

Sworn Financial Statements and Certification of Revenues \$75,000 or Less

Entity Name: **St. Charles Community C.A.R.E. Center Foundation, Inc.**

Address: **PO Box 682, Hahnville, LA 70057**

Telephone: **985-331-3788** Email: **lauren@stcharlescarecenter.org**

*This annual sworn financial statement is required to be filed with the Legislative Auditor within 90 days of the end of the entity's fiscal year by sending a pdf copy by email to ereports@lla.la.gov, faxing to 225-339-3986, or mailing to Louisiana Legislative Auditor – Local Government Services, P.O. Box 94397, Baton Rouge, LA 70804-9397.*

**AFFIDAVIT**

Personally came and appeared before the undersigned authority, LAUREN M. JOHNSON (officer's name), who, duly sworn, deposes and says that the financial statements herewith given present fairly, in all material respects, the financial position of **St. Charles Community C.A.R.E. Center Foundation, Inc.** as of **December 31, 2020** (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; that the entity has maintained a system of internal control structure sufficient to safeguard assets and comply with laws and regulations; and that the entity has complied with all laws and regulations, except as follows: NA

Complete if Applicable: In addition, LAUREN M. JOHNSON (officer's name), who duly sworn, deposes, and says that **St. Charles Community C.A.R.E. Center Foundation, Inc** (entity's name) received \$75,000 or less in revenues and other sources for the year ended **December 31, 2020** (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

Lauren M. Johnson  
OFFICER'S SIGNATURE

Executive Director  
OFFICER'S TITLE

Sworn to and subscribed before me, this 1st day of April, 2021

Scott J. Falgoust  
NOTARY PUBLIC SIGNATURE & SEAL

**SCOTT J. FALGOUST**  
**ATTORNEY/NOTARY PUBLIC**  
**BAR# 33545/NOTARY ID #132764**  
**Parish of St. Charles**  
**State of Louisiana**  
**My Commission is for life.**



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Statement of Receipts and Disbursements

Statement A

	General Fund	Other Fund	Total
<b>RECEIPTS (Provide Brief Description):</b>			
1. Public Funds	\$ 10,000	\$	\$ 10,000
2. Direct Program Fee for Service Contracts	235,036		235,036
3. Rental Income	20,457		20,457
4. Individual & Private Business Contributions	15,497		15,497
5. Fundraising Activities	13,353		13,353
6. Other Miscellaneous	255		255
<b>6. Total receipts</b> (add lines 1 - 5)	<b>\$ 294,598</b>	<b>\$</b>	<b>\$ 294,598</b>
<b>DISBURSEMENTS (Provide Brief Description):</b>			
7. Program Expense	\$ 129,295	\$	\$ 129,295
8. Facility Expense	260		260
9. General & Administrative	135,615		135,615
10. Fundraising Activities	2,531		2,531
11. Less PPP Funds used for Payroll	(28,649)		(28,649)
12.			
<b>13. Total Disbursements</b> (add lines 7 - 12)	<b>\$ 239,052</b>	<b>\$</b>	<b>\$ 239,052</b>
14. Change in fund balance ( Lines 6 minus 13)	\$ 55,546	\$	\$ 55,546
15. Fund Balance at beginning of year	\$ 93,438	\$	\$ 93,438
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ 148,984	\$	\$ 148,984

Identify the Basis of Accounting, if not using Cash-Basis: Modified Accrual

**NOTE: If the entity receives any funds from pre- or post-adjudication court costs, fines, and/or fees, the entity must use one or more of the following categories in the receipts description fields: Civil Fees; Bond Fees; Asset Forfeiture/Sale; Pre-Trial Diversion Program; Criminal Court Costs/Fees; Criminal Contempt Fines; Other Criminal Fines; Restitution; and Probation/Parole/Supervision Fees.**

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## Balance Sheet

## Statement B

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
<b>ASSETS</b> (balances at year-end)			
1. Cash and cash equivalents	\$ 123,538	\$	\$ 123,538
2. Accounts Receivable	15,792		15,792
2. Prepaid Insurance	11,710		11,710
3. Leasehold Improvements	13,010		13,010
4. Equipment - Computers & Office Equipment	5,564		5,564
5. Other - Accumulated Depreciation	(11,734)		(11,734)
6. <b>Total Assets</b> (add lines 1 - 5)	<u>\$ 157,880</u>	<u>\$</u>	<u>\$ 157,880</u>
<b>LIABILITIES AND FUND BALANCE</b> (at year-end):			
7. Liabilities (brief description):	\$	\$	\$
8. Accounts Payable	3,363		3,363
9. Payroll Liabilities	5,533		5,533
10.			
11. <b>Total Liabilities</b> (add lines 7 - 10)	8,896		8,896
12. Fund balance amount from Line 16 on Statement A)	148,984		148,984
13. Other			
14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13)	<u>\$ 157,880</u>	<u>\$</u>	<u>\$ 157,880</u>

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## Statement C

### Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: Lauren Johnson, Executive Director

Purpose	Dollar Amount
1. Salary	1.
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.

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.)