

Sworn Financial Statements and Certification of Revenues \$75,000 or Less

Entity Name: Greater New Orleans Biosciences Economic Development District dba BioDistrict New Orleans

Address: 1250 Poydras Street, Suite 2150, New Orleans, LA, 70113

Telephone: (504) 291-4656 Email: vmiles@nolaba.org

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 ereports@lla.la.gov, 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, Andy Kopplin
(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 BioDistrict New Orleans
(entity's name) as of December 31, 2020 (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: N/A

Complete if Applicable: In addition, Andy Kopplin (officer's name), who duly sworn, deposes, and says that BioDistrict New Orleans (entity's name) received \$75,000 or less in revenues and other sources for the year ended December 31, 2020 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

ADK

OFFICER'S SIGNATURE

Chair

OFFICER'S TITLE

Sworn to and subscribed before me, this 2th day of April, 20 21

Sheila L. Moragas
NOTARY PUBLIC SIGNATURE & SEAL

SHEILA L. MORAGAS
NOTARY PUBLIC
STATE OF LOUISIANA
LA. BAR NO. 24004
MY COMMISSION IS FOR LIFE.

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Statement of Receipts and Disbursements

Statement A

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
RECEIPTS (Provide Brief Description):			
1. Membership Fees	\$27,000.00	\$0.00	\$27,000.00
2.			
3.			
4.			
5.			
6. Total receipts (add lines 1 - 5)	<u>\$27,000.00</u>	<u>\$0.00</u>	<u>\$27,000.00</u>
DISBURSEMENTS (Provide Brief Description):			
7. Accounting Fees	\$7,200.00	\$0.00	\$7,200.00
8. Insurance	\$1,189.00	\$0.00	\$1,189.00
9.			
10.			
11.			
12.			
13. Total Disbursements (add lines 7 - 12)	<u>\$8,389.00</u>	<u>\$0.00</u>	<u>\$8,389.00</u>
14. Change in fund balance (Lines 6 minus 13)	\$18,611.00	\$0.00	\$18,611.00
15. Fund Balance at beginning of year	\$8,650.47	\$0.00	\$8,650.47
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	<u>\$27,261.47</u>	<u>\$0.00</u>	<u>\$27,261.47</u>

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

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Balance Sheet

Statement B

	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
1. Cash and cash equivalents	\$23,014.57	\$0.00	\$23,014.57
2. Investments (fair value)	_____	_____	_____
3. Office furnishings (Cost of desks, etc)	_____	_____	_____
4. Equipment (Cost of fax machine, etc)	_____	_____	_____
5. Other (brief description) Accounts Receivable	\$15,000.00	\$0.00	\$15,000.00
6. Total Assets (add lines 1 - 5)	\$38,014.57	\$0.00	\$38,014.57
 LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (brief description): Accounts Payable	\$10,753.10	\$0.00	\$10,753.10
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11. Total Liabilities (add lines 7 - 10)	\$10,753.10	\$0.00	\$10,753.10
12. Fund balance (amount from Line 16 on Statement A)	\$27,261.47	\$0.00	\$27,261.47
13. Other	\$0.00	\$0.00	\$0.00
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$38,014.57	\$0.00	\$38,014.57

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Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: Andy Kopplin, Board Chairman

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.)