Entity Name:	HAPPI LLANDIERS INC
Address: Po F	30% 1547 ST FRANCISVILLE LA 70775
Telephone: 225.	-635-2301 Bmail: happillandiers@gmail.com
of the end of the entit	nancial statement is required to be filed with the Legislative Auditor within 90 days by solves fiscal year by sending a pdf copy by email to ereports@lla.la.gov, faxing to 225-g to Louisiana Legislative Auditor — Local Government Services, P.O. Box 94397, 204-9397.
K	AFFIDAVIT
Personally came an	nd appeared before the undersigned authority, Helen Whitfield
	o, duly sworn, deposes and says that the financial statements herewith given present
	al respects, the financial position of Happi Wandiers Inc
	(entity's year-end) and the results of operations for the year
	dance 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 v	with laws and regulations; and that the entity has complied with all laws and
regulations, except as	follows:
	ble: In addition, Helen Whitfield (officer's name), who duly
sworn, deposes, and s	ays that Happi Wanding Inc (entity's name) received \$75,000
or less in revenues as	nd other sources for the year ended 3033 (entity's year-end), and
accordingly, is not req	quired to have an audit for the previously mentioned fiscal year.
Veley OFFICER'S SIGNAT	Whitfield Director OFFICER'S TITLE
	V
Sworn to and subscrib	ped before me, this 1st day of April , 2024
Mm H	#064515
NOTARY PUBLICS	IGNATURE & SEAL
Minera A 1 no.	

Statement of Receipts and Disbursements

Statement A

	V-	General Fund	 Other Fund	Total
RECEIPTS (Provide Brief Description):				
1. WEP GOVERNMENT	\$	58.922	\$	\$
2. CONTRIBLITIONS		2203		
3. DUES		1992		
4. SCHOLERSHIPS		87		
5.				
6. Total receipts (add lines 1 - 5)	\$	63204	\$	\$
DISBURSEMENTS (Provide Brief Description): 7. WAGES 4 TRXES 8. INSURANCE	\$	26731 . 2224	\$ *	\$
9. HOUSING ELDERLY ASSIST		4200		
10. SCHOLARSHIP UNIFORMS ETC.		18613		
11. OFFICE PROF, GEN ADMIN		5013	And the second second	-0-
12.	Olivera Pro-			
13. Total Disbursements (add lines 7 - 12)	\$	56781	\$	\$
14. Change in fund balance (Lines 6 minus 13)	\$	6423	\$	\$
15. Fund Balance at beginning of year	\$	71295	\$ 	\$
 16. Fund balance (deficit) at end of year (Add lines 14-15) This amount also goes on line 12, Statement B 	\$	77718	\$	\$

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rection)	nic hasis	or Accounting,	II HOLUSHIY	Gabil"Dabib.	

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.

Balance Sheet					Statement B
		General Fund		Other Fund	Total
ASSETS (balances at year-end)					
1. Cash and cash equivalents	\$	78227	\$		\$
2. Investments (fair value) SECURITY DEP		100			
3. Office furnishings (Cost of desks, etc)					
4. Equipment (Cost of fax machine, etc)				227	
5. Other (brief description) AR+ UNDER FUNDS		(130)	20		
6. Total Assets (add lines 1 - 5)	\$	78995	\$		\$
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (brief description):	\$		\$		\$
8. PAYROLL TAX		612			
9.	-				
10.			7724 N	505.WS	510
11. Total Liabilities (add lines 7 - 10)		612			
12. Fund balance (amount from Line 16 on Statement A)		77718			
13. Other PRIOR PERIOD AD)		4357			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$	78195	\$		\$

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: HELEN WHITFIELD-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.)