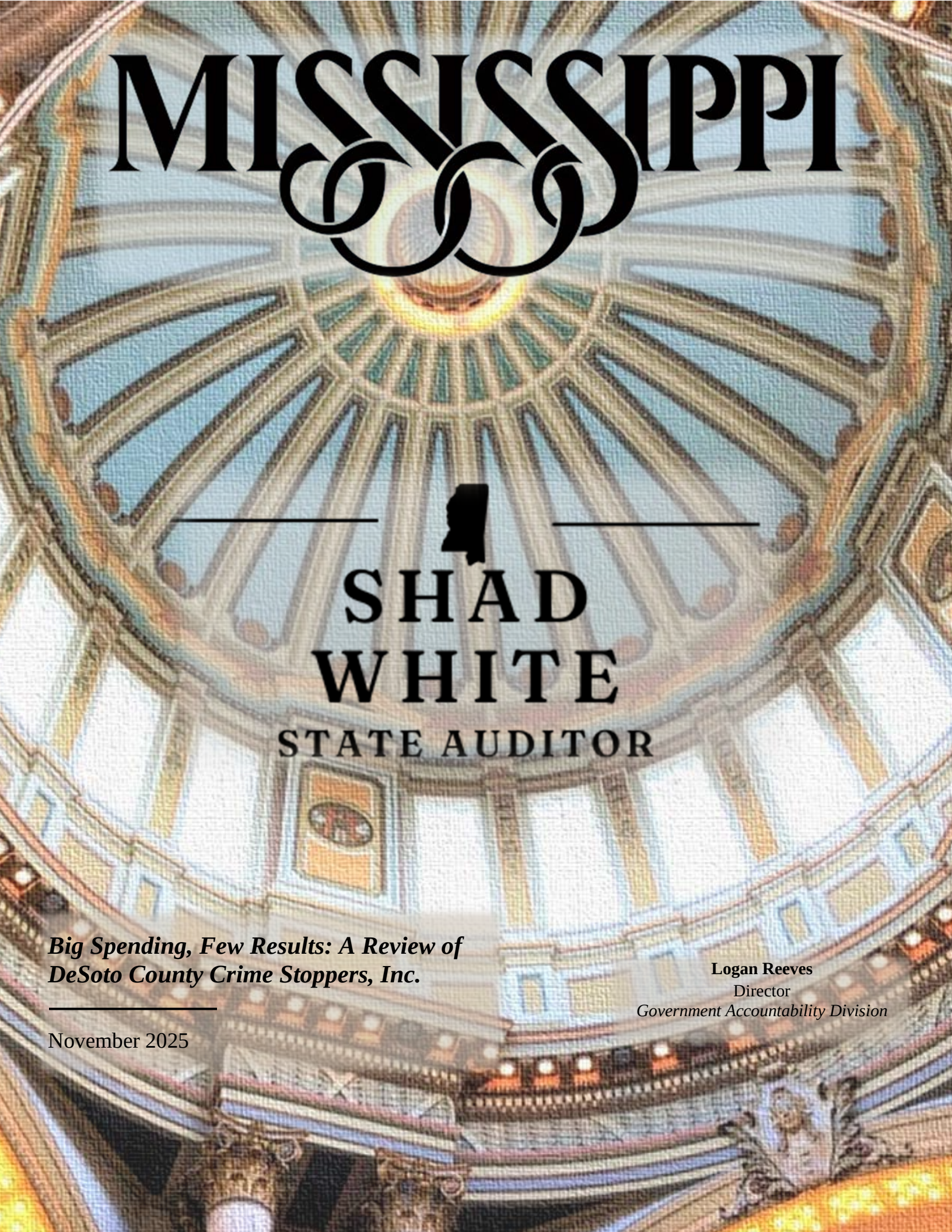

Big Spending, Few Results: A Review of DeSoto County Crime Stoppers, Inc.

Logan Reeves
Director
Government Accountability Division

November 2025

Executive Summary

In 2020, Mississippi State Auditor Shad White revealed a nonprofit organization was at the center of the largest public fraud scheme in Mississippi history.[1] Since then, state agencies have continued to pour money into nonprofit organizations, sending over $2 billion from Mississippi taxpayers to nonprofit organizations.[2]

Mississippi continues to send billions to nonprofits, but for years no state agency could say who was receiving the money or where it was spent. The Auditor's office built the first system to identify nonprofit recipients of taxpayer money. It has already released two reports exposing waste and poor performance by taxpayer-funded nonprofits. [3, 4, 5]

As part of these reports, State Auditor Shad White urged taxpayers to report suspected waste, fraud, and abuse committed by nonprofits. Following that call, the Auditor's office received a tip about a nonprofit in DeSoto County.

DeSoto County Crime Stoppers, Inc. is an independent local Crime Stoppers branch separate from other Mississippi chapters. [6] According to its federal tax filing, DeSoto County Crime Stoppers exists to "reduce crime in DeSoto County, MS by providing and promoting a service whereby anonymous tips can be received to help solve crimes."[7]

Key Finding: Since 2015, taxpayers have sent DeSoto County Crime Stoppers more than $400,000. Records show over 60% of that money—roughly $240,000—paid salary expenses. Further records show the organization has only paid one employee for years. Additionally, the organization could not produce a single record showing it received a tip, passed a tip to law enforcement, or paid a reward in the last decade. The organization even paid to limit public view of one of its tip-reporting phone numbers.

Recommendation: The Mississippi Office of the State Auditor recommends DeSoto County government officials continue withholding funds from DeSoto County Crime Stoppers and identify how to move forward with a functional crime-fighting organization.[8] The Auditor's office continues recommending the legislature create stronger reporting requirements for nonprofits receiving taxpayer money.

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[1] See press release.
[2] See dashboard.
[3] See press release.
[4] See press release.
[5] See reports.
[6] See Mississippi Department of Public Safety resource.
[7] See appendix.
[8] See article.

Background

Crime Stoppers USA

Crime Stoppers USA is a popular nationwide nonprofit which partners with law enforcement agencies to stop crime, and local chapters of the organization usually offer reward money for tips about local crimes and criminals.[9] According to the organization, offering rewards produces more tips than would otherwise be given to the police.[10] Funding for local Crime Stoppers chapters usually comes from private fundraising.[11] A recent example of a successful Crime Stoppers tip is the arrest of an escapee from a May 2025 jailbreak in New Orleans. [12] The arrest capped off a five-month, multi-state manhunt.

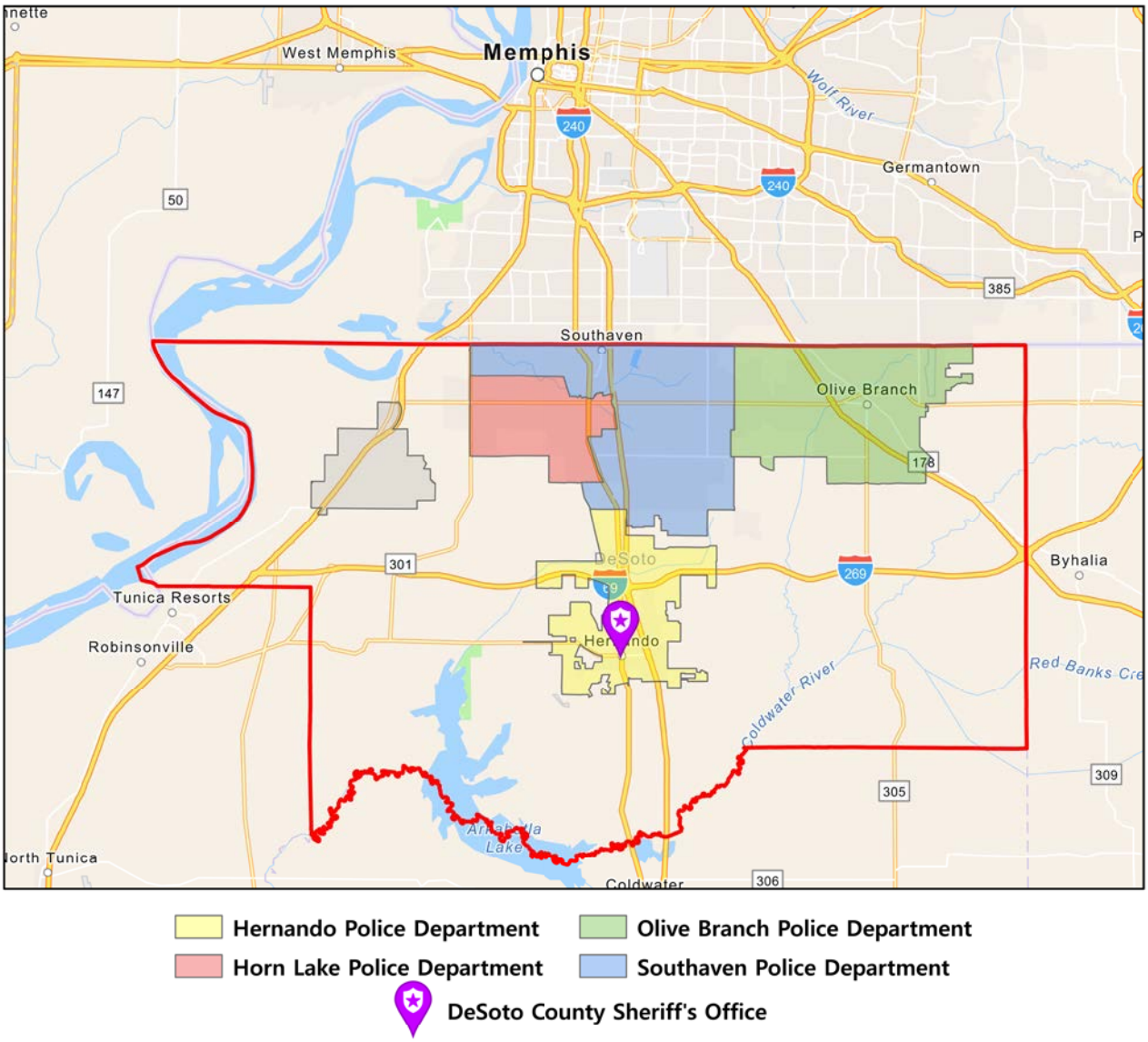
DeSoto County Crime Stoppers, Inc.

