

Greater New Orleans Biosciences
Economic Development District
dba Biodistrict New Orleans _____ (Entity Name)

New Orleans, LA 70112 _____ (City, Parish/State)

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

(Date) 03/29/2018

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 December 31, 2017 (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

Dr. Gene D'Amour

Officer's Name

Enclosures

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

Please return the completed form within 90 days of your entity's year-end to Louisiana Legislative Auditor – Local Government Services, Post Office Box 94397, Baton Rouge, LA 70804-9397 - Updated 8/3/16

Affidavit and Revenue Certification

Greater New Orleans Biosciences Economic
Development District (Biodistrict New Orleans)

ENTITY NAME

Orleans Parish
New Orleans, LA (City), State

**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, Dr. Gene D'Amour
(enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Biodistrict New Orleans (enter entity name) as of December 31, 2017 (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.

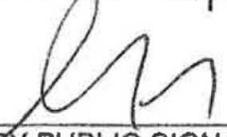
(Complete if applicable)

In addition, Dr. Gene D'Amour (officer name), who, duly sworn, deposes and says that Biodistrict New Orleans (entity name) received \$75,000 or less in revenues and other sources for the year ended December 31, 2017, and accordingly, is not required to have an audit for the previously mentioned year.



Officer's Signature

Sworn to and subscribed before me this 6 day of April, 2018.

 Chris P Amour
NOTARY PUBLIC SIGNATURE & SEAL #26252 Expires Death

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 Dr. Gene D'Amour
Officer's Title Chairman of the Board
Address Xavier University, #1 Drexel Drive
City, Zip New Orleans, LA 70125
Ph: Cell/Land (504) 520-7280
E-mail gdamour@xula.edu

Biodistrict New Orleans

(Agency Name)

Statement of Cash Receipts and DisbursementsFor the Year Ended 12/31/2017

(Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. Business Contributions	\$ 3,000	\$	\$ 3,000
2.			
3.			
4.			
5.			
6. Total receipts (add lines 1 - 5)	\$ 3,000	\$	\$ 3,000
DISBURSEMENTS (Provide Brief Description):			
7. Accounting Fees	\$ 5,500	\$	\$ 5,500
8. Insurance	1,179		1,179
9.			
10.			
11.			
12.			
13. Total Disbursements (add lines 7 - 12)	\$ 6,679	\$	\$ 6,679
14. Change in fund balance (Lines 6 minus 13)	\$ (3,679)	\$	\$ (3,679)
15. Fund Balance at beginning of year	\$ 9,873	\$	\$ 9,873
16. Fund balance (deficit) at end of year (Add lines 14-15)			
--This amount also goes on line 12, Statement B	\$ 6,194	\$	\$ 6,194

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Biodistrict New Orleans

(Agency Name)

Balance Sheet, on 12/31/2017

(Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 6,194	\$ N/A	\$ 6,194
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)	<u>\$ 6,194</u>	<u>\$</u>	<u>\$ 6,194</u>
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):			
8.	\$ 0	\$	\$ 0
9.			
10.			
11. Total Liabilities (add lines 7 - 10)	0		0
12. Fund balance (amount from Line 16 on Statement A)	6,194		6,194
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$ 6,194</u>	<u>\$</u>	<u>\$ 6,194</u>

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Biodistrict New Orleans (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 12/31/2017 (Year-End)

Agency Head Name and Title: Gene D'Amour

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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