Entity Name:Tamanend Community Development District
Address: 2345 Gause Blvd. East, Slidell, Louisiana 70461
Telephone: (813)-625-4082 Email: pete@pwillassoc.com
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, Pete Williams (officer's name), who, duly
sworn, deposes and says that the financial statements herewith given present fairly, in all material respects,
the financial position ofTamanend Community Development District_(entity's name) as ofDecember
31, 2022 (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, Pete Williams (officer's name), who duly sworn, deposes, and says
that _Tamanend Community Development District (entity's name) received \$75,000 or less in revenues
and other sources for the year ended _December 31, 2022 (entity's year-end), and accordingly, is not
required to have an audit for the previously mentioned fiscal year.
Secretary/District Manager OFFICER'S SIGNATURE OFFICER'S TITLE
Sworn to and subscribed before me, this 7^{th} day of March , 2023
NOTARY PUBLIC SIGNATURE & SEAL NOTARY PUBLIC SIGNATURE & SEAL NOTARY PUBLIC SIGNATURE & SEAL

Entity Name: _Tamanend Community Development District Fiscal Year End: 12/31/2022

Statement of Receipts and Disbursements

Statement A

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1.Service Fees	\$27,100.00	\$	\$27,100.00
2.			
3.		-	
<u>4.</u> 5.	***************************************		
	007.400.00	_	007.400.00
6. Total receipts (add lines 1 - 5)	\$27,100.00	<u>*</u>	<u>\$27,100.00</u>
DISBURSEMENTS (Provide Brief Description):			
7. District Manager	\$13,600.00	\$	\$13,600.00
8.Bank Fees	57.00	-	57.00
9.District Counsel	939.00	***************************************	939.00
10.General Liability Insurance & Crime	2,412.00		2,412.00
11.			
12.			
13. Total Disbursements (add lines 7 - 12)	\$17,008.00	\$	\$17,008.00
14. Change in fund balance (Lines 6 minus 13)	\$10,092.00		\$10,092.00
15. Fund Balance at beginning of year	0.00	\$	0.00
			\$10,092.00
16. Fund balance (deficit) at end of year (Add lines 14-15)This amount also goes on line 12, Statement B	\$10,092.00		

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.

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

Entity Name: _Tamanend Community Development District_ Fiscal Year End:__12/31/2022____

Balance Sheet			Statement B
	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
Cash and cash equivalents	\$10,092.00	\$	\$10,092.00
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)	\$10,092.00	\$	\$10,092.00
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (brief description):	\$0.00	\$	\$0.00
8.	Marie Control of the	***************************************	-
9.	***************************************		
10.			
11. Total Liabilities (add lines 7 - 10)	0.00		0.00
12. Fund balance (amount from Line 16 on Statement A)	10,092.00		10,092.00
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$10,092.00	\$	\$10,092.00

Entity	Name:	Tamanend	Community	Developn	nent District	Fiscal Y	ear End:	12/31/2022

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title:		
-----------------------------	--	--

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.

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.)