DeSoto County borders Memphis, Tennessee, which is one of the most crime-ridden cities in the United States. In 2024, Memphis had the highest crime rate among major cities in the United States.[13] Local officials in DeSoto County have long expressed concern about crime spilling across the state line.[14, 15]

Local governments have funded DeSoto County Crime Stoppers since the early 1990s when Memphis crime was at then-record levels.[16, 17] A legislatively authorized interlocal agreement allowed DeSoto County's municipal and county law enforcement agencies to provide funding to DeSoto County Crime Stoppers, Inc.[18] Figure 1 shows the government entities who have provided funding to the DeSoto County Crime Stoppers.[19]

[9] See resource.
[10] Ibid.
[11] Ibid.
[12] See article.
[13] See article.
[14] See article.
[15] See article.
[16] See appendix.
[17] See article.
[18] See appendix.
[19] Map source: Esri, TomTom, Garmin, FAO, NOAA, USGS, (c) OpenStreetMap contributors, and the GIS User Community

Figure 1



As Figure 1 shows, citations issued by the DeSoto County Sheriff's Office, Southaven Police Department, Olive Branch Police Department, Horn Lake Police Department, and Hernando Police Department have been used to fund DeSoto County Crime Stoppers. Through individual agreements, money from misdemeanor convictions (like speeding violations, petty theft, etc.) in these respective jurisdictions flowed to DeSoto County Crime Stoppers, Inc.[20]

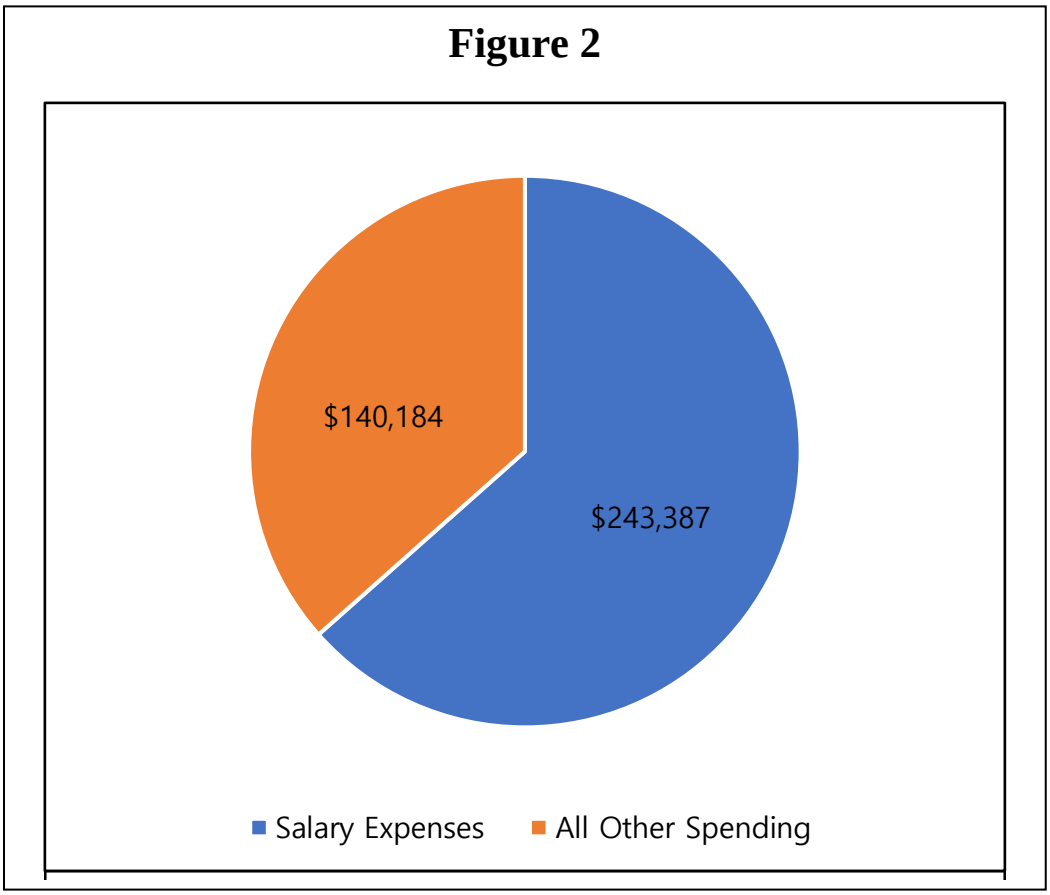
[20] See appendix.

Analysis

The Mississippi Office of the State Auditor examined documents DeSoto County Crime Stoppers, Inc. provided along with other documents analysts identified. Analysts determined DeSoto County Crime Stoppers received over $400,000 in fees from local law enforcement agencies from 2015 to 2025.[21] DeSoto County Crime Stoppers produced limited documentation showing how it spent this money. For example, bank records provided by DeSoto County Crime Stoppers account for only $50,000 in financial assets in 2023, but its federal tax filings show it held over $100,000 in financial assets that year.[22]

Desoto County Crime Stoppers could not produce any evidence showing it ever received or processed tips. Notably, DeSoto County Crime Stoppers provided no evidence it received a tip about local crime or paid an award for such tip in the last decade. Bank records labeled "reward account" show only a monthly charge for paper bank statements. DeSoto County Crime Stoppers records show regular expenses for salary and other services.[23] Figure 2 shows DeSoto County Crime Stoppers paid over $240,000 in salary, over 60% of its spending since 2015.[24]

Figure 2



[21] Ibid.
[22] Ibid.
[23] Ibid.
[24] Ibid.

Records provided to the Auditor's office show DeSoto County Crime Stoppers spent thousands of dollars on two phone lines meant to collect tips, including extra fees to keep one number unpublished.[25] In both 2023 and 2024, it bought 3,000 calendars and paid over $600 each year to ship them just 13 miles from Hernando to its Horn Lake address. The organization also spent thousands of dollars on automobile insurance in 2023 and 2024.[26]

Conclusion

Records show DeSoto County Crime Stoppers received hundreds of thousands of dollars from taxpayers since 2015, the majority of which were used to pay salary expenses**.** Additional expenditures included auto insurance, a mobile phone line, and another unpublished phone line. The organization was unable to provide records showing it had received, processed, or paid rewards on any crime tips over the past decade. These findings demonstrate the limited accountability measures in place for nonprofit organizations receiving public funds.[27]

The Mississippi Office of the State Auditor continues to recommend stronger oversight of nonprofits spending taxpayer money. Such organizations should be required to submit documentation verifying the amount of public funds received and the outcomes achieved with those funds. These records should be filed, under penalty of perjury, with the Mississippi Department of Finance and Administration or the Secretary of State's office.

