

Affidavit and Revenue Certification

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HAPPI LIANDIERS, INC. ENTITY NAME
WEST FELICIANA Parish
ST FRANCISVILLE, 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, Helen Whitfield (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of HAPPI LIANDIERS, INC. (enter entity name) as of DEC 31, 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, Helen Whitfield (officer name), who, duly sworn, deposes and says that HAPPI LIANDIERS, INC (entity name) received \$75,000 or less in revenues and other sources for the year ended DEC 31, 2018, and accordingly, is not required to have an audit for the previously mentioned year.

Helen Whitfield Officer's Signature



Sworn to and subscribed before me this 26th day of March, 2019.

Pepper Miller NOTARY PUBLIC SIGNATURE & SEAL

Pepper Miller #92949 Ex-Officio Notary Expires June 30, 2020 Notary attest to signature only

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 APR 17 2019

Please Complete This Section Officer's Name Helen Whitfield Officer's Title Director Address PO Box 1547 City, Zip St. Francisville, LA 70715 Ph: Cell/Land 225-635-2301 E-mail andmae@bellsouth.net

HAPPI LIANDIERS, INC.

(Agency Name)

Statement of Cash Receipts and DisbursementsFor the Year Ended DEC 31, 2018

(Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. <u>UNITED WAY + GRANTS</u>	\$ 9,850	\$	\$
2. <u>WEST FELICIANA POLICE JURY</u>	52,651		
3. <u>MEMBERSHIP DUES</u>	2,215		
4. <u>GENERAL CONTRIBUTIONS</u>	6,021		
5.			
6. Total receipts (add lines 1 - 5)	<u>\$ 70,737</u>	<u>\$</u>	<u>\$</u>
DISBURSEMENTS (Provide Brief Description):			
7. <u>WAGES + TAXES</u>	\$ 26,730	\$	\$
8. <u>HOUSING ASSIST, CLOTHING, MEDICINE</u>	7,350		
9. <u>SUMMER CAMP, BACK TO SCHOOL, FIELD TRIPS</u>	20,921		
10. <u>INSURANCE</u>	2,922		
11. <u>SCHOLARSHIPS + DONATIONS</u>	1,050		
12. <u>OFFICE, PROF, + GENERAL ADMIN</u>	5,218		
13. Total Disbursements (add lines 7 - 12)	<u>\$ 64,191</u>	<u>\$</u>	<u>\$</u>
14. Change in fund balance (Lines 6 minus 13)	\$ 6,546	\$	\$
15. Fund Balance at beginning of year	\$ 52,091	\$	\$
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	<u>\$ 58,637</u>	<u>\$</u>	<u>\$</u>

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

HAPPI LIANDIERS, INC.
 (Agency Name)

Balance Sheet, on DEC 31, 2018
 (Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 58,900	\$	\$
2. Investments (fair value) on hand <u>SEC DEP</u>	100		
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description) <u>AR + UNDEP FUNDS</u>	(132)		
6. Total Assets (add lines 1 - 5)	<u>\$ 58,868</u>	\$	\$
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):			
8. <u>PIR TAX</u>	\$ 371	\$	\$
9.			
10.			
11. Total Liabilities (add lines 7 - 10)	371		
12. Fund balance (amount from Line 16 on Statement A)	58,637		
13. Other <u>PRIOR YEAR ADJ</u>	(140)		
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$ 58,868</u>	\$	\$

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HAPPI LIANDKERS, 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 DEC 31, 2018 (Year-End)

Agency Head Name and Title: HELEN WHITFIELD DIRECTOR

Purpose	Dollar Amount
1. Salary	1. 9,600
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 <u>SUMMER ENRICHMENT</u>	17. 100
18. TOTAL (enter total of line 1-17)	18. 9,700

_____ 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.)

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