LOUISIANA LEGISLATIVE AUDITOR

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

Entity Name: HAPPI LLANDERS INC

Address: PO Box 1547 ST. FRANCISVILLE LA 70775

Telephone: 225-635-2301 Email: happillandiers inc@gmail.com
happillandiersinc@gmail.com

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, HELEN WHITFIELD (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 HAPPI LLANDIERS, INC. (entity's name) as of 12-31-24 (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, HELEN WHITFIELD (officer's name), who duly sworn, deposes, and says that HAPPI LLANDIERS, INC. (entity's name) received $75,000 or less in revenues and other sources for the year ended 12-31-24 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

Helen Whitfield
OFFICER'S SIGNATURE

Director
OFFICER'S TITLE

Sworn to and subscribed before me, this 12TH day of August, 2025

D64515
NOTARY PUBLIC SIGNATURE
Gaen F. Seller

Entity Name: HAPPI LLANDIERS INC Fiscal Year End: 12-31-24

Statement of Receipts and Disbursements **Statement A**

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. WFP GOVERNMENT	51,836		
2. CONTRIBUTIONS	2,654		
3. DUES	1,587		
4. SCHOLARSHIPS	-0-		
5.			
6. **Total receipts** (add lines 1 - 5)	56,077		
DISBURSEMENTS (Provide Brief Description):			
7. WAGES - TAXES	21,829		
8. INSURANCE	2,224		
9. HOUSING/ELDERLY ASSIST	5,167		
10. SCHOLARSHIPS, UNIFORMS, ETC	13,697		
11. OFFICE, PROF, GEN ADMIN	4601		
12.			
13. **Total Disbursements** (add lines 7 - 12)	47,518		
14. Change in fund balance (Lines 6 minus 13)	8559		
15. Fund Balance at beginning of year	77,583		
16. Fund balance (deficit) at end of year (Add lines 14-15) –This amount also goes on line 12, Statement B	86,142		

Identify the Basis of Accounting, if not using Cash-Basis: _____

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.*

Entity Name: HAPPI LLANDERS INC Fiscal Year End: 12-31-24

Balance Sheet **Statement B**

	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
1. Cash and cash equivalents	87,296		
2. Investments (fair value) SECURITY DEP	100		
3. Office furnishings (Cost of desks, etc)	1,947		
Accum DEPR	(1,947)		
4. Equipment (Cost of fax machine, etc)	27,554		
Accum. DEPR.	(27,554)		
5. Other (brief description) AR - UNDER FUNDS	(1327)		
6. **Total Assets** (add lines 1 - 5)	87,264		
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (brief description):			
8. PAYROLL TAX	1,122		
9.			
10.			
11. **Total Liabilities** (add lines 7 - 10)	1,122		
12. Fund balance (amount from Line 16 on Statement A)	86,142		
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	87,264		

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name, Title: HELEN WHITFIELD- DIRECTOR

Purpose	Dollar Amount
1. Salary	9600
2. Benefits-insurance	
3. Benefits-retirement	
4. Benefits-other (describe)	
5. Benefits-other (describe)	
6. Benefits-other (describe)	
7. Car allowance	
8. Vehicle provided by government (if reported on your W-2)	
9. Per diem	
10. Reimbursements	
11. Travel	
12. Registration fees	
13. Conference travel	
14. Housing	
15. Unvouchered expenses (example: travel advances, etc.)	
16. Special meals	
17. Other	
18. TOTAL (enter total of line 1-17)	9600

_____ **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.)