

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

Entity Name: CRIMESTOPPERS OF TANGIPAHOA INC

Address: P O BOX 2973 HAMMOND, LA 70404

Telephone: 985-662-5557

Email: TANGIPAHOACRIMESTOPPERS@GMAIL.COM

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, TERRY MICHELLE GALLO (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 CRIMESTOPPERS OF TANGIPAHOA INC (entity's name) as of DECEMBER 31, 2023 (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: N/A

Complete if Applicable: In addition, TERRY MICHELLE GALLO (officer's name), who duly sworn, deposes, and says that CRIMESTOPPERS OF TANGIPAHOA INC (entity's name) received \$75,000 or less in revenues and other sources for the year ended DECEMBER 31, 2023 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

Terry Michelle Gallo

OFFICER'S SIGNATURE

Executive Director

OFFICER'S TITLE

Sworn to and subscribed before me, this 22nd day of March, 2024

[Signature]
NOTARY PUBLIC SIGNATURE



Entity Name: CRIMESTOPPERS OF TANGIPAHOA INC

Fiscal Year End: 12/31/2023

Statement of Receipts and Disbursements

Statement A

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
RECEIPTS (Provide Brief Description):			
1. DONATIONS RECEIVED	\$ 70,797		\$ 70,797
2. LOCAL GOVERNMENT GRANTS	\$ 25,183		\$ 25,183
3. FUNDRAISING INCOME	\$ 30,888		\$ 30,888
4. INVESTMENT & OTHER INCOME	\$ 350		\$ 350
5.			
6. Total receipts (add lines 1 - 5)	<u>\$127,218</u>		<u>\$127,218</u>
DISBURSEMENTS (Provide Brief Description):			
7. PROGRAM SERVICE EXPENSES	\$101,248		\$101,248
8. MANAGERIAL & GENERAL EXPENSES	\$ 3,651		\$ 3,651
9. FUNDRAISING EXPENSES	\$ 16,289		\$ 16,289
10.			
11.			
12.			
13. Total Disbursements (add lines 7 - 12)	<u>\$121,189</u>		<u>\$121,189</u>
14. Change in fund balance (Lines 6 minus 13)	\$ 6,029		\$ 6,029
15. Fund Balance at beginning of year	\$ 60,360		\$ 60,360
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ 66,389		\$ 66,389

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

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: CRIMESTOPPERS OF TANGIPAHOA INC

Fiscal Year End: 12/31/2023

Balance Sheet

Statement B

	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
1. Cash and cash equivalents	\$133,781		\$133,781
2. Investments (fair value)			
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description) PREAID EXPENSES	\$ 1,156		\$ 1,156
6. Total Assets (add lines 1 - 5)	\$134,937		\$134,937
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (brief description): ACCRUED PAYABLES	\$ 1,548		\$ 1,548
8. ECONOMIC INJURY DISASTER LOAN	\$ 67,000		\$ 67,000
9.			
10.			
11. Total Liabilities (add lines 7 - 10)	\$ 68,548		\$ 68,548
12. Fund balance (amount from Line 16 on Statement A)	\$ 66,389		\$ 66,389
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$134,937		\$134,937

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name, Title: TERRY MICHELLE GALLO

Purpose	Dollar Amount
1. Salary	\$47,476
2. Benefits-insurance	
3. Benefits-retirement	
4. Benefits-other (describe)	
5. Benefits-other (describe)	
6. Benefits-other (describe)	
7. Car allowance	\$ 4,200
8. Vehicle provided by government (if reported on your W-2)	
9. Per diem	
10. Reimbursements	\$ 6,000
11. Travel	
12. Registration fees	
13. Conference travel	
14. Housing	
15. Unvouchered expenses (example: travel advances, etc.)	
16. Special meals	
17. Other	
18. TOTAL (enter total of line 1-17)	\$57,676

_____ 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.)