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

| Entity Name: Southe | ern Law Enforcement tourdation |
|--|--|
| Address: 12090 (4914 | tith Kd. Conzales |
| Telephone: 225-15-8 | 575 Email: Michael, Scott & SLE Foundation. com |
| of the end of the entity's fiscal year b | ent is required to be filed with the Legislative Auditor within 90 days by sending a pdf copy by email to <u>ereports alla.la.gov</u> , faxing to 225- Legislative Auditor — Local Government Services, P.O. Box 94397, |
| | AFFIDAVIT |
| Personally came and appeared b | |
| (officer's name), who, duly sworn, of | deposes and says that the financial statements herewith given present the financial position of Aw Oppics Town Aw Oppics |
| (entity's name) as of 202 | (entity's year-end) and the results of operations for the year |
| | ne basis of accounting described within the accompanying financial ntained a system of internal control structure sufficient to safeguard |
| | I regulations; and that the entity has complied with all laws and |
| Complete if Applicables In addit | ition, MCC 45 1 C (officer's name), who duly |
| sworn, deposes, and says that | Control of the contro |
| or less in revenues and other source | ces for the year ended (entity's year-end), and an audit for the previously mentioned fiscal year. |
| accordingly, is not required to have a | an addit for the previously mentioned fiscal year. |
| Michael Ston | EXECUTIVE DIRECTOR |
| OFFICER'S SIGNATURE | OFFICER'S TITLE |
| | |
| | |
| Sworn to and subscribed before me, | this 22 day of fune, 20 22 |
| | |
| 1 - 11/ | 2 |
| Upril d. t. | hellen |
| NOTARY PUBLIC SIGNATURE & | & SEAL # 75027 |
| | |
| | |
| Statement of Receipts and Dis | sbursements Statement A |
| | General Other |
| - | Fund Fund Total |
| RECEIPTS (Provide Brief Descrip | iption): |
| 1. Grant bunds | h for Grant 57,990 Volunteers @ the Rate of \$15 our b |
| inter In-Kind matel | h for Grant 57,940 Volunteers & the leave |
| 4. | |
| | |

| 5. | est. |
|--|--|
| 6. Total receipts (add lines 1 - 5) | \$103.195 s |
| DISBURSEMENTS (Provide Brief Description): | personal Continues of the Continues of t |
| 7. Contract Labor | \$26.46\$ s |
| 8. DECLE SKOPENCE | til tog |
| 9. Trough | -1'0rc |
| 10 LP 1 | 57.90 Match-In-Kind Volunteer |
| 11. Depresion of panel | 57.40 Mayor-2 |
| 12. | |
| 13. Total Disbursements (add lines 7 - 12) | SIOIA BADIO S |
| 10. Total biobal sellicitis (add illes / - 12) | 4000000 |
| 14. Change in fund balance (Lines 6 minus 13) | elagital a |
| 15. Fund Balance at beginning of year | \$\(\frac{\$\color{2645}}{\$\color{5}}\) \(\frac{\$\color{5}}{\$\color{5}}\) |
| 16. Fund balance (deficit) at end of year (Add lines 1- | 4.40 |
| -This amount also goes on line 12, Statement B | \$4.75 S |
| | - 14133 |
| | |
| | A COLLEGE GAMP |
| Identify the Basis of Accounting, if not using Ca | asn-Basis: FCCCAIGA |
| | |
| | |
| NOTE: If the entity receives any funds from p | ere- or post-adjudication court costs, fines, and/or |
| fees, the entity must use one or more of the | following categories in the receipts description |
| | e/Sale, Pre-Trial Diversion Program; Criminal Court |
| Costs/Fees; Criminal Contempt Fines; | Other Criminal Fines; Restitution; and |
| Probation/Parole/Supervision Fees. | |
| | |
| | |
| | |
| | |
| | |
| Balance Sheet | Statement B |
| Daiance Sneet | Statement D |
| | General Other |
| W. W. | Fund Fund Total |
| | Fullu Fullu Total |
| ASSETS (balances at year-end) | |
| Cash and cash equivalents | 14919 |
| Investments (fair value) | - 11 104 · |
| Office furnishings (Cost of desks, etc) | 100 |
| Equipment (Cost of fax machine, etc) | 180 |
| | |
| 6. Total Assets (add lines 1 - 5) | SC \$0 \$ |
| o. Total Assets (add lines 1 - 5) | - 30511 - |
| LIADII ITIES AND ELIND BALANCE (ALIAN- | |
| LIABILITIES AND FUND BALANCE (at year-end): | e e e |
| 7. Liabilities (brief description): | \$ \$ \$ 1134-11 |
| 8. Credit Card Payable | 4264 |
| 9. | |
| 10. | OB GILL |
| 11. Total Liabilities (add lines 7 - 10) 12. Fund balance (amount from Line 16 on Statement | 4364 |
| 12. Fully palatice (amount from Line to on Statement | TV + I A Address |

14. Total Liabilities and Fund Balance (add lines 11 - 13)

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

lichael W. Scoll Agency Head Name and Title:

| Purpose | Dollar Amount |
|---|------------------|
| 1. Salary | 1. 86.400 |
| 2. Benefits-insurance | 2. 0 |
| Benefits-retirement | 3. 0 |
| 4. Benefits-other (describe) | 4 |
| 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 adva | ances, etc.) 15. |
| 16. Special meals | 16. |
| 17. Other | 17. |
| 18. TOTAL (enter total of line 1-17) | 18. |

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.)

Instructions to Prepare Sworn Financial Statements for the Louisiana Legislative Auditor

The enclosed financial statements have four pages:

The first page is an affidavit in which you will affirm that your revenues are in line with the reporting requirements for a sworn financial statement:

Governmental agencies: Affirm that you received \$75,000 or less in total revenues during the year.

Non-profit entities: Affirm that you received \$75,000 or less in public funds during the year.

--Public funds are those received from a state or local governmental entity, or federal funds passed from a state or local governmental entity.

-- PLEASE NOTE: Non-profit entities are not required to submit a financial report to the Legislative Auditor during any year in which they did not receive any public funds. Please notify us in writing that your entity did not receive any public funds during the year under consideration. Please inform us prior to the due date of your report to stay in compliance with the state law.