St. Bernard Parish Home Mortgas (Entity Name)

Chaluette, La St. Bunard Parish, Parish/State)

2094

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

(Date) JUNE 25, 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 March 31, 2020 (entity's year-end). The statements include all funds under the control of this entity. The accompanying financial statements have been prepared on the cash basis of accounting.

Sincerely,

Officer's Signature

Officer's Name

Enclosures

PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENT FOR YOUR RECORDS

Affidavit and Revenue Certification

St. Bernard Parish Home Mort	gaze authority ENTITY NAME				
St. Serna	<u>rd</u> Parish				
Challette, Lh (City), State					
ANNUAL SWORN FINANCIAL STATEMENTS AND CERTIFICATION OF REVENUES \$75,000 OR LESS	(if applicable)				
	by Louisiana Revised Statute 24:514 to be filed with the ne fiscal year. The certification of revenues of \$75,000 or tatute 24:513(J)(1)(c)(i)(aa).				
fairly the financial position of X. Deland Callsk	says that the financial statements herewith given present Home Wetness (a) the (enter entity name) as of), and the results of operations for the year then ended, in				
(Complete if applicable) In addition, Howard Lund, (officer name), who, duly sworn, deposes and says that the courses for the year ended March 3 100 , and accordingly, is not required to have an audit for the previously mentioned year. Officer's Signature					
Sworn to and subscribed before me this day of June, 2020. WILLIAM MARTIN MCGOEY Louisiana Notary Public ID# 12496					
LSBA# 14203					
NOTARY PUBLIC SIGNATURE & SEADmmissioned for life					
For Office Use Only	Please Complete This Section				
Under provisions of state law, this report will become a public document on the	Officer's Name				
Monday following the release date. A copy of the report will be submitted to	Officer's Title				
appropriate public officials and be available for public inspection at the Baton	Address				
Rouge office of the Louisiana Legislative Auditor and, where appropriate, at the office of the parish clerk of court.	City, Zip Ph: Cell/Land				
Release Date 9/9/2020	E-mail				

St. beinard Parish	Mortgage	authority
(Agency Name)	- 0 V	9

Statement of Cash Receipts and Disbursements For the Year Ended MMM 31, 20 20 (Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description): 1. CAFA down payment USSIST program 2. JPFA n a a a 3. THErest 4.	\$ 1644.78 \$ 426.12 33.33	0	\$1644.18 426.12 33.33
5. 6. Total receipts (add lines 1 - 5)	\$ 2104.32 \$	Ð	\$2104.32
DISBURSEMENTS (Provide Brief Description): 7. DOWN SUC ONA 8. JPR Enterprises UC - advertising 9. Sign Express Dusted 10. 11.	\$ 38.45 \$ <50.00 440.00	9	\$ 38,45
12. 13. Total Disbursements (add lines 7 - 12)	s 993.85 s	e	\$ 993.85
 14. Change in fund balance (Lines 6 minus 13) 15. Fund Balance at beginning of year 16. Fund balance (deficit) at end of year (Add lines 14-15) —This amount also goes on line 12, Statement B 	\$ 1110.47 \$ \$10,768.34 \$ \$111,878.81 \$	8 8	\$ 1110.47 \$110,768.34 \$111,878.81

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A. Armud Lui (Agency Name)	ish House M	ortyax	author 4
Balance Sheet, on (Year-End)	March	31,202	W

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description: 1. Cash and cash equivalents on hand	\$111.878.81	\$ D	\$111,818,81
Investments (fair value) on hand			
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			<u> </u>
5. Other (brief description)			10000
6. Total Assets (add lines 1 - 5)	\$ 111,878.81	\$ =	\$11,878.8
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (give brief description): 8. 9.	\$	\$ -	\$ -
10.			
11. Total Liabilities (add lines 7 - 10)	***************************************		
12. Fund balance (amount from Line 16 on Statement A)	111.878.81		111.878.81
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$111.878.81	\$ ~	\$111,878.81

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St. Bernard	Parish	Home	Mortgage	awth.	(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 Moude 31, 1020 (Year-End)

Agency Head Name and Title: Howard . LUNA Charfwan

Purpose	Dollar Amount
1. Salary	1.
2. Benefits-insurance	2.
3. Benefits-retirement	3.
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.)