LOUISIANA LEGISLATIVE AUDITOR

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

Entity Name: REMEMBERING FAMILIES of DOWN and FALLEN BIKERS

Address: 6760 Winbourne ave. Baton Rouge, LA. 70805

Telephone: 225.397.8555 Email: families of the fallen 205@gmail

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, Roderick Edwards II (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 Remembering Families of Down and Fallen Bikers (entity's name) as of 2024 (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: NA

Complete if Applicable: In addition, Roderick Edwards II (officer's name), who duly sworn, deposes, and says that Remembering Families of Down and Fallen Bikers (entity's name) received $75,000 or less in revenues and other sources for the year ended 2024 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

Roderick Edwards II
OFFICER'S SIGNATURE

Secretary
OFFICER'S TITLE

Sworn to and subscribed before me, this 20 day of MAY, 2025

Glyn H Morden
NOTARY PUBLIC SIGNATURE

GLYN H MORDEN
NOTARY NO. 141316
EAST BATON ROUGE PARRISH
COMMISSIONED FOR LIFE

GLYN H MORDEN NOTARY NO. 141316 EAST BATON ROUGE PARISH, LA

Entity Name: Remembering Families of Drew and Fausto Bikes Fiscal Year End: 2024

Statement of Receipts and Disbursements **Statement A**

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. Youth Summer Program (Sponsorship) City of Bakersfield	$3,500.00		$3,500.00
2.			
3.			
4.			
5.			
6. **Total receipts** (add lines 1 - 5)	$3,500.00		$3,500
DISBURSEMENTS (Provide Brief Description):			
7. Youth Summer Program	$3,500.00		$3,500.00
8.			
9.			
10.			
11.			
12.			
13. **Total Disbursements** (add lines 7 - 12)	$3,500.00		$3,500
14. Change in fund balance (Lines 6 minus 13)	0		0
15. Fund Balance at beginning of year	0		0
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	0		0

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

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.*

Entity Name: Remembering Families of Down and Fallen Bridges Fiscal Year End: 2024

Balance Sheet **Statement B**

	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
1. Cash and cash equivalents	NA		NA
2. Investments (fair value)	NA		
3. Office furnishings (Cost of desks, etc)	NA		
4. Equipment (Cost of fax machine, etc)	NA		
5. Other (brief description)			
6. **Total Assets** (add lines 1 - 5)	NA		
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (brief description):	NA		NA
8.	NA		
9.	NA		
10.	NA		
11. **Total Liabilities** (add lines 7 - 10)	NA		
12. Fund balance (amount from Line 16 on Statement A)	NA		
13. Other	NA		NA
14. Total Liabilities and Fund Balance (add lines 11 - 13)	NA		NA

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name, Title: KAREN NETTER (President)

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