

EAST ST. TAMMANY HABITAT FOR HUMANITY, INC.
SLIDELL, LOUISIANA

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

(Date) 12-18-2020

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 June 30, 2020. 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

Kentrell Jones

Officer's Name

Enclosures

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

Affidavit and Revenue Certification

EAST ST. TAMMANY HABITAT FOR HUMANITY, INC.
ST. TAMMANY PARISH
SLIDELL, LOUISIANA

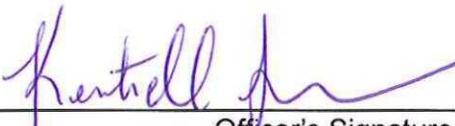
**ANNUAL SWORN FINANCIAL STATEMENTS AND
CERTIFICATION OF REVENUES \$75,000 OR LESS (if applicable)**

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, Kentrell Jones, who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of EAST ST. TAMMANY HABITAT FOR HUMANITY, INC. as of June 30, 2020, 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, _____, (officer name), who, duly sworn, deposes and says that _____ (entity name) received \$75,000 or less in revenues and other sources for the year ended _____, and accordingly, is not required to have an audit for the previously mentioned year.



Officer's Signature

Sworn to and subscribed before me this 18th day of December, 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 <u>1/6/2021</u>

Please Complete This Section
Officer's Name <u>Kentrell Jones</u>
Officer's Title <u>Executive Director</u>
Address <u>440 Brownswitch</u>
City, Zip <u>Slidell, LA 70458</u>
Ph: Cell/Land _____
E-mail _____

EAST ST. TAMMANY HABITAT FOR HUMANITY, INC.

**Statement of Cash Receipts and Disbursements
For the Year Ended June 30, 2020**

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
RECEIPTS (Provide Brief Description):			
1. Health and Human Services Intern Grant	\$ 2,932	\$	\$ 2,932
2.			
3.			
4.			
5.			
6. Total receipts (add lines 1 - 5)	<u>\$ 2,932</u>	<u>\$</u>	<u>\$ 2,932</u>
DISBURSEMENTS (Provide Brief Description):			
7.	\$ 2,932	\$	\$ 2,932
8.			
9.			
10.			
11.			
12.			
13. Total Disbursements (add lines 7 - 12)	<u>\$ 2,932</u>	<u>\$</u>	<u>\$ 2,932</u>
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	\$ -	\$	\$ -

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

EAST ST. TAMMANY HABITAT FOR HUMANITY, INC.

Balance Sheet, on June 30, 2020

	<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	\$ -	\$ -	\$ -
2. Investments (fair value) on hand			
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description)			
6. Total Assets (add lines 1 - 5)	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
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)			
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

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

EAST ST. TAMMANY HABITAT FOR HUMANITY, INC.

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 June 30, 2020

Agency Head Name and Title: Kentrell Jones

Purpose	Dollar Amount
1. Salary	1. 0
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. 0

____ 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.)

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