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Affidavit and Revenue Certification

Habitat for Humanity Calcasieu Area Inc.
Calcasieu Parish
Lake Charles, LA

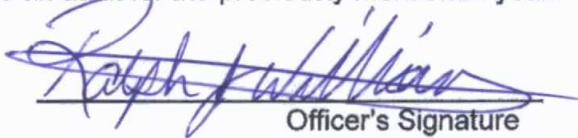
**ANNUAL SWORN FINANCIAL STATEMENTS AND
CERTIFICATION OF REVENUES \$75,000 OR LESS (if applicable)**

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 Williams, (President), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Habitat for Humanity Calcasieu Area Inc. as of June 30, 2019, 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 Williams, (President) who, duly sworn, deposes and says that Habitat for Humanity Calcasieu Area Inc. received \$75,000 or less in revenues and other sources for the year ended June 30, 2019, and accordingly, is not required to have an audit for the previously mentioned year.


Officer's Signature

Sworn to and subscribed before me this 25 day of September, 2019.


NOTARY PUBLIC SIGNATURE & SEAL
LA. BAR # 26006

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 _____

Please Complete This Section
Officer's Name <u>Ralph Williams</u>
Officer's Title <u>President</u>
Address <u>3551 Ave. C</u>
City, Zip <u>LAKE CHARLES, LA. 70615</u>
Ph: Cell/Land <u>337-497-0129</u>
E-mail <u>ralph.icaHN@gmail.com</u>

Habitat for Humanity Calcasieu Area Inc.

Statement of Cash Receipts and Disbursements
For the Year Ended June 30, 2019

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. Rental and Other Program Income	\$ 123,111	\$	\$
2. Sponsorship and Donations	18,168		
3. Restore Income	54,867		
4.			
5.			
6. Total receipts (add lines 1 - 5)	<u>\$ 196,146</u>	<u>\$</u>	<u>\$</u>
DISBURSEMENTS (Provide Brief Description):			
7. Program Payroll Expense	\$ 204,298	\$	\$
8. Other Program Expenses	69,860		
9. General and Administrative Expenses	187,494		
10. Restore Expenses	165,677		
11.			
12.			
13. Total Disbursements (add lines 7 - 12)	<u>\$ 627,329</u>	<u>\$</u>	<u>\$</u>
14. Change in fund balance (Lines 6 minus 13)	\$ -431,183	\$	\$
15. Fund Balance at beginning of year	\$ 2,786,817	\$	\$
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ 2,355,634	\$	\$

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

Habitat for Humanity Calcasieu Area Inc.

Balance Sheet, on June 30, 2019

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 224,750	\$	\$
2. Investments (fair value) on hand	0		
3. Office furnishings (Cost of desks, etc)	0		
4. Equipment (Cost of fax machine, etc)	53,380		
5. Other (brief description)	2,199,776		
6. Total Assets (add lines 1 - 5)	\$ 2,477,906	\$	\$
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):			
8. Credit Card and Other Payables	\$ 25,814	\$	\$
9. Accrued Leave	14,427		
10. See Attached Schedule	82,031		
11. Total Liabilities (add lines 7 - 10)	122,272		
12. Fund balance (amount from Line 16 on Statement A)	2,355,634		
13. Other Prior Period Adjustments			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 2,477,906	\$	\$

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Habitat for Humanity Calcasieu Area 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, 2019

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.)

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Habitat for Humanity Calcasieu Area, Inc.

Statement B

Balance Sheet

Assets

5. Other

Mortgages Receivable	1,078,159
Land	146,557
Residential Properties	393,946
Prepaid Amounts	14,761
Construction in Progress	566,353
	<u>2,199,776</u>

Liabilities

10.

Homeowner Escrow Accounts	61,384
Notes Payable	20,647
	<u>82,031</u>