Mississippians should report any instances of nonprofits wasting taxpayer funds from state agencies to the Auditor's office by emailing nonprofitwaste@osa.ms.gov or calling 601-576-2800.

[25] Ibid.
[26] Ibid.
[27] See report.

Appendix

DeSoto County Crime Stoppers, Inc.

Additional Data

Software ID:

Software Version:

EIN: 64-0716672

Name: DESOTO COUNTY CRIME STOPPERS INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)	
28 TO REDUCE CRIME IN DESOTO COUNTY, MS BY PROVIDING AND PROMOTING A SERVICE WHEREBY ANONYMOUS TIPS CAN BE RECEIVED TO HELP SOLVE CRIMES. (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	34,549 1

Lingo + bullseye

25925 Telegraph Rd, Ste 210
Southfield, MI 48033

Bill date: 12/7/2024
Due: Sat, Dec 28, 2024
Total: $134.27
Bill# 34236673 Customer# [redacted]

Amount Enclosed:

228521-6.16 1 7606-1.1 1oz

Remit to:
Lingo
P.O. Box 660344
Dallas TX 75266-0344

DESOTO COUNTY CRIME STOPPERS
PO BOX 798
SOUTHAVEN MS 38671

900041237044160003423667300000000001342773

Welcome to a NEW and improved Lingo! We are excited about our new look and we appreciate your business! Please visit our website at www.Lingo.com to check out our Offers and Promotions. Your online account access has changed with our most recent billing migration. You can access your new online account to make payments or view your invoices and much more by visiting https://MyAccount.Lingo.Com – to register, you'll need your phone number, account number and account access code that is located on the first page of your new invoice. Pay your bill by ACH/Wire Recipient: Lingo Telecom LLC / Bank: Banc of California / Routing Number: ABA: 122243774 / Bank Account Number: 2030700587 You may contact Customer Service at 866.405.4646.

Payment is due upon receipt. Make check(s) payable to Lingo.

Account: DESOTO COUNTY CRIME STOPPERS
Account Access Code: [redacted]
PO BOX 798
SOUTHAVEN MS 38671

Summary

Balance Information	
Previous Balance	134.27
Payments Received - Thank you!	(134.27)
Balance Forward	0.00
New Charges	
Recurring Charges	121.60
Taxes and Surcharges	12.67
Total New Charges	134.27
Total Amount Due	**$134.27**

Payments

Description	Date	Amount
Payment Received, Thank you!	12/02/24	(134.27)
Subtotal		**($134.27)**

Recurring Charges

Account Charges

Description	Start	End	Rate	Qty	Amount
Paper Invoice Charge	12/07/24	01/06/25	8.95	1	8.95
Subtotal					**$8.95**

Service Number: 662-429-8477

Description	Start	End	Rate	Qty	Amount
Gold Line	12/07/24	01/06/25	103.70	1	103.70
Inclusive Minutes Package	12/07/24	01/06/25	0.00	800	0.00
Non-Published Listing	12/07/24	01/06/25	8.95	1	8.95
Subtotal					**$112.65**

Taxes and Surcharges

CCRF	1.84
E-911	0.05
E911 (Business)	2.00
Federal Excise Tax	0.01
Sales Tax	0.63
Telecom Relay Surcharge	0.25
Telecommunications Sales Tax	7.89
Subtotal	**$12.67**

Management Reports

Location Summary

Location	Usage	Monthly	OneTime	SubTotal
412370441	0.00	0.00	0.00	0.00
662-429-8477	0.00	112.65	0.00	112.65
Total	**$0.00**	**$112.65**	**$0.00**	**$112.65**

Lingo + bullseye

25925 Telegraph Rd, Ste 210
Southfield, MI 48033

Bill date: 12/7/2023
Due: Thu, Dec 28, 2023
Total: $116.38
Bill# 33690036 Customer# [redacted]

Amount Enclosed:

207495-7.16 1 9060-1.1 1oz

Remit to:
Lingo
P.O. Box 660344
Dallas TX 75266-0344

DESOTO COUNTY CRIME STOPPERS
PO BOX 798
SOUTHAVEN MS 38671

9000412370441600033690036000000000001163870

Welcome to a NEW and improved Lingo! We are excited about our new look and we appreciate your business! Please visit our website at www.Lingo.com to check out our Offers and Promotions. Your online account access has changed with our most recent billing migration. You can access your new online account to make payments or view your invoices and much more by visiting https://MyAccount.Lingo.Com – to register, you'll need your phone number, account number and account access code that is located on the first page of your new invoice. Pay your bill by ACH/Wire Recipient: Lingo Telecom LLC / Bank: Banc of California / Routing Number: ABA: 122243774 / Bank Account Number: 2030700587 You may contact Customer Service at 866.405.4646.

Payment is due upon receipt. Make check(s) payable to Lingo.

Account: DESOTO COUNTY CRIME STOPPERS
Account Access Code: [redacted]
PO BOX 798
SOUTHAVEN MS 38671

Summary

Balance Information	
Previous Balance	116.38
Payments Received - Thank you!	(119.63)
Balance Forward	(3.25)
New Charges	
Recurring Charges	106.60
Adjustments	3.25
Taxes and Surcharges	9.78
Total New Charges	119.63
Total Amount Due	**$116.38**

Credits

Description	Start	End	Rate	Qty	Amount
Late Payment Charge	12/04/23	12/04/23	0.00	1	3.25
Subtotal					**$3.25**

Payments

Description	Date	Amount
Payment Received, Thank you!	12/05/23	(119.63)
Subtotal		**($119.63)**

Recurring Charges

Account Charges

Description	Start	End	Rate	Qty	Amount
Paper Invoice Charge	12/07/23	01/06/24	8.95	1	8.95
Subtotal					**$8.95**

Service Number: [redacted]

Description	Start	End	Rate	Qty	Amount
Gold Line	12/07/23	01/06/24	88.70	1	88.70
Inclusive Minutes Package	12/07/23	01/06/24	0.00	800	0.00
Non-Published Listing	12/07/23	01/06/24	8.95	1	8.95
Subtotal					**$97.65**

Taxes and Surcharges

E-911	0.05
E911 (Business)	2.00
Federal Excise Tax	0.01
Sales Tax	0.63
Telecom Relay Surcharge	0.25
Telecommunications Sales Tax	6.84
Subtotal	**$9.78**

Management Reports

Location Summary

Location	Usage	Monthly	OneTime	SubTotal
412370441	0.00	0.00	0.00	0.00
662-429-8477	0.00	97.65	0.00	97.65
Total	**$0.00**	**$97.65**	**$0.00**	**$97.65**

Furnished by, Secretary of State, State of Mississippi, Jackson, Miss.

Use this form and acknowledgments in making application for Charter of Incorporation in Mississippi.

NON-PROFIT

THE CHARTER OF INCORPORATION OF

DESOTO COUNTY CRIMESTOPPERS, INC.

1. The corporation title of said company is: Desoto County Crimestoppers, Inc.

2. The names and post office address of the incorporators are:
(The application must show affirmatively that all incorporators are adult resident citizens of Mississippi, and attach a certified copy of resolution of an existing association authorizing, directing and empowering the incorporators to make application for a grant of charter.)

Name	Street & No.	City	State
Jerry Powell	[redacted]	Southaven	Mississippi
Richard Cook		Southaven	Mississippi
Bruce Drumwright		Southaven	Mississippi

ALL INCORPORATORS ARE ADULT RESIDENT CITIZENS OF THE STATE OF MISSISSIPPI.

3. The domicile is at [redacted] (Street and No.) Southaven (City) Mississippi (State)

4. (Here set out that the corporation is NonProfit and no shares of stock shall be issued and the type of organization, As authorized by the provisions of Section 79-11-1, Code of Mississippi fo 1972, and amendments thereto.)

The corporation is non profit and no shares of stock are to be issued; the corporation is a Civic Improvement Society as set forth in Section 79-11-1 of the Mississippi Code of 1972.

5. Period of existence shall be perpetual.

6. The purpose for which it is created, not contrary to law, including a statement of the rights and powers that are to be exercised by said corporation, which said rights and powers shall be limited to those reasonably necessary to accomplish the stated purpose of the association being incorporated: The purpose of the corporation is to implement and operate a Crimestoppers organization whereby cash rewards are paid to anonymous informants for information which leads to the solving of crimes and apprehension of criminals. The corporation shall have the power to raise money from the private sector to pay for the confidential information. In the event of dissolution, the residual assets of the organization will be turned over to one or more organizations which themselves are exempt as organizations described in Sections 501 (c) (3) and 170 (c) (2) of the Internal Revenue Code of 1954 or corresponding sections of any prior or future law, or to the Federal State, or local government for exclusive public purpose.

