	Bayouland Library S	System	_ (Entity Name)
	Lafayette, Lafayette Pa	rish/La	(City, Parish/State)
TRANSMITTAL LETTER	<u>R</u>		
ANNUAL FINANCIAL ST	TATEMENTS		
		(Date) 1/29/	2021
Ms. Gayle Fransen Engagement Manager Louisiana Legislative Au 1600 North Third Street Baton Rouge, LA 70802			
Dear Ms. Fransen:			
Form and the annual fina (entity's year-end). The	ancial statements for my e	ntity, as of and for th ds under the control	e Affidavit and Revenue Certification be year ended December 31, 2020 of this entity. The accompanying ing.
	Si	ncerely,	
	Ōſ	fficer's Signature	Musm_
	The state of the s	eresa Elberson, Dir	rector

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

Enclosures

Affidavit and Revenue Certification

Bayouland Library System	ENTITY NAME			
Lafayette	Parish			
_Lafayette, LA	(City), State			
Legislative Auditor within 90 days after the close of the less, if applicable, is required by Louisiana Revised States and appeared before the undersigned befor	by Louisiana Revised Statute 24:514 to be filed with the e fiscal year. The certification of revenues of \$75,000 or atute 24:513(J)(1)(c)(i)(aa).			
fairly the financial position of Bayouland Library S	, and the results of operations for the year then ended, in			
(Complete if applicable) In addition, _Teresa Elberson, (officer name), who, duly sworn, deposes and says that				
Sworn to and subscribed before me this 24th day of	Officer's Signature January, 2021.			
NOTARY PUBLIC SI	GNATURE & SEAL CHRISTY L. ANGELLE Notary Public ID#130075 Lafayette Parish, Louisiana My Commission Is For Life			
For Office Use Only	Please Complete This Section			
Under provisions of state law, this report will become a public document on the Monday following the release date. A copy of the report will be submitted to appropriate public officials and be available for public inspection at the Baton Rouge office of the Louisiana Legislative Auditor and, where appropriate, at the office of the parish clerk of court.	Officer's Name Teresa Elberson Officer's Title Director Address 301 W. Congress Street City, Zip Lafayette, LA 70502 Ph: Cell/Land 337-261-5781, Fax 337-261-5782			
Release Date 02-10-2021	E-mail teresa.elberson@lafayettepubliclibrary.org			

Release Date

Bayouland Library System	
(Agency Name)	

Statement of Cash Receipts and Disbursements For the Year Ended December 31, 2021 (Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):	• 40		
1. Interest	\$ 13	_ <u>\$</u>	\$ 13
2. Membership	1,600		1,600
3. 4. 5.			
4.			
	·		
6. Total receipts (add lines 1 - 5)	\$ 1,613	<u>\$</u>	\$ 1,613
DISBURSEMENTS (Provide Brief Description): 7. Bank Charges 8. 9.	\$ 46	\$	\$ 46
10.			
11.		-	
12.	-		
13. Total Disbursements (add lines 7 - 12)	\$ 46	\$	\$ 46
14. Change in fund balance (Lines 6 minus 13)	\$ 1,567	\$	\$ 1,567
15. Fund Balance at beginning of year	\$ 78,270	\$	\$ 78,270
16. Fund balance (deficit) at end of year (Add lines 14-15)			- 101-10
This amount also goes on line 12, Statement B	\$ 79,837	\$	<u>\$ 79,837</u>

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

Bayouland Librar	Bayouland Library System			
(Agency Name)	-			
Balance Sheet, on (Year-End)	December 31, 2020			

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:	. =0 00=		. 50 Oos
Cash and cash equivalents on hand	\$ 79,837	_ <u>\$</u>	<u>\$ 79,837</u>
2. Investments (fair value) on hand	· 		
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)	\$ 79,837	\$	\$79,837
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (give brief description):			
8	\$	<u>\$</u>	\$
9.			
10.			
11. Total Liabilities (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement A)	79,837		79,837
13. Other		_	
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$79,837	\$	\$79,837

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

Bayouland Library System	(Agend	y Name)

Schedule of Compensation, Benefits and Other Payments to Agency Head or Chief Executive Officer (Required Form - Please Submit Completed Form Per Attached Instructions)

For the Year Ended December 31, 2020 (Year-End)

Agency Head Name and Title: Teresa Elberson, Director of the Public Library System (Bayouland Library 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	

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.)