Affidavit and Revenue Certification

Huntington Park Homeowners Association ENTITY NAME Orleans, Parish New Orleans, LA (City), State

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

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

office of the parish clerk of court.

Release Date

Rouge office of the Louisiana Legislative Auditor and, where appropriate, at the

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, JERBY (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Huntruth VALL Holles Med Fox (enter entity name) as of (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) , (officer name), who, duly sworn, deposes and says that In ₃additibn, (entity name) received \$75,000 or less in revenues and other and accordingly, is not required to have an audit for sources for the year ended the previously mentioned year. Officer's Signature Sworn to and subscribed before me this day df Jeffrey G. Douglas MOTARY PUBLIC State of Louisiana UBLIC SIGNATURE & SEAL Please Complete This Section For Office Use Only Officer's Name Jerry Williams Under provisions of state law, this report will become a public document on the

Officer's Title President-Board of Directors

wmsinfo@hotmail.com

Address 7163 Parkside Court

504.418.8551

70127

City, Zip

Ph: Cell

E-mail

<u>Huntington Park Homeowners Association</u> (Agency Name)

Statement of Cash Receipts and Disbursements For the Year Ended 12/31/2018 (Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):	# 20 F 00 00	•	#20 F00 00
1.Association Fees	\$30,500.00	\$	\$30,500.00
2.			
3.	2 1	- 0	-
4.		-	
5.	\$00.500.00		# 00 F00 00
6. Total receipts (add lines 1 - 5)	\$30,500.00	\$	\$30,500.00
DISBURSEMENTS (Provide Brief Description): 7.General Expenses, Utilities, Vendors	\$34,795.55	\$	\$34,795.55
8.			
9.	-		
10.			" - "
11.	·		*
12.	***************************************		
13. Total Disbursements (add lines 7 - 12)	\$34,795.55	\$	\$34,795.55
44.01	* (* 4 * 00 * * 55)	•	(04.005.55)
14. Change in fund balance (Lines 6 minus 13)	\$(\$4,295.55)	\$	(\$4,295.55)
15. Fund Balance at beginning of year	\$4,280.80	\$	\$4,280.80
16. Fund balance (deficit) at end of year (Add lines 14-15)This amount also goes on line 12, Statement B	(\$14.75)	\$	(\$14.75)

Huntington Park Homeowners Association

(Agency Name)

Balance Sheet, on 12/31/2018

(Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
Cash and cash equivalents on hand	\$5,248.34	\$	\$5,248.34
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)	\$5,248.34	\$	\$5,248.34
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (give brief description):			
8.	\$0.00	\$	\$0.00
9.			
10.			
11. Total Liabilities (add lines 7 - 10)	\$0.00		\$0.00
12. Fund balance (amount from Line 16 on Statement A)	(\$14.75)		(\$14.75)
13. Other	\$0.00		\$0.00
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$(14.75)	\$	(\$14.75)

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

Huntington Park Homeowners Association (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 <u>12/31/2018</u> (Year-End)

Agency Head Name and Title: Jerry Williams, President

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.

 $\sqrt{}$ 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.)