This corporation shall not be required to make publication of its charter, shall issue no shares of stock, shall divide no dividends or profits among its members, shall make expulsion the only remedy for non-payment of dues, shall vest in each member the right to one vote in the election of all officers, shall make the loss of membership, by death or otherwise, the termination of all interest of such members in the corporate assets, and there shall be no individual liabilities against the members for corporate debts, but the entire corporate property shall be liable for the claims of creditors.

C-30-1

BOOK 314 PAGE 00

NOTE:—This application must be filed with Secretary of State within six (6) months of the date of the last acknowledgment. The signatures of the incorporators must agree with their names as they appear in the resolution, article 2 of the charter and in the acknowledgment.

Signatures:

Jerry D. Powell

Richard Cook

Bruce Drumwright

Incorporators

ACKNOWLEDGMENT

STATE OF MISSISSIPPI

County of Desoto

This day personally appeared before me, the undersigned authority Jerry Powell, Richard Cook, Bruce Drumwright, , , incorporators of the corporation known as the DESOTO COUNTY CRIMESTOPPERS, INC. who acknowledged that (he) (they) signed and delivered the above and foregoing charter of incorporation as (his) (their) act and deeds on this the 30th day of August, 1985

My Commission Expires

(NOTARIAL SEAL) My Commission Expires July 3, 1989

Received at the office of the Secretary of State this the 13th day of Sept. A.D., 1985 together with the sum of $20.00 deposited to cover the recording fee, and referred to the Attorney General for his opinion.

Secretary of State

Jackson, Miss., Sept. 25, 1985

I have examined this application for a charter of incorporation and am of the opinion that it is not violative of the Constitution and laws of the State, or of the United States.

Edwin Lloyd Pittman

Attorney General

By L Pauline Shuler

Special Assistant Attorney General

C-30-2

RESOLUTION OF DESOTO COUNTY CRIMESTOPPPERS, INC.
An Unincorporated Association, To Incorporate, Designating the incorporators, The name of the proposed corporation and authorizing the expenditure of the funds of the association necessary to do so.

Be it resolved by the members of Desoto County Crimestoppers, an unincorporated association of individuals, that it is the best interests of this association that it be forthwith incorporated as a nonprofit corporation under the law of the State of Mississippi applicable thereto and that Jerry Powel, Richard Cook, Bruce Drumwright are elected, appointed, designated and authorized to act as incorporators in applying for a charter of this association to be named Desoto County Crimestoppers, Inc.; that they are fully empowered to do so and perform any and all other acts necessary to secure said charter and authorize the expenditure of such funds of the association as may be necessary so to do.

CERTIFICATE

I, Jerry Powell, do hereby certify that I am the duly elected, qualified and acting Secretary of the above named unincorporated association of individuals, and that the foregoing is true and correct copy of a Resolution duly adopted at a meeting thereof held on the day of August 1, 1985, at Southaven, Mississippi at which a majority of the members were present, and said meeting was duly and properly called and held.

Witness my signature, this the 1st

day of August, 1985.

Secretary Jerry W. Powell
Jerry Powell

State of Mississippi

EXECUTIVE OFFICE

JACKSON

The within and foregoing Charter of Incorporation of

DESOTO COUNTY CRIMESTOPPERS, INC.

is hereby approved.

In testimony whereof, I have hereunto set my hand and caused the Great Seal of the State of Mississippi to be affixed this 30th day of September, A. D., 1985.

William A. Allain

Governor

By the Governor

Dick Molpus

Secretary of State

State of Mississippi

Office of
Secretary of State
Jackson

I, Dick Molpus, Secretary of State, do certify that the Charter of Incorporation hereto attached entitled the Charter of Incorporation of

DESOTO COUNTY CRIMESTOPPERS, INC.

was, pursuant to the provisions of Title 79, Code of Mississippi of 1972, as amended, Recorded in the Records of Incorporations in this office, in PHOTOSTAT BOOK 312, Pages 65 - 68.

SECRETARY OF STATE OFFICIAL STATE OF MISSISSIPPI

Given under my hand and the Great Seal of the State of Mississippi hereto affixed this

First Day of October, 1985.

Dick Molpus

Secretary of State

C-53

MISSISSIPPI LEGISLATURE REGULAR SESSION 1993

By: Senator(s) Ready To: Local and Private

APPROVED BY THE GOVERNOR

SENATE BILL NO. 2982

AN ACT TO AUTHORIZE THE BOARD OF SUPERVISORS OF DESOTO COUNTY AND MUNICIPALITIES THEREIN TO IMPOSE ADDITIONAL COURT COSTS IN MISDEMEANOR CASES THE AVAILS OF WHICH SHALL BE USED TO FUND DESOTO COUNTY CRIMESTOPPERS, INC.; AND FOR RELATED PURPOSES.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

SECTION 1. (1)(a) The Board of Supervisors of DeSoto County, Mississippi, is hereby authorized and empowered, in its discretion, by resolution duly adopted and entered on its minutes, to levy additional court costs in an amount not to exceed One Dollar ($1.00) per case for each misdemeanor filed in the justice court of such county.

(b) The governing authorities of the cities of Hernando, Olive Branch, Horn Lake and Southaven are hereby authorized and empowered, in their discretion, by resolution duly adopted and entered on the minutes of each governing authority, to levy additional court costs in an amount not to exceed One Dollar ($1.00) per case for each misdemeanor filed in the municipal courts of such municipalities.

(2) The avails of any additional court costs imposed pursuant to subsection (1) of this section shall be paid monthly by each county and municipality to DeSoto County Crimestoppers, Inc., for use in procuring information which will lead to the capture and conviction of persons committing crimes in DeSoto County, Mississippi.

SECTION 2. This act shall take effect and be in force from and after its passage.

ST: DeSoto Co. and cities therein levy additional court costs for Crimestoppers.

RESOLUTION IN SUPPORT OF LOCAL AND PRIVATE BILL TO AUTHORIZE ASSESSMENT OF $1.00 PER MISDEMEANOR CHARGE FILED IN THE JUSTICE COURT OF DE SOTO COUNTY, MISSISSIPPI AND FOR DISTRIBUTION OF SAID ASSESSMENT TO DESOTO COUNTY CRIMESTOPPERS, INC.

WHEREAS, DeSoto County Crimestoppers, Inc. has made a request that the Board of Supervisors of De Soto County, Mississippi support and participate and request for a local and private bill authorizing and directing the Justice Court of De Soto County, Mississippi to assess an additional cost of $1.00 per each misdemeanor charge filed in the Justice Court of DeSoto County, Mississippi, and for the distribution of said additional assessment to DeSoto County Crimestoppers, Inc. for use in procuring information which will lead to the capture and conviction of persons committing crimes in DeSoto County, Mississippi; and,

WHEREAS, this Board finds as a fact that De Soto County Crimestoppers, Inc. is a nonprofit corporation governed by a Board of Directors, operating by inter-local agreement between De Soto County, Mississippi and the municipalities of Horn Lake, Mississippi, Southaven, Mississippi, Hernando, Mississippi and Olive Branch, Mississippi; and,

WHEREAS, the Board finds that De Soto County Crimestoppers, Inc. has rendered beneficial services to the residents of De Soto County, Mississippi by providing information to law enforcement which has led to the capture and conviction of numerous criminals and the recovery of valuable property belonging to citizens of De Soto County; and,

WHEREAS, the Board of Supervisors finds that it is in the best interest of the citizens of De Soto County, Mississippi that DeSoto County Crimestoppers, Inc. have sufficient funds to administer and carry out its program; and,

WHEREAS, the Board finds that the collection of an assessment of $1.00 per misdemeanor charge filed in the Justice Court of De Soto County, Mississippi would be a proper and suitable manner of generating said funds; and,

WHEREAS, the Board finds that it is in the best interest of the citizens of De Soto County, Mississippi that the State Legislature pass a local and private bill authorizing said

assessment for said purpose as set forth above;

NOW THEREFORE, be it resolved by the Board of Supervisors of De Soto County, Mississippi as follows:

1. That the State Legislature is hereby requested to pass a local and private bill authorizing the Clerk of the Municipal Court of De Soto County, Mississippi to assess an additional Court cost of $1.00 for each misdemeanor charge filed in the said Court; and, further authorizing and directing the Clerk of said Court to collect said assessment and to each month disburse all amounts so collected pursuant to said assessment to the De Soto County Crimestoppers, Inc.;

2. That this Board supports the passage of said local and private bill for the reasons set forth above; and,

3. That the Clerk of this Board is hereby directed to spread a copy of this resolution on the minutes of this Board and to further forward the original and one (1) certified copy of this Resolution to De Soto County Crimestoppers, Inc.

