

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

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

Address: 171 Keller St., Hahnville, LA 70057

Telephone: 985-331-000 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](mailto: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, Inc. (entity's name) as of December 31, 2021 (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, 2021 (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 29<sup>th</sup> day of March, 20 22

  
\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE & SEAL

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

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## Statement of Receipts and Disbursements

## Statement A

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
<b>RECEIPTS (Provide Brief Description):</b>			
1. Public Funds	\$ 10,000	\$	\$ 10,000
2. Direct Program Fee for Service Contracts	228,339		228,339
2. Rental Income	17,424		17,424
3. Individual & Private Business Contributions	140,000		140,000
4. Fundraising Activities	-		-
5. Other Miscellaneous Revenue	110		110
<b>6. Total receipts</b> (add lines 1 - 5)	<u>\$ 395,873</u>	<u>\$</u>	<u>\$ 395,87</u>
<b>DISBURSEMENTS (Provide Brief Description):</b>			
7. Program Expense	\$ 173,275	\$	\$ 173,275
8. Facility Expense	464		464
9. General & Administrative	126,787		126,787
10. Fundraising Activities	-		-
<b>13. Total Disbursements</b> (add lines 7 - 12)	<u>\$ 300,526</u>	<u>\$</u>	<u>\$ 300,526</u>
14. Change in fund balance ( Lines 6 minus 13)	\$ 95,347	\$	\$ 95,347
Fund Balance at beginning of year	\$ 148,983	\$	\$ 148,983
Fund balance (deficit) at end of year			
--This amount also goes on line 12, Statement B	\$ 244,330	\$	\$ 244,330

**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) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 213,103	\$	\$ 213,103
2. Accounts Receivable	31,264		31,264
2. Prepaid Insurance	5,781		5,781
3. Leasehold Improvements	5,564		5,564
4. Equipment -Computers & Office Equipment	14,513		14,513
5. Other – Accumulated Depreciation	(14,593)		(14,593)
6. <b>Total Assets</b> (add lines 1 - 5)	<u>\$ 255,632</u>	<u>\$</u>	<u>\$ 255,632</u>
<b>LIABILITIES AND FUND BALANCE</b> (at year-end):			
7. Liabilities (give brief description):			
8. Accounts Payable	\$ 834	\$	\$ 834
9. Payroll Liabilities	10,468		10,468
10.			
11. <b>Total Liabilities</b> (add lines 7 - 10)	11,302		11,302
12. Fund balance (amount from Line 16 on Statement A)	244,330		244,330
13. Other			
14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13)	<u>\$ 255,632</u>	<u>\$</u>	<u>\$ 255,632</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.)