

Affidavit and Revenue Certification

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

St. Charles Parish

Hahnville, 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, Stephanie M. Varns (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of St. Charles Community C.A.R.E. Center Foundation, Inc. as of December 31, 2018, 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, Stephanie M Varns, who, duly sworn, deposes and says that St. Charles Community C.A.R.E. Center Foundation, Inc) received \$75,000 or less in revenues and other sources for the year ended December 31, 2018, and accordingly, is not required to have an audit for the previously mentioned year.

Stephanie M. Varns
Officer's Signature-Treasurer

Sworn to and subscribed before me this 20th day of February, 2019.

NOTARY PUBLIC SIGNATURE & SEAL Scott J. Fulgoust
33545 / 132764
commission expires at death

For Office Use Only
Under provisions of state law, this report will become a public document on the Monday following the release date.
Release Date MAR 06 2019

Please Complete This Section
Officer's Name Stephanie M. Varns
Officer's Title Treasurer
Address 305 Evelyn Dr
City, Zip Luling LA 70070
Ph: Cell/Land 504-255-4809
E-mail svarns@varnscca.com

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

(Agency Name)

Statement of Cash Receipts and Disbursements

For the Year Ended

December 31, 2018

(Year-End)

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
RECEIPTS (Provide Brief Description):			
1. Government Contracts	\$ 57,104	\$	\$ 57,104
2. Rental Income	25,541	_____	25,541
3. Individual & Business Contributions	19,790	_____	19,790
4. Fundraising Activities	21,690	_____	21,690
5. Other Miscellaneous Revenue	640	_____	640
6. Total receipts (add lines 1 - 5)	<u>\$ 124,765</u>	<u>\$</u>	<u>\$ 124,765</u>
DISBURSEMENTS (Provide Brief Description):			
7. Operations – Program Expense	\$ 5,970	\$	\$ 5,970
8. Payroll Expense	92,025	_____	92,025
9. Other G & A	5,285	_____	5,285
10. Fundraising Activities	6,282	_____	6,282
11.	_____	_____	_____
12.	_____	_____	_____
13. Total Disbursements (add lines 7 - 12)	<u>\$ 109,562</u>	<u>\$</u>	<u>\$ 109,562</u>
14. Change in fund balance (Lines 6 minus 13)	\$ 15,203	\$	\$ 15,203
15. Fund Balance at beginning of year	\$ 51,774	\$	\$ 51,774
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ 66,977	\$	\$ 66,977

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

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

(Agency Name)

Balance Sheet, on December 31, 2018

(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	\$ 58,155	\$	\$ 58,155
2. Prepaid Insurance	2,512		2,512
3. Leasehold Improvements	5,564		5,564
4. Equipment -Computers & Office Equipment	9,077		9,077
5. Other – Accumulated Depreciation	(6,261)		(6,261)
6. Total Assets (add lines 1 - 5)	<u>\$ 69,047</u>	<u>\$</u>	<u>\$ 69,047</u>
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):			
8. Payroll taxes payable	\$ 2,070	\$	\$ 2,070
9.			
10.			
11. Total Liabilities (add lines 7 - 10)	2,070		2,070
12. Fund balance (amount from Line 16 on Statement A)	66,977		66,977
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$ 69,047</u>	<u>\$</u>	<u>\$ 69,047</u>

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

(Agency Name)

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, 2018

Agency Head Name and Title: Lauren Johnson, Executive Director

Purpose	Dollar Amount
1. Salary	1. 56,000
2. Benefits-insurance	2. 3,804
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 – cell phone \$40/month	10. 480
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. 60,284

_____ 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.)