All Supervisors voted yes.

SO RESOLVED this the 20th day of October, 1992.

1ST DISTRICT JESSIE L. HEDLIN — YES
2ND DISTRICT EUGNEE C. THACH — YES
3RD DISTRICT JAMES D. PEARSON — YES
4TH DISTRICT PAUL LESLIE RILEY, SR. — YES
5TH DISTRICT TOMMY LEWIS — YES

TOMMY J. LEWIS, PRESIDENT
DE SOTO COUNTY BOARD OF SUPERVISORS

STATE OF MISSISSIPPI, COUNTY OF DESOTO
I HEREBY CERTIFY that the above and foregoing is a true copy of the original filed in this office.
This the 30th day of NOV. 1992
W.E. Davis, Clerk of the chancery court
By J. Woodard D.C.

INTERLOCAL COOPERATIVE AGREEMENT BY AND BETWEEN THE SHERIFF OF DESOTO COUNTY, MISSISSIPPI AND THE BOARD OF SUPERVISORS OF DESOTO COUNTY, MISSISSIPPI AND THE CITIES OF SOUTHAVEN, HORN LAKE, OLIVE BRANCH, AND HERNANDO, MISSISSIPPI

1. PARTIES: The parties to this Agreement are the Sheriff of DeSoto County, Mississippi; the Board of Supervisors of DeSoto County, Mississippi; the City of Southaven; the City of Horn Lake, Mississippi; the City of Olive Branch, Mississippi; and the City of Hernando, Mississippi.

2. GENERAL AUTHORITY: This Interlocal Cooperative Agreement is entered into under the general provisions of Section 17-13-1, et seq., Mississippi Code of 1972, annotated, as amended.

3. EFFECTIVE DATE: This Agreement shall become effective upon the occurrence of the later of the following two events:

A. Approval by resolution on the minutes of the governing authority of each local governing unit herein; and

B. Approval by the Attorney General of the State of Mississippi in accordance with law.

4. PURPOSE: The Sheriff of DeSoto County, Mississippi, the DeSoto County Board of Supervisors, and the Board of Aldermen for the Cities of Southaven, Horn Lake, Olive Branch, and Hernando, Mississippi, by their entry into this Agreement, affirmatively set forth their belief that the joint and cooperative efforts of the aforesaid local governing units would be of mutual advantage to said units and would be for the mutual benefits of the citizens of the aforesaid county and cities. The parties further affirmatively recognize and represent that the services to be rendered in this effort accord best with the geographic, economic, population and other factors which are involved in the needs and development of DeSoto County, Mississippi, and the aforesaid cities.

5. DURATION: The duration of this Agreement shall be through Dec. 31, 1995 for the DeSoto County Board of Supervisors. All other parties do agree to duration of this Agreement through Dec. 31, 1995 and agree it shall be automatically renewed for a

period of four years beginning January 1, 1996, and shall likewise be renewed for an additional period of four years at the conclusion of each preceeding four year period without necessity of further ratification or approval of any of the governing units represented herein, unless terminated or amended by vote of any governing authority represented herein. The participation of any party to this Agreement may be terminated by such party upon six months written notice to the other parties.

6. SPECIFIC PURPOSE: The specific purpose of this Agreement is for the operation of a crimestoppers unit to serve DeSoto County, Mississippi and the cities stated above.

7. NO SEPARATE LEGAL OR ADMINISTRATIVE ENTITY CREATED HEREIN: This Agreement does not establish a separate legal entity to conduct the joint undertaking, but instead, this undertaking is to be accomplished through the offices of the Sheriff of DeSoto County, Mississippi, at his sole risk. A primary interest of the parties is to keep the administrative management and outlays therefor to a minimum by using the staff, organization, and physical facilites of the DeSoto County Sheriff's Department as the same already exists.

The specific citation of statutory authority vested in each of the local governments which is a party to this Agreement is set out in Sections 21-21-1, et seq; 19-25-1, et seq; and 17-13-1, et seq., Mississippi Code 1972, annotated, as amended.

8. MANNER OF FINANCING, STAFFING, AND SUPPLYING: Each of the following local governing units shall annually contribute to the joint project in the following amounts:

DeSoto County, Mississippi	$13,117.00
Southaven, Mississippi	10,000.00
Horn Lake, Mississippi	2,250.00
Olive Branch, Mississippi	1,500.00
Hernando, Mississippi	1,500.00

The Chancery Clerk of DeSoto County, Mississippi is hereby designated to receive, disburse, and account for all funds of the joint undertaking.

9. TERMINATION OR AMENDMENT OF THE AGREEMENT: Any party to this Agreement may terminate its participation herein by

vote of its governing authority entered on the minutes and six months notice to the other parties. This Agreement represents the full agreement between the parties and may not be amended, except by written agreement executed in accordance with the terms set forth under Paragraph 3 above. Upon withdrawal of any parties to this Agreement, all property and funds accumulated during the joint project shall remain the property of the office of the Sheriff of DeSoto County, Mississippi. Upon complete termination of this Agreement, all property accumulated during this joint operation shall remain the property of the office of the Sheriff of DeSoto County, Mississippi. All funds which have been accumulated and which have not been expended shall, after payment of any bills due and owing, be reimbursed to all parties to the Agreement at the time of the termination on a prorata basis in accordance with the contribution of such parties to the joint project during the most current year.

10. ADMINISTRATION OF THE JOINT PROJECT: In order to economically and effectively operate the joint program, it shall be administered by a coordinator who shall be employed by the Sheriff of DeSoto County, Mississippi.

11. MANNER OF ACQUIRING, HOLDING, AND DISPOSING OF REAL AND PERSONAL PROPERTY: All property acquired or held by the joint operation shall be the property of the office of the Sheriff of DeSoto County, Mississippi and may likewise be disposed of by the office of the Sheriff of DeSoto Couny, Mississippi. The Sheriff's Department shall be solely responsible for any and all such property and shall likewise be responsible for providing office space and personnel for the operation of this project.

WITNESS OUR SIGNATURES on this the _____ day of _____, 1992.

DESOTO COUNTY, MISSISSIPPI

By:_____

President
Board of Supervisors

James Albert Riley
Sheriff of DeSoto County,
Mississippi

J. A. Cates, Mayor
City of Southhaven

Mike Thomas, Mayor
City of Horn Lake

W. E. Douglas, Mayor
City of Hernando

Milton Nichols, Mayor
City of Olive Branch

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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Information about Form 990-EZ and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-1150

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
DESOTO COUNTY CRIME STOPPERS INC

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
8432 HWY 51 N

City or town, state or province, country, and ZIP or foreign postal code
SOUTHAVEN, MS 38671

D Employer identification number
64-0716672

E Telephone number
(662) 393-4060

F Group Exemption Number ▶

G Accounting Method ☑ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶N/A

J Tax-exempt status (check only one) - ☑ 501(c)(3) ☐ 501(c)( ) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 48,277

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	48,149
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	128
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	48,277
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	27,127
	13	Professional fees and other payments to independent contractors		13	13,492
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	16,228
	17	**Total expenses.** Add lines 10 through 16 ▶		17	56,847
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-8,570
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	111,412
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	102,842

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form **990-EZ** (2015)

Part II **Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	111,412	22	102,842
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	111,412	25	102,842
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	111,412	27	102,842

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . ☑

Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?
TO REDUCE CRIME IN DESOTO COUNTY, MS BY PROVIDING A SERVICE WHEREBY ANONYMOUS TIPS CAN BE RECEIVED TO HELP SOLVE CRIMES

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28
See Additional Data Table

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **28a**

29

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **29a**

30

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **30a**

31 Other program services (describe in Schedule O)
(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **31a**

32 Total program service expenses (add lines 28a through 31a) . . . . . ▶ **32** 50,035

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) **(if not paid, enter -0-)**	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Information about Form 990-EZ and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-1150

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
DESOTO COUNTY CRIME STOPPERS INC

