Entity Name: CRIMESTOPPERS OF TANGIPAHOA, INC.

#### Address: P.O. BOX 2973 HAMMOND, LA 70404

Telephone: <u>985-662-5557</u> Email: <u>TANGIPAHOACRIMESTOPPERS@GMAIL.COM</u>

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 <u>ereports@lla.la.gov</u>, 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, <u>TERRY MICHELLE GALLO</u> (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 <u>CRIMESTOPPERS OF TANGIPAHOA, INC</u> (entity's name) as of <u>DECEMBER 31, 2022</u> (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: <u>N/A</u>

<u>Complete if Applicable:</u> In addition, <u>TERRY MICHELLE GALLO</u> (officer's name), who duly sworn, deposes, and says that <u>CRIMESTOPPERS OF TANGIPAHOA, INC.</u> (entity's name) received \$75,000 or less in revenues and other sources for the year ended <u>DECEMBER 31, 2022</u> (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

OFFICER'S SIGNATURE

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Sworn to and subscribed before me, this 28 day of 1000.2023

NOTARY PUBLIC SIGNATURE & SEAL DECOMINS. Brundt NOTARY PUBLIC #9035

> 3|31|2-3 Please submit a pdf copy of the completed form to: ereports@lla.la.gov - Updated 01/22

Entity Name: <u>CRIMESTOPPERS OF TANGIPAHOA, INC.</u> Fiscal Year End: <u>12/31/2022</u>

### Statement of Receipts and Disbursements

#### Statement A

| General<br>Fund | Other<br>Fund  | Total                                       |
|-----------------|--|---|
|                 |  |   |
| \$ 97,789.83    | \$   | \$ 97,789.83                                |
| 49,107.00       |  | 49,107.00                                   |
| 0.00            |  | 0.00  |
| 9,947.48        | _  | 9,947.48                                    |
| 855.50          |  | 855.50                                      |
| \$157,699.81    | \$   | \$157,699.81                                |
| •               |  |   |
|                 | _ \$   | \$106,481.88                                |
|                 |  | 3,977.10                                    |
| 20,988.22       |  | 20,988.22                                   |
|                 |  |   |
|                 |  |   |
|                 |  |   |
| \$131,447.20    | _ \$   | <u>\$131,447.20</u>                         |
| \$ 26.252.61    | \$   | \$ 26,252.61                                |
| \$ 34,107.12    | - <del>\$</del>  | \$ 34,107.12                                |
|                 | -  |   |
| \$ 60,359.73    | \$   | \$ 60,359.73                                |
|                 | Fund<br>\$ 97,789.83<br>49,107.00<br>0.00<br>9,947.48<br>855.50<br>\$157,699.81<br>\$106,481.88<br>3,977.10<br>20,988.22<br>\$131,447.20<br>\$ 26,252.61<br>\$ 34,107.12 | Fund  Fund    \$ 97,789.83  \$    49,107.00 |

**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: <u>CRIMESTOPPERS OF TANGIPAHOA, INC.</u> Fiscal Year End: <u>12/31/2022</u>

### **Balance Sheet**

### Statement B

|  | General<br>Fund |    | Other<br>Fund | Total        |
|--|-----------------|----|---------------|--------------|
| ASSETS (balances at year-end)  |                 |    | -             |              |
| 1. Cash and cash equivalents   | \$127,828.31    | \$ |               | \$127,828.31 |
| 2. Investments (fair value)  |                 |    |               |              |
| 3. Office furnishings (Cost of desks, etc)   |                 |    |               |              |
| 4. Equipment (Cost of fax machine, etc)  |                 |    |               |              |
| 5. Other (brief description) PREPAID EXPENSES                                      | \$ 1,156.00     |    | Ī             | \$ 1156.00   |
| 6. Total Assets (add lines 1 - 5)  | \$128,984.31    | \$ |               | \$128,984.31 |
| LIABILITIES AND FUND BALANCE (at year-end):<br>7. Liabilities (brief description): | \$              | \$ |               | \$           |
| 8. PAYROLL TAXES PAYABLE   | 1,624.58        |    |               | 1,624.58     |
| 9. ECONOMIC INJURY DISASTER LOAN   | 67,000.00       |    |               | 67,000.00    |
| 10.  |                 | _  | Ι             | <u> </u>     |
| 11. Total Liabilities (add lines 7 - 10)   | 68,624.58       | _  |               | 68,624.58    |
| 12. Fund balance (amount from Line 16 on Statement A)                              | 60,359.73       |    |               | 60,359.73    |
| 13. Other  |                 |    |               |              |
| 14. Total Liabilities and Fund Balance (add lines 11 - 13)                         | \$ 128,984.31   | \$ |               | \$128,984.31 |

Entity Name: <u>CRIMESTOPPERS OF TANGIPAHOA, INC.</u> Fiscal Year End: <u>12/31/2022</u>

### Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: TERRY MICHELLE GALLO, DIRECTOR

| Purpose   | Dollar Amount |  |
|---|---------------|--|
| 1. Salary   | 1. 47,476.00  |  |
| 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. 4,200.00   |  |
| 8. Vehicle provided by government (if reported on your W-2) | 8.            |  |
| 9. Per diem   | 9.            |  |
| 10. Reimbursements  | 10. 6,000.00  |  |
| 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)                        | 18.57,676.00  |  |

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.)