6059-19

HAPPI	LIANDIERS, INC	(Entity Name)
ST. FRANCIS	VILLE W. FELICIANA LA	(City, Parish/State)

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

(Date) 1 9 7020

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 Dec 31, 2019 (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, Title

Enclosures

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

Affidavit and Revenue Certification

HAPPI LIANDIER INC	ENTITY NAME		
WEST FELL	CIANA Parish		
ST. FRANCIS	Parish NULL (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 HAPPILIAN	says that the financial statements herewith given present NDIERS INC. (enter entity name) as of), and the results of operations for the year then ended, in		
(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, 2019, and accordingly, is not required to have an audit for			
Sworn to and subscribed before me this day of,			
NOTARY PUBLIC SIGNATURE & SEAL Chen F. Sellas			
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		
onday following the release date. A copy of the report will be submitted to peropriate public officials and be available for public inspection at the Baton Address			
Rouge office of the Louisiana Legislative Auditor and, where appropriate, at the	City, Zip		
office of the parish clerk of court.	Ph: Cell/Land		
Reicase Date 08-19-2020	E-mail		

HAPPI	LIANDIERS,	INC
(Agency Name)		

Statement of Cash Receipts and Disbursements For the Year Ended DEC 31 2019 (Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. WEST FELICIANA POLICE JURY	\$ 44867	\$	_ \$
2. LYFE -MAKING A DIFFERENCE 3. LINITED WAY GRANTS	19966		
3. UNITED WAY GRANTS	4025		
4. MEMBERSHIP DUES	2038		
5. GENERAL CONTRIBUTIONS FUNDRAISERS	20,379		
6. Total receipts (add lines 1 - 5)	\$ 91275	\$	\$
DISBURSEMENTS (Provide Brief Description): 7. WAGES + TAXES	\$ 39351.	\$	\$
8 LIGHTING ACCT CLATHING MADICING	0720	<u> </u>	
9. SUMMER CAMP BACK TO SCHOOL FIELD	34.42.2		
10. INSURANCE TRIPS	2768	***************************************	
11. JCHOLARSHIPS - DONATIONS	250		
12 OFFICE PROF - GENERAL ADMIN	8866		
13. Total Disbursements (add lines 7 - 12)	\$ 84687	\$	\$
14. Change in fund balance (Lines 6 minus 13)	\$ - 4581	\$	\$
15. Fund Balance at beginning of year	\$ 58 49 7	\$	\$
16. Fund balance (deficit) at end of year (Add lines 14-15)			
This amount also goes on line 12, Statement B	\$ 65.084	\$	\$

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HAPPI LIANDIERS INC			
(Agency Name)			
Balance Sheet, on _ (Year-End)	DEC. 31, 2019		

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:	6 1.EESG	æ	\$
1. Cash and cash equivalents on hand	\$ 65538	<u>a</u>	<u> </u>
2. Investments (fair value) on hand SEC DEP	100		
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)	-7764		
5. Other (brief description) AIR + UNDEP FUNDS	21327		
6. Total Assets (add lines 1 - 5)	\$ 65506	\$	\$
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (give brief description): 8. PRTAX	s 422	\$	\$
9.			
10.		water the state of	
11. Total Liabilities (add lines 7 - 10)	422		
12. Fund balance (amount from Line 16 on Statement A)	65.084		
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 65506	\$	\$

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

LIANDIER	_ (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 DGC. 31 2019 (Year-End)

Agency Head Name and Title: HELEN WHITFIELD DIRECTOR

Purpose	Dollar Amount
1. Salary	1. 9600
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 LYTHE	17. 3270
18. TOTAL (enter total of line 1-17)	18. 12870

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 (quasipublic) entities to report on the Act 706 schedule only those payments to the agency head that are derived from the public funds.)