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
8432 HWY 51 N

City or town, state or province, country, and ZIP or foreign postal code
SOUTHAVEN, MS 38671

D Employer identification number
64-0716672

E Telephone number
(662) 393-4060

F Group Exemption Number ▶

G Accounting Method ☑ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶N/A

J Tax-exempt status(check only one) - ☑ 501(c)(3) ☐ 501(c)( ) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $ 35,621

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	35,510
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	111
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less cost or other basis and sales expenses 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than $15,000) 6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) 6b		
	c	Less direct expenses from gaming and fundraising events 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances 7a		
	b	Less cost of goods sold 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	35,621
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	27,116
	13	Professional fees and other payments to independent contractors	13	9,537
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	7,645
	17	**Total expenses.** Add lines 10 through 16 ▶	17	44,298
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-8,677
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	102,842
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	94,165

18

Part II **Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	102,842	22	94,165
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 **Total assets**	102,842	25	94,165
26 **Total liabilities** (describe in Schedule O)		26	
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	102,842	27	94,165

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . . ☑

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?
TO REDUCE CRIME IN DESOTO COUNTY, MS BY PROVIDING A SERVICE WHEREBY ANONYMOUS TIPS CAN BE RECEIVED TO HELP SOLVE CRIMES

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28
See Additional Data Table

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **28a**

29

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **29a**

30

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **30a**

31 Other program services (describe in Schedule O) . . . . . .
(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **31a**

32 Total program service expenses (add lines 28a through 31a) . . . . . ▶ **32** 40,185

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV. . . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) **(if not paid, enter -0-)**	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DONNIE WHITE BOARD MEMBER	1 00	0		
PAUL DERRYBERRY BOARD MEMBER	1 00	0		
PHIL MELTON SECRETARY	1 00	0		
PATRICIA HOLLAND DIRECTOR	2 00	0		
LARRY HOLLAND COORDINATOR	12 00	25,000		
DAVID SISCO BOARD MEMBER	1 00	0		
KEN PLEASANTS PRESIDENT	1 00	0		
KAY CHISM TREASURER	2 00	0		
SHERRY DICKERSON VICE PRESIDE	1 00	0		
LYNN DICKERSON DIRECTOR	1 00	0		
W F HOLLIDAY BOARD MEMBER	1 00	0		

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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Information about Form 990-EZ and its instructions is at *www.irs.gov/form990ez*.**

OMB No 1545-1150

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
DESOTO COUNTY CRIME STOPPERS INC

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
8432 HWY 51 N

City or town, state or province, country, and ZIP or foreign postal code
SOUTHAVEN, MS 38671

D Employer identification number
64-0716672

E Telephone number
(901) 288-6735

F Group Exemption Number ▶

G Accounting Method ☑ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶N/A

J Tax-exempt status(check only one) - ☑ 501(c)(3) ☐ 501(c)( ) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $ 33,527

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	32,980
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	547
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less cost or other basis and sales expenses 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than $15,000) 6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) 6b		
	c	Less direct expenses from gaming and fundraising events 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances 7a		
	b	Less cost of goods sold 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	33,527
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	27,105
	13	Professional fees and other payments to independent contractors	13	9,388
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	13,153
	17	**Total expenses.** Add lines 10 through 16 ▶	17	49,646
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-16,119
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	94,167
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	78,048

20

Part II **Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	94,167	22	78,048
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 **Total assets**	94,167	25	78,048
26 **Total liabilities** (describe in Schedule O)		26	
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	94,167	27	78,048

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . . ☑

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?
TO REDUCE CRIME IN DESOTO COUNTY, MS BY PROVIDING A SERVICE WHEREBY ANONYMOUS TIPS CAN BE RECEIVED TO HELP SOLVE CRIMES

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28
See Additional Data Table

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **28a**

29 See Additional Data Table

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **29a**

30

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **30a**

31 Other program services (describe in Schedule O) . . . . . .
(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **31a**

32 Total program service expenses (add lines 28a through 31a) . . . . . ▶ **32** 44,020

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV. . . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) **(if not paid, enter -0-)**	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DONNIE WHITE BOARD MEMBER	000 00	0		
PAUL DERRYBERRY BOARD MEMBER	000 00	0		
PHIL MELTON SECRETARY	000 00	0		
PATRICIA HOLLAND DIRECTOR	000 00	0		
LARRY HOLLAND COORDINATOR	000 00	0		
DAVID SISCO BOARD MEMBER	000 00	0		
KEN PLEASANTS PRESIDENT	000 00	0		
MIKE GUICE TREASURER	000 00	0		
SHERRY DICKERSON VICE PRESIDE	000 00	0		
LYNN DICKERSON BOARD MEMBER	000 00	0		
W F HOLLIDAY BOARD MEMBER	000 00	0		

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Form **990EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ **Do not enter social security numbers on this form as it may be made public.**

▶ **Go to *www.irs.gov/Form990EZ* for the latest information.**

OMB No 1545-1150

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
DESOTO COUNTY CRIME STOPPERS INC

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
P O BOX 798

City or town, state or province, country, and ZIP or foreign postal code
SOUTHAVEN, MS 38671

D Employer identification number
64-0716672

E Telephone number
(901) 288-6735

F Group Exemption Number ▶

G Accounting Method ☑ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶N/A

J Tax-exempt status (check only one) - ☑ 501(c)(3) ☐ 501(c)( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $ 52,925

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	52,327
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	598
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less cost or other basis and sales expenses 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than $15,000) 6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) 6b		
	c	Less direct expenses from gaming and fundraising events 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances 7a		
	b	Less cost of goods sold 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	52,925
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	27,113
	13	Professional fees and other payments to independent contractors	13	1,260
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	14,828
	17	**Total expenses.** Add lines 10 through 16 ▶	17	43,201
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	9,724
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	78,048
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	87,772

22

Part II **Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	78,048	22	87,772
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 **Total assets**	78,048	25	87,772
26 **Total liabilities** (describe in Schedule O)		26	
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	78,048	27	87,772

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . . ☑

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?
TO REDUCE CRIME IN DESOTO COUNTY, MS BY PROVIDING A SERVICE WHEREBY ANONYMOUS TIPS CAN BE RECEIVED TO HELP SOLVE CRIMES

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28
See Additional Data Table

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **28a**

29 See Additional Data Table

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **29a**

30

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **30a**

31 Other program services (describe in Schedule O) . . . . . .
(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **31a**

32 Total program service expenses (add lines 28a through 31a) . . . . . ▶ **32** 38,751

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV. . . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) **(if not paid, enter -0-)**	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DONNIE WHITE BOARD MEMBER	000 00	0		
PHIL MELTON SECRETARY	000 00	0		
PATRICIA HOLLAND DIRECTOR	000 00	0		
LARRY HOLLAND COORDINATOR	000 00	0		
DAVID SISCO BOARD MEMBER	000 00	0		
KEN PLEASANTS PRESIDENT	000 00	0		
MIKE GUICE TREASURER	000 00	0		
SHERRY DICKERSON BOARD MEMBER	000 00	0		
LYNN DICKERSON VICE PRESIDE	000 00	0		
W F HOLLIDAY BOARD MEMBER	000 00	0		

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Form **990EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ **Do not enter social security numbers on this form as it may be made public.**

▶ **Go to *www.irs.gov/Form990EZ* for instructions and the latest information.**

OMB No. 1545-1150

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
DESOTO COUNTY CRIME STOPPERS INC

Number and street (or P. O. box, if mail is not delivered to street address) | Room/suite
P O BOX 798

City or town, state or province, country, and ZIP or foreign postal code
SOUTHAVEN, MS 38671

D Employer identification number
64-0716672

E Telephone number
(901) 288-6735

F Group Exemption Number ▶

G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶N/A

J Tax-exempt status (check only one) - ☑ 501(c)(3) ☐ 501(c)( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $ 39,850

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	39,624
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	226
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less: cost or other basis and sales expenses 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than $15,000) 6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) 6b		
	c	Less: direct expenses from gaming and fundraising events 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances 7a		
	b	Less: cost of goods sold 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	39,850
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	26,993
	13	Professional fees and other payments to independent contractors	13	1,261
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	16,512
	17	**Total expenses.** Add lines 10 through 16 ▶	17	44,766
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-4,916
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	87,772
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	82,856

24

Part II **Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	87,772	22	82,856
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 **Total assets**	87,772	25	82,856
26 **Total liabilities** (describe in Schedule O)		26	
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	87,772	27	82,856

