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

Entity Name: Bayouland Library System

Address: 301 W. Congress Street, Lafayette, LA 70501

Telephone: <u>337-261-5781</u> Email: <u>danny.gillane@lafayettepubliclibary.org</u>

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 <u>ereports@lla.la.gov</u>, 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, <u>Danny Gillane</u> (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 <u>Bayouland Library System</u> (entity's name) as of <u>December 31, 2022</u> (entity's yearend) 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: <u>n/a.</u>

<u>Complete if Applicable</u>: In addition, <u>Danny Gillane</u> (officer's name), who duly sworn, deposes, and says that <u>Bayouland Library System</u> (entity's name) received \$75,000 or less in revenues and other sources for the year ended <u>December 31, 2022</u> (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

OFFICER'S SJGNATURE

_Director OFFICER'S TITLE

Sworn to and subscribed before me, this 24th day of January

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SIGNATURE & SEAL

CHRISTY L. ANGELLE Notary Public ID#130075 Lafayette Parish, Louistana My Commission Is For Life

Please submit a pdf copy of the completed form to: ereports@lla.la.gov - Updated 12/20

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Statement of Receipts and Disbursements

Statement A

Gener Fund		General Fund	l Other Fund			
RECEIPTS (Provide Brief Description): 1.Interest	\$	217	¢	\$	217	
2.Membership	Ψ	1,600	Ψ	Ψ	1,600	
3.		1,000				
4.			-			
5.						
6. Total receipts (add lines 1 - 5)	\$	1,817	\$	\$	1,817	
DISBURSEMENTS (Provide Brief Description): 7.Bank Charges 8. 9.	\$	44	\$		44	
<u>.</u> 10.	·					
11.						
12.						
13. Total Disbursements (add lines 7 - 12)	\$	44	\$	\$	44	
14. Change in fund balance (Lines 6 minus 13)	\$	1,773	\$	\$	1,773	
15. Fund Balance at beginning of year	\$	81,406	\$	\$	81,406	
16. Fund balance (deficit) at end of year (Add lines 14-15)						
This amount also goes on line 12, Statement B	\$	83,179	\$	\$	83,179	

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.*

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Balance Sheet

Statement B

	General Fund		Other Fund		
ASSETS (balances at year-end)					
1. Cash and cash equivalents	\$	83,179	\$	\$	83,179
2. Investments (fair value)					
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)	\$	83,179	\$	\$	83,179
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (brief description):	\$		\$	\$	
8.					
9					
10.					
11. Total Liabilities (add lines 7 - 10)					
12. Fund balance (amount from Line 16 on Statement A)		83,179			83,179
13. Other					
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$	83,179	\$	_ \$	83,179

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: Danny Gillane, Director of Lafayette Public Library System (Bayouland Headquaters)

Purpose	Dollar Amount			
1. Salary	1. \$0			
2. Benefits-insurance	2. \$0			
3. Benefits-retirement	3. \$0			
4. Benefits-other (describe)	4. \$0			
5. Benefits-other (describe)	5. \$0			
6. Benefits-other (describe)	6. \$0			
7. Car allowance	7. \$0			
8. Vehicle provided by government (if reported on your W-2)	8. \$0			
9. Per diem	9. \$0			
10. Reimbursements	10. \$0			
11. Travel	11. \$0			
12. Registration fees	12. \$0			
13. Conference travel	13. \$0			
14. Housing	14. \$0			
15. Unvouchered expenses (example: travel advances, etc.)	15. \$0			
16. Special meals	16. \$0			
17. Other	17. \$0			
18. TOTAL (enter total of line 1-17)	18. \$0			

_X____ 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.)