

Affidavit and Revenue Certification

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Habitat for Humanity Calcasieu Area, Inc. ENTITY NAME
Calcasieu Parish
Lake Charles, LA (City), State

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, Ralph J. Williams (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Habitat for Humanity Calcasieu Area, Inc. (enter entity name) as of June 30, 2018 (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.

(Complete if applicable)

In addition, Ralph J. Williams (officer name), who, duly sworn, deposes and says that Habitat for Humanity Calcasieu Area, Inc. (entity name) received \$75,000 or less in revenues and other sources for the year ended June 30, 2018, and accordingly, is not required to have an audit for the previously mentioned year.

Ralph J. Williams
Officer's Signature

Sworn to and subscribed before me this 25 day of September, 2018.

E. Traub
Elizabeth K. Traub
Notary No. 88765 NOTARY PUBLIC SIGNATURE & SEAL
La. Bar Roll 32259

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 OCT 10 2018

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

Habitat for Humanity Calcasieu Area, Inc.
(Agency Name)

Statement of Cash Receipts and Disbursements
For the Year Ended June 30, 2018
(Year-End)

| | General Fund | Other Fund | Total |
|--|-------------------------|-----------------------|--------------|
| RECEIPTS (Provide Brief Description): | | | |
| 1. Sales of Homes | \$ 325,674 | \$ | \$ |
| 2. Rental and Other Program Income | 44,974 | | |
| 3. Sponsorships and Donations | 66,677 | | |
| 4. City and Parish Grant Revenues | — | | |
| 5. See Attached Schedule | 205,795 | | |
| 6. Total receipts (add lines 1 - 5) | \$ 643,120 | \$ | \$ |
| DISBURSEMENTS (Provide Brief Description): | | | |
| 7. Program Payroll Expense | \$ 134,245 | \$ | \$ |
| 8. Costs of Construction | — | | |
| 9. Other Program Expense | 150,221 | | |
| 10. General and Administrative Expenses | 97,473 | | |
| 11. Restore Expenses | 274,695 | | |
| 12. | | | |
| 13. Total Disbursements (add lines 7 - 12) | \$ 656,634 | \$ | \$ |
| 14. Change in fund balance (Lines 6 minus 13) | \$ (13,514) | \$ | \$ |
| 15. Fund Balance at beginning of year | \$ 2,800,331 | \$ | \$ |
| 16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B | \$ 2,786,817 | \$ | \$ |

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

Habitat for Humanity Calcasieu Area, Inc.
(Agency Name)

Balance Sheet, on 6/30/2018
(Year-End)

| | General Fund | Other Fund | Total |
|---|---------------------|---------------|-----------|
| ASSETS (balances at year-end) -Give brief description: | | | |
| 1. Cash and cash equivalents on hand | \$ 507,137 | \$ | \$ |
| 2. Investments (fair value) on hand | — | | |
| 3. Office furnishings (Cost of desks, etc) | — | | |
| 4. Equipment (Cost of fax machine, etc) | 23,860 | | |
| 5. Other (brief description) See Attached Schedule | 2,383,072 | | |
| 6. Total Assets (add lines 1 - 5) | <u>\$ 2,914,069</u> | <u>\$</u> | <u>\$</u> |
| LIABILITIES AND FUND BALANCE (at year-end): | | | |
| 7. Liabilities (give brief description): | | | |
| 8. Credit Card and Other Payables | \$ 13,238 | \$ | \$ |
| 9. Payroll Taxes Payable | 148 | | |
| 10. See Attached Schedule | 128,259 | | |
| 11. Total Liabilities (add lines 7 – 10) | 141,645 | | |
| 12. Fund balance (amount from Line 16 on Statement A) | 2,786,817 | | |
| 13. Other: Prior Period Adjustment | (14,393) | | |
| 14. Total Liabilities and Fund Balance (add lines 11 - 13) | <u>\$ 2,914,069</u> | <u>\$</u> | <u>\$</u> |

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

Habitat for Humanity Calcasieu Area, Inc.

Statement A

Statement of Cash
Receipts and
Disbursements

5.

| | |
|-----------------|---------|
| Restore Income | 197,696 |
| Other Income | 8,000 |
| Interest Income | 99 |
| | <hr/> |
| | 205,795 |
| | <hr/> |

Statement B

Balance Sheet

Assets

5. Other

| | |
|--------------------------|-----------|
| Mortgages Receivable | 1,389,415 |
| Land | 110,196 |
| Residential Properties | 393,945 |
| Prepaid Amounts | 13,897 |
| Construction in Progress | 475,619 |
| | <hr/> |
| | 2,383,072 |
| | <hr/> |

Liabilities

10.

| | |
|---------------------------|---------|
| Sales Tax Payable | 314 |
| Accrued Leave | 14,426 |
| Homeowner Escrow Accounts | 78,970 |
| Notes Payable | 34,549 |
| | <hr/> |
| | 128,259 |
| | <hr/> |

Habitat for Humanity Calcasieu Area, 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 June 30, 2018 (Year-End)

Agency Head Name and Title: _____

| 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 | 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.)

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