Iberia Crime Stoppers, Inc. (Entity Name)
New Iberia, Iberia Parish/LA (City, Parish/State)

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

(Date)	4-18-19	

Ms. Gayle Fransen Engagement Manager Louisiana Legislative Auditor 1600 North Third Street Baton Rouge, LA 70802

Dear Ms. Fransen:

In accordance with Louisiana Revised Statute 24:513, enclosed are the Affidavit and Revenue Certification Form and the annual financial statements for my entity, as of and for the year ended 12-31-18 (entity's year-end). The statements include all funds under the control of this entity. The accompanying financial statements have been prepared on the cash basis of accounting.

Sincerely,

Officer's Signature

Officer's Name, Title

Enclosures

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

Affidavit and Revenue Certification Thomas **ENTITY NAME** ANNUAL SWORN FINANCIAL STATEMENTS AND CERTIFICATION OF REVENUES \$75,000 OR LESS (if applicable) The annual sworn financial statements are required by Louisiana Revised Statute 24:514 to be filed with the Legislative Auditor within 90 days after the close of the fiscal year. The certification of revenues of \$75,000 or less, if applicable, is required by Louislana Revised Statute 24:513(J)(1)(c)(i)(aa). Personally came and appeared before the undersigned authority, I (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Thomas James as of (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. (Complete if applicable) In addition, MICMAE) _, (officer name), who, duly sworn, deposes and says that (entity name) received \$75,000 or less in revenues and other , and accordingly, is not required to have an audit for sources for the year ended the previously mentioned year. Sworn to and subscribed before me this VS day of R. PERRY TEMPLETON Notary Public State of Louislana lotary 10 Number 33680 lberia Parish

For Office Use Only

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.

Release Date 4/14/2021

Please Complete This Section						
Officer's Name Michael A Barres						
Officer's Title President						
Address 1301 Lorequville Rd						
City, Zip New Iberra, LA 70563						
Ph:(Cell/Land_337 - 962 - 1256						
E-mail_ mabarras @ cox.net						

Iberla Crime Stoppers, Inc	
(Agency Name)	

Statement of Cash Receipts and Disbursements
For the Year Ended <u>December 31, 2018</u>
(Year-End)

		General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):	•	44.400	•	
1.Act 50 Receipts	. \$	11,160	<u> </u>	\$
2. 3. 4. 5.				
4.	-			
5.				
6. Total receipts (add lines 1 - 5)	\$	11,160	\$	\$
DISBURSEMENTS (Provide Brief Description): 7.Rewards 8. 9. 10.		2,900	\$	\$
9.			·	
11.	-			
12.				
13. Total Disbursements (add lines 7 - 12)	\$	2,900	\$	\$
14. Change in fund balance (Lines 6 minus 13)	<u>\$</u>	8,260	\$	
15. Fund Balance at beginning of year	\$	6,335	\$	<u> </u>
16. Fund balance (deficit) at end of year (Add lines 14-15)This amount also goes on line 12, Statement B	\$	14,595	\$	

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Iberia Crime Stoppers, Inc					
(Agency Name)					
Balance Sheet, on _ (Year-End)	December 31, 2018				

		General Fund		ther und		Total
ASSETS (balances at year-end) -Give brief description:	•	44.505	•		•	44.505
1. Cash and cash equivalents on hand	<u>\$</u>	14,595	<u> </u>		_ \$_	14,595
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)	\$	14,595	\$		<u>\$</u>	14,595
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (give brief description): 8.	\$		\$		\$	
9.	<u>. T</u>		<u> </u>			
10.						
11. Total Liabilities (add lines 7 - 10)						
12. Fund balance (amount from Line 16 on Statement A)		14,595				14,595
13. Other						
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$	14,595	\$		\$	14,595

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beria	Crime	Stoppers	. Inc	(Agency Name)
				(1.1901.0) 1.101110/

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 12-31-18 (Year-End)

Agency Head Name and Title: Michael A. Barras

Purpose	Dollar Amount
1. Salary	1. 🔘
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.
10. Reimbursements	10.
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.

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.)