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . . ☑

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose?
TO REDUCE CRIME IN DESOTO COUNTY, MS BY PROVIDING A SERVICE WHEREBY ANONYMOUS TIPS CAN BE RECEIVED TO HELP SOLVE CRIMES.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28
See Additional Data Table

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **28a**

29 See Additional Data Table **29a**

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐

30 **30a**

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐

31 Other program services (describe in Schedule O) . . . . . .
(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **31a**

32 Total program service expenses (add lines 28a through 31a) . . . . . ▶ **32** 41,071

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV. . . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) **(if not paid, enter -0-)**	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DONNIE WHITE BOARD MEMBER	000.00	0		
PHIL MELTON SECRETARY	000.00	0		
PATRICIA HOLLAND DIRECTOR	000.00	0		
LARRY HOLLAND COORDINATOR	000.00	0		
DAVID SISCO BOARD MEMBER	000.00	0		
KEN PLEASANTS PRESIDENT	000.00	0		
MIKE GUICE TREASURER	000.00	0		
SHERRY DICKERSON BOARD MEMBER	000.00	0		
LYNN DICKERSON VICE PRESIDE	000.00	0		
W F HOLLIDAY BOARD MEMBER	000.00	0		

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Form **990EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ **Do not enter social security numbers on this form as it may be made public.**

▶ **Go to *www.irs.gov/Form990EZ* for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 01-01-2021 , and ending 12-31-2021

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
DESOTO COUNTY CRIME STOPPERS INC

Number and street (or P. O. box, if mail is not delivered to street address) | Room/suite
P O BOX 798

City or town, state or province, country, and ZIP or foreign postal code
SOUTHAVEN, MS 38671

D Employer identification number
64-0716672

E Telephone number
(901) 288-6735

F Group Exemption Number ▶

G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☑ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶N/A

J Tax-exempt status (check only one) - ☑ 501(c)(3) ☐ 501(c)( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $ 40,140

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	40,025
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	115
	5a	Gross amount from sale of assets other than inventory — 5a		
	b	Less: cost or other basis and sales expenses — 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than $15,000) — 6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) — 6b		
	c	Less: direct expenses from gaming and fundraising events — 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances — 7a		
	b	Less: cost of goods sold — 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	40,140
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	26,984
	13	Professional fees and other payments to independent contractors	13	1,308
	14	Occupancy, rent, utilities, and maintenance	14	552
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	8,878
	17	**Total expenses.** Add lines 10 through 16 ▶	17	37,722
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,418
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	71,135
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	73,553

26

Part II **Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	71,135	22	73,553
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 **Total assets**	71,135	25	73,553
26 **Total liabilities** (describe in Schedule O)		26	
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	71,135	27	73,553

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . . ☑

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose?
TO REDUCE CRIME IN DESOTO COUNTY, MS BY PROVIDING A SERVICE WHEREBY ANONYMOUS TIPS CAN BE RECEIVED TO HELP SOLVE CRIMES.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28
See Additional Data Table

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **28a**

29 See Additional Data Table **29a**

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐

30 **30a**

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐

31 Other program services (describe in Schedule O) . . . . . .
(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **31a**

32 Total program service expenses (add lines 28a through 31a) . . . . . ▶ **32** 35,951

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated ; see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV. . . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) **(if not paid, enter -0-)**	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DONNIE WHITE BOARD MEMBER	000.00	0		
PHIL MELTON SECRETARY	000.00	0		
PATRICIA HOLLAND DIRECTOR	000.00	0		
LARRY HOLLAND COORDINATOR	000.00	0		
DAVID SISCO BOARD MEMBER	000.00	0		
KEN PLEASANTS PRESIDENT	000.00	0		
MIKE GUICE TREASURER	000.00	0		
SHERRY DICKERSON BOARD MEMBER	000.00	0		
LYNN DICKERSON VICE PRESIDE	000.00	0		
W F HOLLIDAY BOARD MEMBER	000.00	0		

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Form **990EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ **Do not enter social security numbers on this form as it may be made public.**

▶ **Go to *www.irs.gov/Form990EZ* for instructions and the latest information.**

OMB No. 1545-0047

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 01-01-2022 , and ending 12-31-2022

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
DESOTO COUNTY CRIME STOPPERS INC

Number and street (or P. O. box, if mail is not delivered to street address) | Room/suite
P O BOX 798

City or town, state or province, country, and ZIP or foreign postal code
SOUTHAVEN, MS 38671

D Employer identification number
64-0716672

E Telephone number
(901) 288-6735

F Group Exemption Number ▶

G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☑ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶N/A

J Tax-exempt status (check only one) - ☑ 501(c)(3) ☐ 501(c)( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $ 39,825

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	39,697
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	128
	5a	Gross amount from sale of assets other than inventory — 5a		
	b	Less: cost or other basis and sales expenses — 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than $15,000) — 6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) — 6b		
	c	Less: direct expenses from gaming and fundraising events — 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances — 7a		
	b	Less: cost of goods sold — 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	39,825
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	26,983
	13	Professional fees and other payments to independent contractors	13	1,312
	14	Occupancy, rent, utilities, and maintenance	14	584
	15	Printing, publications, postage, and shipping	15	2,795
	16	Other expenses (describe in Schedule O)	16	3,699
	17	**Total expenses.** Add lines 10 through 16 ▶	17	35,373
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,452
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	73,553
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	78,005

28

Part II **Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	73,553	22	78,005
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 **Total assets**	73,553	25	78,005
26 **Total liabilities** (describe in Schedule O)		26	
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	73,553	27	78,005

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . . ☑

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose?
TO REDUCE CRIME IN DESOTO COUNTY, MS BY PROVIDING A SERVICE WHEREBY ANONYMOUS TIPS CAN BE RECEIVED TO HELP SOLVE CRIMES.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28
See Additional Data Table

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **28a**

29 See Additional Data Table **29a**

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐

30 **30a**

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐

31 Other program services (describe in Schedule O) . . . . . .
(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **31a**

32 Total program service expenses (add lines 28a through 31a) . . . . . ▶ **32** 34,263

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated ; see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV. . . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) **(if not paid, enter -0-)**	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DONNIE WHITE BOARD MEMBER	000.00	0		
PHIL MELTON SECRETARY	000.00	0		
PATRICIA HOLLAND DIRECTOR	000.00	0		
LARRY HOLLAND COORDINATOR	000.00	0		
DAVID SISCO BOARD MEMBER	000.00	0		
KEN PLEASANTS PRESIDENT	000.00	0		
MIKE GUICE TREASURER	000.00	0		
SHERRY DICKERSON BOARD MEMBER	000.00	0		
LYNN DICKERSON VICE PRESIDE	000.00	0		
W F HOLLIDAY BOARD MEMBER	000.00	0		

Form **990EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ **Do not enter social security numbers on this form as it may be made public.**

▶ ~~**Go to www.irs.gov/Form990EZ for instructions and the latest information.**~~

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning 01-01-2023 , and ending 12-31-2023

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
DESOTO COUNTY CRIME STOPPERS INC

Number and street (or P. O. box, if mail is not delivered to street address) | Room/suite
P O BOX 798

City or town, state or province, country, and ZIP or foreign postal code
SOUTHAVEN, MS 38671

D Employer identification number
64-0716672

E Telephone number
(901) 288-6735

F Group Exemption Number ▶

G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☑ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ N/A

J Tax-exempt status (check only one) ☑ 501(c)(3) ☐ 501(c)( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $ 63,487

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	63,348
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	139
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less: direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	63,487
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	26,983
	13	Professional fees and other payments to independent contractors		13	1,310
	14	Occupancy, rent, utilities, and maintenance		14	672
	15	Printing, publications, postage, and shipping		15	2,995
	16	Other expenses (describe in Schedule O)		16	3,509
	17	**Total expenses.** Add lines 10 through 16 ▶		17	35,469
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	28,018
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	78,006
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	106,024

Part II Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	78,006	22	106,024
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	78,006	25	106,024
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	78,006	27	106,024

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . . ☑

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose?
TO REDUCE CRIME IN DESOTO COUNTY, MS BY PROVIDING A SERVICE WHEREBY ANONYMOUS TIPS CAN BE RECEIVED TO HELP SOLVE CRIMES.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 TO REDUCE CRIME IN DESOTO COUNTY, MS BY PROVIDING AND PROMOTING A SERVICE WHEREBY ANONYMOUS TIPS CAN BE RECEIVED TO HELP SOLVE CRIMES. **28a** 34,549
(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐

