Entity Name	: HAPP	HAPPI LLANDIERS INC				
Address:	PD BOX 1547	ST FRANCISVILLE LA 70775				
Telephone:	225-635-23	01 Email: and mae @ bellsouth.net				

This annual sworn financial statement is required to be filed with the Legislative Auditor within 90 days of the end of the entity's fiscal year by sending a pdf copy by email to <u>ereports@lla.la.gov</u>, faxing to 225-339-3986, or mailing to Louisiana Legislative Auditor – Local Government Services, P.O. Box 94397, Baton Rouge, LA 70804-9397.

AFFIDAVIT

Personally came and appeared before the undersigned authority, $\underline{Aelen Whittiek}$ (officer's name), who, duly sworn, deposes and says that the financial statements herewith given present fairly, in all material respects, the financial position of $\underline{Divectov Happi Marolier5}$ (entity's name) as of $\underline{AO22}$ (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; that the entity has maintained a system of internal control structure sufficient to safeguard assets and comply with laws and regulations; and that the entity has complied with all laws and regulations, except as follows:

<u>Complete if Applicable:</u> In addition, <u>Helen Whitfield</u> (officer's name), who duly sworn, deposes, and says that <u>Happi Llandiers InC</u>. (entity's name) received \$75,000 or less in revenues and other sources for the year ended <u>2022</u> (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

Sworn to and subscribed before me, this 14^{T2} day of 4pri,20 23

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NOTARY PUBLIC SIGNATURE & SEAL Gren F. Selles

Please submit a pdf copy of the completed form to: ereports@lla.la.gov - Updated 12/20

Statement of Receipts and Disbursements

Statement A

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):	\$ 51446	\$	\$
1. WEP GOVERNMENT	\$ 51,746 2345	<u> </u>	<u> </u>
2. CUNTRIBUTIONS 3. DUES	Construction and the second		
	1,807 500		
4. JCHOLARSHIPS	Automotion and a second state of a second state		
5. OTHER INCOME 6. Total receipts (add lines 1 - 5)	\$ 58 331	\$	\$
7. WAGES & TAXES 8. INSURANCE 9. HOUSING/ELDERLY ASSISTANCE	\$ 26,731 2,276 1)115	<u>\$</u>	
10. SCHOLARSHIP LINIFORMS ETC.	12440		
10. SCHOLARSHIP, LINIFORMS, ETC. 11. OFFICE, PROF, GEN ADMIN	12 490 4969		
	· · · · · · · · · · · · · · · · · · ·	\$	\$
 11. OFFICE, PROF, GEN ADMIN 12. 13. Total Disbursements (add lines 7 - 12) 	4969	\$	<u>\$</u> \$\$
11. OFFICE, PROF, GEN ADMIN 12.	4969 \$ 57,580		

Identify the Basis of Accounting, if not using Cash-Basis:

NOTE: If the entity receives any funds from pre- or post-adjudication court costs, fines, and/or fees, the entity must use one or more of the following categories in the receipts description fields: *Civil Fees; Bond Fees; Asset Forfeiture/Sale; Pre-Trial Diversion Program; Criminal Court Costs/Fees; Criminal Contempt Fines; Other Criminal Fines; Restitution; and Probation/Parole/Supervision Fees.*

Statement B

Balance Sheet

	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
1. Cash and cash equivalents	\$ 71,805	\$	\$
2. Investments (fair value) SECURITY DEPOSIT	100		
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description) AR + UNDER FUNDS	(132)		
6. Total Assets (add lines 1 - 5)	\$ 71,773	\$	\$
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (brief description):	\$	\$	\$
8. PAYROLL TAX	613	-	
9.	-		
10.	• ••••••••••••••••••••••••••••••••••••		
11. Total Liabilities (add lines 7 - 10)	613		
12. Fund balance (amount from Line 16 on Statement A)	11,295		
13. Other PRIOR PERIOD ADJ	(135)		
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 71773	\$	\$

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Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: HELEN WHITFELD - DIRECTOR

Purpose	Dollar Amount	
1. Salary	1. 9600	
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. 9600	

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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