

Affidavit and Revenue Certification

Industrial Development Board of the Parish of Calcasieu, Inc.
Calcasieu Parish
Lake Charles, Louisiana

**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 \$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, W. Brent Lumpkin (officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Industrial Development Board of the Parish of Calcasieu, Inc. (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, W. Brent Lumpkin, (officer name), who, duly sworn, deposes and says that Industrial Development Board of the Parish of Calcasieu, Inc. (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.

W. Brent Lumpkin
Officer Signature

Sworn to and subscribed before me this 17 day of January, 2019.

[Signature]
NOTARY PUBLIC

Officer's Name W. Brent Lumpkin

Officer's Title President

Address 1725 Lake Street

Lake Charles, LA 70601

Ph/Fax/E-mail 337-478-6007

Under provisions of state law, this report is a public document. A copy of the report has been submitted to the entity and other appropriate public officials. The report is available for public inspection at the Baton Rouge office of the Legislative Auditor and, where appropriate, at the office of the parish clerk of court.

Release Date JAN 30 2019

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

Industrial Development Board of the Parish of Calcasieu, Inc. (Agency Name)**Statement of Cash Receipts and Disbursements**
For the Year Ended December 31, 2017 (Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. Chase interest	\$6.86	\$	\$
2. Community Foundation			
3. Gains and income	\$8,425.18		
4.			
5.			
6. Total receipts (add lines 1 - 5)	<u>\$8,432.04</u>	<u>\$</u>	<u>\$</u>
DISBURSEMENTS (Provide Brief Description):			
7. Community Fund Expenses	\$569.78	\$	\$
8.			
9.			
10.			
11.			
12.			
13. Total Disbursements (add lines 7 - 12)	<u>\$569.78</u>	<u>\$</u>	<u>\$</u>
14. Change in fund balance (Lines 6 minus 13)	\$7,862.26	\$	\$
15. Fund Balance at beginning of year	\$218,379.27	\$	\$
16. Fund balance (deficit) at end of year (Add lines 14-15)			
--This amount also goes on line 12, Statement B	\$226,241.53	\$	\$

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

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Industrial Development Board of the Parish of Calcasieu, Inc.
(Agency Name)

Balance Sheet, on December 31, 2017 (Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$11,110.43	\$	\$
2. Investments (fair value) on hand	\$215,131.10		
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>\$226,241.53</u>	<u>\$</u>	<u>\$</u>
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):			
8.	\$0.00	\$	\$
9.			
10.			
11. Total Liabilities (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement A)			
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$226,241.53</u>	<u>\$</u>	<u>\$</u>

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Statement C

Industrial Development Board of the Parish of Calcasieu, Inc. (Agency Name)

**Schedule of Compensation, Benefits and Other Payments to Agency Head or Chief Executive Officer
(REQUIRED, PLEASE SUBMIT COMPLETED FORM, PER ATTACHED INSTRUCTIONS)**

Agency Head Name/Title: W. Brent Lumpkin, President

Purpose	Amount
Salary	\$0.00
Benefits-insurance	\$0.00
Benefits-retirement	\$0.00
Benefits-other (describe)	\$0.00
Benefits-other (describe)	\$0.00
Benefits-other (describe)	\$0.00
Car allowance	\$0.00
Vehicle provided by government (enter amount reported on W-2)	\$0.00
Per diem	\$0.00
Reimbursements	\$0.00
Travel	\$0.00
Registration fees	\$0.00
Conference travel	\$0.00
Housing	\$0.00
Unvouchered expenses (example: travel advances, etc.)	\$0.00
Special meals	\$0.00
Other	\$0.00