

**Affidavit and Revenue Certification**

LAFAYETTE CRIME STOPPERS, INC. ENTITY NAME

LAFAYETTE Parish

LAFAYETTE, LA (City), State

**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 Louisiana Revised Statute 24:513(J)(1)(c)(i)(aa).

Personally came and appeared before the undersigned authority, BARRY DUPLÉCHIN, CHAIRMAN (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of LAFAYETTE CRIME STOPPERS, INC. (enter entity name) as of 12/31/18 (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, BARRY DUPLÉCHAIN, CHAIRMAN (officer name), who, duly sworn, deposes and says that LAFAYETTE CRIME STOPPERS, INC. (entity name) received \$75,000 or less in revenues and other sources for the year ended 12-31-18, and accordingly, is not required to have an audit for the previously mentioned year.

Barry Duplechin  
Officer's Signature

Sworn to and subscribed before me this 23 day of February, 2019.

Joseph D. Laverne  
NOTARY PUBLIC SIGNATURE & SEAL

STATE OF LOUISIANA  
Parish of Lafayette  
Joseph D. Laverne  
Notary Public  
ID# 14099

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 <u>MAR 27 2019</u>

Please Complete This Section
Officer's Name _____
Officer's Title _____
Address _____
City, Zip _____
Ph: Cell/Land _____
E-mail _____

LAFAYETTE CRIME STOPPERS, INC.

(Agency Name)

**Statement of Cash Receipts and Disbursements**For the Year Ended 12/31/18

(Year-End)

	ACT 50 General Fund	OPERATING Other Fund	Total
<b>RECEIPTS (Provide Brief Description):</b>			
1. COURT FEES	\$ 65095	\$	\$ 65095
2. INTEREST	86	9	95
3. DONATIONS		5000	5000
4.			
5.			
6. <b>Total receipts</b> (add lines 1 - 5)	<u>\$ 65181</u>	<u>\$ 5009</u>	<u>\$ 70190</u>
<b>DISBURSEMENTS (Provide Brief Description):</b>			
7. REWARD DISBURSEMENTS	\$ 31935	\$	\$ 31935
8. OTHER PROGRAM EXPENSES	21812	3166	24978
9.			
10.			
11.			
12.			
13. <b>Total Disbursements</b> (add lines 7 - 12)	<u>\$ 53747</u>	<u>\$ 3166</u>	<u>\$ 56913</u>
14. Change in fund balance ( Lines 6 minus 13)	\$ 101444	\$ 122059	\$ 223503
15. Fund Balance at beginning of year	\$ 11435	\$ 1843	\$ 13278
16. Fund balance (deficit) at end of year (Add lines 14-15)			
--This amount also goes on line 12, Statement B	\$ 112879	\$ 123902	\$ 236781

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

Please return the completed form within 90 days of your entity's year-end to Louisiana Legislative Auditor – Local Government Services; Post Office Box 94397, Baton Rouge, LA 70804-9397 - Updated 8/3/16

LAFAYETTE CRIME STOPPERS, INC.

(Agency Name)

Balance Sheet, on 12/31/18

(Year-End)

	ACT 50 General Fund	OPERATING Other Fund	Total
<b>ASSETS</b> (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 112879	\$123902	\$236781
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. <b>Total Assets</b> (add lines 1 - 5)	<u>\$ 112879</u>	<u>\$123902</u>	<u>\$236781</u>
<b>LIABILITIES AND FUND BALANCE</b> (at year-end):			
7. Liabilities (give brief description):			
8. UNPAID REWARDS	\$ 6175	\$ 0	\$ 6175
9.			
10.			
11. <b>Total Liabilities</b> (add lines 7 - 10)	6175		6175
12. Fund balance (amount from Line 16 on Statement A)	112879	123902	123902
13. Other			
14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13)	<u>\$ 119054</u>	<u>\$123902</u>	<u>\$242956</u>

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LAFAYETTE CRIME STOPPERS, INC. (Agency Name)

**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: BARRY DUPLECHIN, CHAIRMAN

Purpose	Dollar Amount
1. Salary	1. 0.00
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.
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. 0.00

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.)

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