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Affidavit and Revenue Certification

Greater New Orleans Biosciences Economic
Development District (Biodistrict New Orleans)
Orleans Parish
(New Orleans), LA

LEGISLATIVE AUDITOR
2019 APR 8 AM 8:08

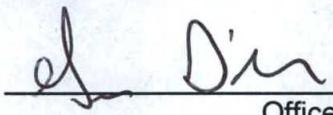
**ANNUAL SWORN FINANCIAL STATEMENTS AND
CERTIFICATION OF REVENUES \$75,000 OR LESS** (if applicable)

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, who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Biodistrict New Orleans as of December 31, 2018 and the results of operations for the year then ended, in accordance with the basis of accounting described within the accompanying financial statements.

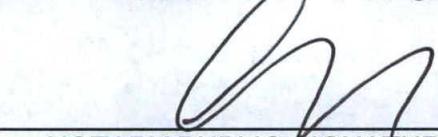
(Complete if applicable)

In addition, Dr. Gene D'Amour, who, duly sworn, deposes and says that Biodistrict New Orleans received \$75,000 or less in revenues and other sources for the year ended December 31, 2018, and accordingly, is not required to have an audit for the previously mentioned year.



Officer's Signature

Sworn to and subscribed before me this 3 day of March, 2019.



NOTARY PUBLIC SIGNATURE & SEAL Expires Death
Chris D'Amour #26252

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 <u>APR 17 2019</u>

Please Complete This Section
Officer's Name _____
Officer's Title _____
Address _____
City, Zip _____
Ph: Cell/Land _____
E-mail _____

(Agency Name)

Statement of Cash Receipts and Disbursements
For the Year Ended _____
(Year-End)

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
RECEIPTS (Provide Brief Description):			
1. Business Contribution	\$6,000	\$	\$6,000
2.			
3.			
4.			
5.			
6. Total receipts (add lines 1 - 5)	<u>\$</u>	<u>\$</u>	<u>\$</u>
DISBURSEMENTS (Provide Brief Description):			
7. Accounting Fees	\$ 3,600	\$	\$3,600
8. Insurance	1,132		1,132
9. Supplies	48		48
10.			
11.			
12.			
13. Total Disbursements (add lines 7 - 12)	<u>\$4,780</u>	<u>\$</u>	<u>\$4,780</u>
14. Change in fund balance (Lines 6 minus 13)	\$1,220	\$	\$1,220
15. Fund Balance at beginning of year	\$6,194	\$	\$6,194
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$7,414	\$	\$7,414

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

 (Agency Name)

Balance Sheet, on _____
 (Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$7,414	\$	\$7,414
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>\$7,414</u>	<u>\$</u>	<u>\$7,414</u>
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):		0	0
8.	\$	\$	\$
9.			
10.			
11. Total Liabilities (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement A)	7,414		7,414
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$7,414</u>	<u>\$</u>	<u>\$7,414</u>

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

Bio District 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 12/31/2018 (Year-End)

Agency Head Name and Title: Dr. 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. 0

____ 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.)

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