

LEGISLATIVE AUDITOR
2025 MAY 13 10:12 AM



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

Entity Name: Southern Law Enforcement Foundation

Address: 12090 Griffith Rd. Gonzales, La. 70737

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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, Michael Scott (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 Southern Law Enforcement Foundation (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: _____

Complete if Applicable: In addition, Michael Scott (officer's name), who duly sworn, deposes, and says that Southern Law Enforcement Foundation (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.

Michael Scott
OFFICER'S SIGNATURE

Executive Director
OFFICER'S TITLE

Sworn to and subscribed before me, this 14th day of May, 2025

Jamie Hicks
NOTARY PUBLIC SIGNATURE

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Statement of Receipts and Disbursements

Statement A

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. <u>Grants</u>	\$ 45,757	\$	\$
2. <u>In Kind</u>	51,015		
3. <u>Interest Earned</u>	503		
4.			
5.			
6. Total receipts (add lines 1 - 5)	<u>\$ 97,275</u>	\$	\$
DISBURSEMENTS (Provide Brief Description):			
7. <u>Contract Labor</u>	\$ 29,400	\$	\$
8. <u>office Expenses</u>	4,601		
9. <u>Travel</u>	7,408		
10. <u>Volunteer Support</u>	51,015		
11. <u>Depreciation</u>	2,171		
12. <u>Legal + Professional</u>	3,631		
13. Total Disbursements (add lines 7 - 12)	<u>\$ 97,286</u>	\$	\$
14. Change in fund balance (Lines 6 minus 13)	\$ (11)	\$	\$
15. Fund Balance at beginning of year	\$ 44,135	\$	\$
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	<u>\$ 44,124</u>	\$	\$

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

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.*

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Balance Sheet

Statement B

	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
1. Cash and cash equivalents	\$ 31,463	\$	\$
2. Investments (fair value)			
3. Office furnishings (Cost of desks, etc) <i>net</i>			
4. Equipment (Cost of fax machine, etc) <i>net</i>	2,583		
5. Other (brief description) <i>Grant Receivable</i>	10,078		
6. Total Assets (add lines 1 - 5) <i>+ prepaid Asset</i>	\$ 44,124	\$	\$
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (brief description):	\$	\$	\$
8.			
9.			
10.			
11. Total Liabilities (add lines 7 - 10)	0		
12. Fund balance (amount from Line 16 on Statement A)	44,124		
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 44,124	\$	\$

Please submit a pdf copy of the completed form to: ereports@lla.la.gov - Updated 12/20

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Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: Michael Scott, Executive Director

Purpose	Dollar Amount
1. Salary	1. 26,400
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. 617.75
10. Reimbursements	10. 1,121.29
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. 28,139.03

_____ 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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5/07/25

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No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179/ SDA	Prior 179/ SDA/ Depr.	Method	Life	Current Depr.
Form 990/990-PF										
1	FURNITURE & FIXTURES	1/01/18		165			148	S/L	4	0
2	MACHINERY & EQUIPMENT	1/01/18		1,037			517	S/L	4	0
3	MACHINERY & EQUIPMENT	5/01/20		10,856			7,599	S/L	5	2,171
4	MACHINERY & EQUIPMENT	1/01/22		795				S/L		0
Total				12,853		0	8,264			2,171
Total Depreciation				<u>12,853</u>		<u>0</u>	<u>8,264</u>			<u>2,171</u>
Grand Total Depreciation				<u>12,853</u>		<u>0</u>	<u>8,264</u>			<u>2,171</u>