

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

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

Address: 171 Keller St., Hahnville, LA 70057

Telephone: 985-331-3033 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 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** (entity's name) as of **December 31, 2022** (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: _____

Complete if Applicable: In addition, **Lauren Johnson** (officer's name), who duly sworn, deposes, and says that **St. Charles Community C.A.R.E. Center Foundation** (entity's name) received \$75,000 or less in revenues and other sources for the year ended **December 31, 2022** (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.


OFFICER'S SIGNATURE

Executive Director
OFFICER'S TITLE

Sworn to and subscribed before me, this 15 day of March, 2023


NOTARY PUBLIC SIGNATURE & SEAL
No. 132764

Scott J. Falgoust
State of Louisiana
Parish of St. Charles
My Commission Expires at death

Please submit a pdf copy of the completed form to: ereports@lla.la.gov - Updated 12/20

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Statement of Receipts and Disbursements

Statement A

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
RECEIPTS (Provide Brief Description):			
1. Public Funds	\$ 25,000	\$	\$ 25,000
2. Direct Program Fees for Service	213,659		213,659
3. Rental Income	16,755		16,755
4. Individual and Private Donations	136,016		136,016
5. Fundraising	33,705		33,705
6. Other Miscellaneous	244		244
7. Total receipts (add lines 1 - 5)	\$ 425,379	\$	\$ 425,379
DISBURSEMENTS (Provide Brief Description):			
8. Program Expense	\$ 211,694	\$	\$ 211,694
9. Facility Expense	15,577		15,577
10. General & Administrative	137,546		137,546
11. Fundraising Activities	7,825		7,825
12.			
13.			
14. Total Disbursements (add lines 7 - 12)	\$ 372,642	\$	\$ 372,642
15. Change in fund balance (Lines 6 minus 13)	\$ 52,737	\$	\$ 52,737
16. Fund Balance at beginning of year	\$ 219,719	\$	\$ 219,719
17. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ 272,456	\$	\$ 272,456

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>
ASSETS (balances at year-end)			
1. Cash and cash equivalents	\$ 247,779	\$	\$ 247,779
2. Accounts Receivable	8,333		8,333
3. Prepaid Expense	18,012		18,012
3. Office furnishings (Cost of desks, etc.)	7,472		7,472
4. Equipment (Cost of fax machine, etc.)	10,357		10,357
5. Leasehold	5,564		5,564
6. Other Accumulated Depreciation	(14,593)		(14,593)
7. Total Assets (add lines 1 – 5)	<u>\$ 282,924</u>	<u>\$</u>	<u>\$ 282,924</u>
LIABILITIES AND FUND BALANCE (at year-end):			
8. Accounts Payable	\$ 3,625	\$	\$ 3,625
9. Payroll Liabilities	6,843		6,843
10.			
11.			
12. Total Liabilities (add lines 7 - 10)	10,468		10,468
13. Fund balance (amount from Line 16 on Statement A)	272,456		272,456
14. Other			
15. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$ 282,924</u>	<u>\$</u>	<u>\$ 282,924</u>

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Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: _____

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.)