

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

Entity Name:	Industrial Development Parish of Calcasieu, Ind			
Address: P. O. Box	2900, Lake Charles	, Louisiana 70	602	
Telephone: 337-493	-7232	Email: wbmc	onk@ssvcs.com	
the end of the entity's f	îscal year by sending puisiana Legislative A	a pdf copy by en	d with the Legislative Audinail to <u>ereports@lla.la.gov</u> Government Services, P.C	y, faxing to 225-339-
		AFFIDAVIT	7	
Personally came and a	opeared before the un	dersigned autho	rity, William B. Monk	(officer's
material respects, the	financial position of	Industrial Deve Parish of Calca	statements herewith given lopment Board of the sieu, Inc. Its of operations for the	_ (entity's name) as
			ne accompanying financial	
entity has maintained a	system of internal co	ontrol structure	sufficient to safeguard asse	ets and comply with
laws and regulations;	and that the entity	y has complied	d with all laws and reg	gulations, except as
follows:				
	Industrial Developme Parish of Calcasieu, I ources for the year end	nt Board of the Inc. Icd December	(entity's name) received 31, 2023 (entity's year-en	ne), who duly sworn, ived \$75,000 or less nd), and accordingly,
is not required to have	an audit for the previo	ously mentioned	l fiscal year.	
OFFICER'S SIGNATU	Monk	_	Agent and Attorney-in- OFFICER'S TITLE	-Fact
Sworn to and subscribe	ed before me, this 2	loth day of	March , 20	0_24_
Maney H. P. NOTARY PUBLIC SI	rown, #694 GNATURE	04	NANCY H. BROWN Notary Public State of Louisiana Calcasieu Parish Notary ID # 69404 My Commission is for Lit	fe

Sworn Financial Statement

Updated: 08/07/2023

Fiscal Year End: December 31, Entity Name:

Statement of Receipts and Disbursements			Statement A
	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. Chase interest	\$ 1. <u>39</u>		\$ 1.39
2. Gaines and Income	\$ 20,742.52		\$ 20,742.52
3.			\$ 0.00
4.			\$ 0.00
5.	***************************************		\$ 0.00
6. Total receipts (add lines 1 - 5)	\$ 20,743.91	\$ 0.00	\$ 20,743.91
DISBURSEMENTS (Provide Brief Description):			
7. Community Fund Expenses	\$ 1,832.50		\$ 1,832.50
8.			\$ 0.00
9.			\$ 0.00
10.			\$ 0.00
11.			
12.			\$ 0.00
13. Total Disbursements (add lines 7 - 12)	\$ 1,832.50	\$ 0.00	\$ 0.00 \$ 1,832.50
14. Change in fund balance (Lines 6 minus 13)	\$ 18,911.4 <u>1</u>	\$ 0.00	\$ 18,91 <u>1.41</u>
15. Fund Balance at beginning of year	\$ 220,852.78		\$ 220,852.78
16. Fund balance (deficit) at end of year (Add lines 14-15)This amount also goes on line 12, Statement B	\$ 239,764.19	\$ 0.00	\$ 239,764.19

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

Fiscal Year End: December 31,

Balance Sheet

Statement B

	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
Cash and cash equivalents	_		
	\$ 14,130.51		\$ 14,130.51
2. Investments (fair value)	\$ 225,633.68		\$ 225,633.68
Office furnishings (Cost of desks, etc)			\$ 0.00
4. Equipment (Cost of fax machine, etc)			\$ 0.00
5. Other (brief description)			\$ 0.00
6. Total Assets (add lines 1 - 5)	\$ 239,764.19	\$ 0.00	\$ 239,764.19
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (brief description):			\$ 0.00
8.		WY / PARK I KAN AND AND AND AND AND AND AND AND AND A	\$ 0.00
9.			\$ 0.00
10.			\$ 0.00
11. Total Liabilities (add lines 7 - 10)	\$ 0.00	\$ 0.00	\$ 0.00
12. Fund balance (amount from Line 16 on Statement A)	\$ 239,764.19	, , ,	\$ 239,764.19
13. Other	<u> </u>	<u> </u>	\$ 0.00
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 239,764.19	\$ 0.00	\$ 239,764.19

Schedule of Compensation, Benefits and Other Payments to Entity Head

	Jeff Coates,	Vice President		
Agency Head Name, Title:_				

Purpose	Dollar Amount
1. Salary	\$ 0.00
2. Benefits-insurance	\$ 0.00
3. Benefits-retirement	\$ 0.00
4. Benefits-other (describe)	\$ 0.00
5. Benefits-other (describe)	\$ 0.00
6. Benefits-other (describe)	\$ 0.00
7. Car allowance	\$ 0.00
8. Vehicle provided by government (if reported on your W-2)	\$ 0.00
9. Per diem	\$ 0.00
10. Reimbursements	\$ 0.00
11. Travel	\$ 0.00
12. Registration fees	\$ 0.00
13. Conference travel	\$ 0.00
14. Housing	\$ 0.00
15. Unvouchered expenses (example: travel advances, etc.)	\$ 0.00
16. Special meals	\$ 0.00
17. Other	\$ 0.00
18. TOTAL (enter total of line 1-17)	\$ 0.00

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.)

Sworn Financial Statement Updated: 08/07/2023