

COMMUNITY CARE OUTREACH CENTER
NEW ROADS, POINTE COUPEE, LOUISIANA

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

MARCH 27, 2020

Ms. Gayle Fransen
Engagement Manager
Louisiana Legislative Auditor
1600 North Third Street
Baton Rouge, LA 70802

Dear Ms. Fransen:

In accordance with Louisiana Revised Statute 24:513, enclosed are the Affidavit and Revenue Certification Form and the annual financial statements for my entity, as of and for the year ended December 31, 2019. The statements include all funds under the control of this entity. The accompanying financial statements have been prepared on the cash basis of accounting.

Sincerely,



Officer's Signature

PATRICIA JACKSON
Officer's Name

Enclosures

PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENT 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

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, 2019, 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, 2019, 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 30 day of MARCH, 2020.

Wibone Ashford SP-34-18
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 _____

Please Complete This Section
Officer's Name <u>Patricia Jackson</u>
Officer's Title <u>Director</u>
Address <u>2352 Hospital Road</u>
City, Zip <u>New Roads LA</u>
Ph: Cell/Land <u>225-718-0868</u>
E-mail <u>1212jackson@bellsouth.net</u>

COMMUNITY CARE OUTREACH CENTER

Statement of Cash Receipts and Disbursements
For the Year Ended December 31, 2019

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. LA DEPT OF EDUCATION (CCAP)	\$27,512	\$	\$27,512
2.			
3.			
4.			
5.			
6. Total receipts (add lines 1 - 5)	<u>\$27,512</u>	<u>\$</u>	<u>\$27,512</u>
DISBURSEMENTS (Provide Brief Description):			
7. SALARIES AND RELATED EXPENSES	\$23,508	\$	\$23,508
8. PROFESSIONAL	2,288		2,288
9. OCCUPANCY, RENT, UTILITIES	1,692		1,692
10. OFFICE EXPENSES	3,096		3,096
11. DEPRECIATION	2,096		2,096
12. OTHER	1,803		1,803
13. Total Disbursements (add lines 7 - 12)	<u>\$34,483</u>	<u>\$</u>	<u>\$34,483</u>
14. Change in fund balance (Lines 6 minus 13)	\$(6,971)	\$	\$(6,971)
15. Fund Balance at beginning of year	\$41,103	\$	\$41,103
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	<u>\$34,132</u>	<u>\$</u>	<u>\$34,132</u>

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COMMUNITY CARE OUTREACH CENTER**Balance Sheet, on December 31, 2019**

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$1,469	\$	\$1,469
2. Investments (fair value) on hand			
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (Building)	52,348		52,348
6. Total Assets (add lines 1 - 5)	\$53,817	\$	\$53,817
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):			
8. Accounts payable	\$19,648	\$	\$19,648
9. Payroll liabilities	37		37
10.			
11. Total Liabilities (add lines 7 - 10)	19,685		19,685
12. Fund balance (amount from Line 16 on Statement A)	34,132		34,132
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$53,817	\$	\$53,817

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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, 2019

Agency Head Name and Title: PATRICIA JACKSON, EXECUTIVE DIRECTOR

Purpose	Dollar Amount
1. Salary	1. 7,900
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. 7,900

_____ 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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