

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

Entity Name: St. Tammawy Parish R	ecreation District No. 5
Address: 39460 willis Alley	Pearl River, LA 70452
Telephone: 985-201-1605	Email: Skiptecdist 50 gmail, COM

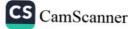
This annual sworn financial statement is required to be filed with the Legislative Auditor within 90 days of the end of the entity's fiscal year by sending a pdf copy by email to ereports@lla.la.gov, faxing to 225-339-3986, or mailing to Louisiana Legislative Auditor - Local Government Services, P.O. Box 94397, Baton Rouge, LA 70804-9397.

AFFIDAVIT

Personally came and appeared before the undersigned authority, Skip Phillips (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 S.T. P Recreation District No.5 (entity's name) as of 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:

Complete if Applicable: In addition, Skip thillips (officer's name), who duly sworn, deposes, and says that S.T.P. Recreation District No. 5 __(entity's name) received \$75,000 or less in revenues and other sources for the year ended 2022_(entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

OFFICER'S SIGNATURE Sworn to and subscribed before me, this 1 st day of www. Lay IN INTERNET IN OSCILIC OSCILIC OSCILIC OSCILIC 20 24 PUBLIC SIGNATURE Sworn Financial Statement



Entity Name: S.T.P. Recreation #5

Fiscal Year End: ______

Statement of Receipts and Disbursements

Statement A

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
Theuraic	1,750		Second second
2			
3.		-	
l			
5.			
6. Total receipts (add lines 1 - 5)			
DISBURSEMENTS (Provide Brief Description): 7.			
S.T.P. Gurmand			
Fn lice of Tax			
10. we Receive	12,500		
1.			
12.			
3. Total Disbursements (add lines 7 - 12)			
14. Change in fund balance (Lines 6 minus 13)			
5. Fund Balance at beginning of year	96 .	08-1	,24
16. Fund balance (deficit) at end of year (Add lines 14-15) —This amount also goes on line 12, Statement B	106,	831.	24
dentify the Basis of Accounting, if not using Cash-Ba	asis: <u>Ch</u>	cclK	

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.*

Sworn Financial Statement

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Entity Name: 5.T.P Recreation #5

Fiscal Year End: ______

Balance Sheet

Statement B

	General Fund	Other Fund	Total
ASSETS (balances at year-end)			00-
(GLL Plands / Conprer		Conta Anno	3,1.52
. 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)			
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)			
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)			

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Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name, Title: SKIP Phillips Stcretary Peter Finger Chairman

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

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.)

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