$46,004	\$	\$46,004
8. Accounting	200		200
9. Occupancy	5,850		5,850
10. Utilities	4,599		4,599
11. Supplies	831		831
12. Other	1,501		1,501
13. <b>Total Disbursements</b> (add lines 7 - 12)	<u>\$58,985</u>	<u>\$</u>	<u>\$58,985</u>
14. Change in fund balance ( Lines 6 minus 13)	\$(5,757)	\$	\$(5,757)
15. Fund Balance at beginning of year - Restated	\$(10,246)	\$	\$(10,246)
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	<u>\$(16,003)</u>	<u>\$</u>	<u>\$(16,003)</u>

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

**Pointe Coupee Community Advancement, Inc.**

(Agency Name)

**Balance Sheet, on September 30, 2018**

(Year-End)

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
<b>ASSETS</b> (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$2,873	\$	\$2,873
2. Investments (fair value) on hand			
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description) – Accounts Receivable	2,250		2,250
6. <b>Total Assets</b> (add lines 1 - 5)	<b>\$5,123</b>	<b>\$</b>	<b>\$5,123</b>
<b>LIABILITIES AND FUND BALANCE</b> (at year-end):			
7. Liabilities (give brief description):			
8. Payroll Related	\$10,880	\$	\$10,880
9.			
10.			
11. <b>Total Liabilities</b> (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement A)	(16,003)		(16,003)
13. Other			
14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13)	<b>\$5,123</b>	<b>\$</b>	<b>\$5,123</b>

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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, 2018 (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 (FICA)	4. 1,339
5. Benefits-other (Medicare)	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.)

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