

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, 2017, 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, 2017, and accordingly, is not required to have an audit for the previously mentioned year.

Patricia D Jackson
Officer's Signature

Sworn to and subscribed before me this 15th day of JUNE, 2018.

SHARON C. HEBERT
NOTARY PUBLIC SIGNATURE & SEAL JP 3902



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>JUN 06 2018</u>

Please Complete This Section
Officer's Name: Patricia Jackson
Officer's Title: Executive Director
Address: 3252 Hospital Road
City, Zip: New Roads, LA 70760
Ph: Cell/Land: (225) 718-0868
E-mail: 1212jackson@bellsouth.net

COMMUNITY CARE OUTREACH CENTER

(Agency Name)

Statement of Cash Receipts and Disbursements**For the Year Ended DECEMBER 31, 2017**

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
RECEIPTS (Provide Brief Description):			
1. LA DEPARTMENT OF EDUCATION (CCAP)	\$34,905	\$	\$34,905
2.			
3.			
4.			
5.			
6. Total receipts (add lines 1 - 5)	<u>\$34,905</u>	<u>\$</u>	<u>\$34,905</u>
DISBURSEMENTS (Provide Brief Description):			
7. SALARIES	\$48,127	\$	\$48,127
8. PAYROLL RELATED	4,473		4,473
9. PROFESSIONAL	2,867		2,867
10. OCCUPANCY, RENT, UTILITIES	3,589		3,589
11. OTHER	12,475		12,475
12.			
13. Total Disbursements (add lines 7 - 12)	<u>\$71,531</u>	<u>\$</u>	<u>\$71,531</u>
14. Change in fund balance (Lines 6 minus 13)	\$(36,626)	\$	\$(36,626)
15. Fund Balance at beginning of year	\$83,790	\$	\$83,790
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$47,164	\$	\$47,164

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

COMMUNITY CARE OUTREACH CENTER

Balance Sheet, on DECEMBER 31, 2017
(Year-End)

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$647	\$	\$647
2. Investments (fair value) on hand			
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)	936		936
5. Other (BUILDING)	55,897		55,897
6. Total Assets (add lines 1 - 5)	<u>\$57,480</u>	<u>\$</u>	<u>\$57,480</u>
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):			
8. ACCOUNTS PAYABLE	\$10,279	\$	\$10,279
9. PAYROLL LIABILITIES	37		37
10.			
11. Total Liabilities (add lines 7 - 10)	10,316		10,316
12. Fund balance (amount from Line 16 on Statement A)	47,164		47,164
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$57,480</u>	<u>\$</u>	<u>\$57,480</u>

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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, 2017

Agency Head Name and Title: PATRICIA JACKSON

Purpose	Dollar Amount
1. Salary	1. 13,400
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. 13,400

_____ 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