

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

St. Charles Parish, Louisiana

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

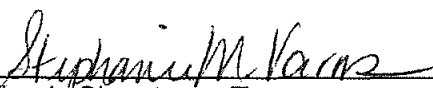
(Date) 3-23-2020

Ms. Gayle Fransen
Engagement Manager
Louisiana Legislative Auditor
1600 North Third Street
Baton Rouge, LA 70802

Dear Ms. Fransen:

In accordance with Louisiana Revised Statute 24:513, enclosed are the Affidavit and Revenue Certification Form and the annual financial statements for my entity, as of and for the year ended December 31, 2019 (entity's year-end). The statements include all funds under the control of this entity. The accompanying financial statements have been prepared on the accrual basis of accounting.

Sincerely,



Officer's Signature - Treasurer

Stephanie M. Varns
Officer's Name

Enclosures

PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENT 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

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).

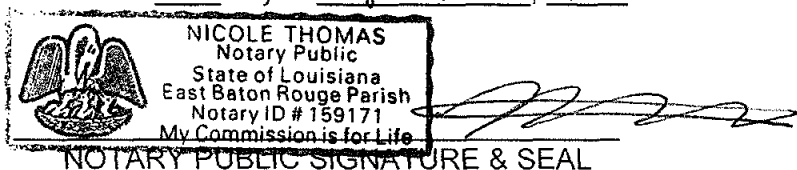
Personally came and appeared before the undersigned authority, **Stephanie M. Varns** (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of **St. Charles Community C.A.R.E. Center Foundation, Inc.** as of **December 31, 2019**, 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.


Officer's Signature-Treasurer

Sworn to and subscribed before me this 3rd day of April, 2020



NOTARY PUBLIC SIGNATURE & SEAL

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 _____

Please Complete This Section
Officer's Name _____
Officer's Title _____
Address _____
City, Zip _____
Ph: Cell/Land _____
E-mail _____

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

(Agency Name)

Statement of Cash Receipts and Disbursements

For the Year Ended

December 31, 2019

(Year-End)

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
RECEIPTS (Provide Brief Description):			
1. Public Funds	\$ 10,000	\$	\$ 10,000
2. Direct Program Fee for Service Contracts	112,250		112,250
2. Rental Income	27,176		27,176
3. Individual & Private Business Contributions	32,692		32,692
4. Fundraising Activities	30,236		30,236
5. Other Miscellaneous Revenue	34		349
6. Total receipts (add lines 1 - 5)	<u>\$ 212,703</u>	<u>\$</u>	<u>\$ 212,703</u>
DISBURSEMENTS (Provide Brief Description):			
7. Program Expense	\$ 134,133	\$	\$ 134,133
8. Facility Expense	18,559		18,559
9. General & Administrative	29,432		29,432
10. Fundraising Activities	4,118		4,118
11.			
12.			
13. Total Disbursements (add lines 7 - 12)	<u>\$ 186,242</u>	<u>\$</u>	<u>\$ 186,242</u>
14. Change in fund balance (Lines 6 minus 13)	\$ 26,461	\$	\$ 26,461
15. Fund Balance at beginning of year	\$ 66,977	\$	\$ 66,977
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ 93,438	\$	\$ 93,438

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

(Agency Name)

Balance Sheet, on December 31, 2019

(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	\$ 71,445	\$	\$ 71,445
2. Accounts Receivable	10,917		10,917
2. Prepaid Insurance	10,107		10,107
3. Leasehold Improvements	5,564		5,564
4. Equipment -Computers & Office Equipment	12,450		12,450
5. Other – Accumulated Depreciation	(9,035)		(9,035)
6. Total Assets (add lines 1 - 5)	<u>\$ 101,448</u>	<u>\$</u>	<u>\$ 101,448</u>
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):			
8. Accounts Payable	\$ 3,247	\$	\$ 3,247
9. Payroll Liabilities	4,763		4,763
10.			
11. Total Liabilities (add lines 7 - 10)	8,010		8,010
12. Fund balance (amount from Line 16 on Statement A)	93,438		93,438
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$ 101,448</u>	<u>\$</u>	<u>\$ 101,448</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, 2019

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 – cell phone \$40/month	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.

X 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.)