29 TO REDUCE CRIME IN DESOTO COUNTY, MS BY PROVIDING A SERVICE WHEREBY ANONYMMOUS TIPS CAN BE RECEIVED TO HELP SOLVE CRIMES. **29a**
(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐

30 **30a**
(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐

31 Other program services (describe in Schedule O) **31a**
(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐

32 Total program service expenses (add lines 28a through 31a) . . . . . ▶ **32** 34,549

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated ; see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV. . . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
LARRY HOLLAND COORDINATOR	0.50	0		
PATRICIA HOLLAND PUBLIC RELAT	0.50	0		
KEN PLEASANTS CHAIRMAN	0.50	0		
SHERRY DICKERSON CO CHAIRMAN	0.50	0		
KAYE CHIM BOARD MEMBER	000.00	0		
DONNIE WHITE BOARD MEMBER	000.00	0		
PHIL MELTON SECRETARY	0.50	0		
WILLIAM F HOLLIDAY BOARD MEMBER	000.00	0		
LYNN DICKERSON BOARD MEMBER	000.00	0		
DAVID SISCO BOARD MEMBER	000.00	0		
DONNA COX TREASURER	0.50	0		
MIKE GUICE BOARD MEMBER	000.00	0		

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form, as it may be made public.

Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2024 calendar year, or tax year beginning , and ending

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
DESOTO COUNTY CRIMESTOPPERS, INC.

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
P. O. BOX 798

City or town, state or province, country, and ZIP or foreign postal code
SOUTHAVEN MS 38671

D Employer identification number
64-0716672

E Telephone number
901-288-6735

F Group Exemption Number

G Accounting Method: [X] Cash [ ] Accrual Other (specify)

H Check [ ] if the organization is not required to attach Schedule B (Form 990).

I Website: HTTPS://WWW.DPS.MS.GOV/CRIME-STOPPERS/

J Tax-exempt status (check only one) — [X] 501(c)(3) [ ] 501(c)( ) (insert no.) [ ] 4947(a)(1) or [ ] 527

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B)) are $500,000 or more, file Form 990 instead of Form 990-EZ ... $ 73,771

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ... [X]

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	73,642
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	129
	5a	Gross amount from sale of assets other than inventory — 5a		
	b	Less: cost or other basis and sales expenses — 5b		
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
	a	Gross income from gaming (attach Schedule G if greater than $15,000) — 6a		
	b	Gross income from fundraising events (not including $ ____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) — 6b		
	c	Less: direct expenses from gaming and fundraising events — 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances — 7a		
	b	Less: cost of goods sold — 7b		
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	73,771
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	26,983
	13	Professional fees and other payments to independent contractors	13	1,312
	14	Occupancy, rent, utilities, and maintenance	14	768
	15	Printing, publications, postage, and shipping	15	3,123
	16	Other expenses (describe in Schedule O)	16	4,063
	17	**Total expenses.** Add lines 10 through 16	17	36,249
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	37,522
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	106,025
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	143,547

Part II Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	106,025	22	143,547
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 **Total assets**	106,025	25	143,547
26 **Total liabilities** (describe in Schedule O)	0	26	0
27 **Net assets or fund balances** (line 27 of column (B) must agree with line 21)	106,025	27	143,547

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose?
SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 TO REDUCE CRIME IN DESOTO COUNTY, MS BY PROVIDING AND PROMOTING A SERVICE WHEREBY ANONYMOUS TIPS CAN BE RECEIVED TO HELP SOLVE CRIMES.

(Grants $) If this amount includes foreign grants, check here ☐ 28a 35,167

29

(Grants $) If this amount includes foreign grants, check here ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ☐ 30a

31 Other program services (describe in Schedule O)
(Grants $) If this amount includes foreign grants, check here ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) 32 35,167

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
KAYE CHIM BOARD MEMBER	0.00	0	0	0
DONNIE WHITE CHAIRMEN	0.50	0	0	0
PHIL MELTON SECRETARY	0.50	0	0	0
LYNN DICKERSON BOARD MEMBER	0.00	0	0	0
SHERRY DICKERSON CO CHAIRMAN	0.50	0	0	0
DAVID SISCO BOARD MEMBER	0.00	0	0	0
DONNA COX TREASURER	0.50	0	0	0
WILLIAM F HOLLIDAY BOARD MEMBER	0.00	0	0	0
PATRICIA HOLLAND PUBLIC RELATIONS	0.50	0	0	0
LARRY HOLLAND COORDINATOR	40.00	25,000	0	0

Desoto County Crimestoppers, Inc.
8432 Hwy 51 N.
Southaven, MS 38671

Earnings Statement

Check Date: **January 31, 2023**
Period Beginning: **January 01, 2023**
Period Ending: **January 31, 2023**
Voucher Number **1553**
Net Pay **1,674.78**

LARRY W HOLLAND Employee Number **1** Department **Crime**

Earnings	Rate	Hours	Amount	YTD Hrs	YTD Amt
Salary	0.00	173.33	2083.33	173.33	2083.33
Total Gross Pay		**173.33**	**2083.33**	**173.33**	**2083.33**

Taxes	Status	Taxable	Amount	YTD Amt
Medicare		2083.33	[redacted]	
OASDI		2083.33		
Federal Income Tax	S/0	2083.33		
Mississippi SITW	MS/0	2083.33		
Total Tax Withholding			**408.55**	**408.55**

Deductions	Amount	YTD Amt
No Deductions		

Direct Deposits	Account	Amount
[redacted]		1674.78
Total Direct Deposits		**1674.78**

Benefits	Hours	Amount	YTD Hrs	YTD Amt

Accruals	Dollars

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Desoto County Crimestoppers, Inc.
8432 Hwy 51 N.
Southaven, MS 38671

Direct Deposit Advice
Check Date January 31, 2023
Voucher Number 1553

This is not a check

3034 Crime 1 1553 1
LARRY W HOLLAND
[redacted]
HERNANDO, MS 38632

Desoto County Crimestoppers, Inc.
8432 Hwy 51 N.
Southaven, MS 38671

Earnings Statement

Check Date: **February 28, 2023**
Period Beginning: **February 01, 2023**
Period Ending: **February 28, 2023**
Voucher Number **1557**
Net Pay **1,691.79**

LARRY W HOLLAND Employee Number **1** Department **Crime**

Earnings	Rate	Hours	Amount	YTD Hrs	YTD Amt
Salary	0.00	173.33	2083.33	346.66	4166.66
Total Gross Pay		**173.33**	**2083.33**	**346.66**	**4166.66**

Taxes	Status	Taxable	Amount	YTD Amt
Medicare		2083.33	[redacted]	
OASDI		2083.33		
Federal Income Tax	S/0	2083.33		
Mississippi SITW	MS/0	2083.33		
Total Tax Withholding			**391.54**	**800.09**

Deductions	Amount	YTD Amt
No Deductions		

Direct Deposits	Account	Amount
[redacted]		1691.79
Total Direct Deposits		**1691.79**

Benefits	Hours	Amount	YTD Hrs	YTD Amt

Accruals	Dollars

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Desoto County Crimestoppers, Inc.
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Southaven, MS 38671

Direct Deposit Advice
Check Date February 28, 2023
Voucher Number 1557

This is not a check

3034 Crime 1 1557 1
LARRY W HOLLAND
[redacted]
HERNANDO, MS 38632

Desoto County Crimestoppers, Inc.
8432 Hwy 51 N.
Southaven, MS 38671

Earnings Statement

Check Date:	**March 31, 2023**
Period Beginning:	**March 01, 2023**
Period Ending:	**March 31, 2023**
Voucher Number	**1561**
Net Pay	**1,691.79**

LARRY W HOLLAND Employee Number 1 Department **Crime**

Earnings	Rate	Hours	Amount	YTD Hrs	YTD Amt
Salary	0.00	173.33	2083.33	519.99	6249.99
Total Gross Pay		**173.33**	**2083.33**	**519.99**	**6249.99**

Taxes	Status	Taxable	Amount	YTD Amt
Medicare		2083.33	[redacted]	
OASDI		2083.33		
Federal Income Tax	S/0	2083.33		
Mississippi SITW	MS/0	2083.33		
Total Tax Withholding			**391.54**	**1191.63**

Deductions	Amount	YTD Amt
No Deductions		

Direct Deposits	Account	Amount
[redacted]		1691.79
Total Direct Deposits		**1691.79**

Benefits	Hours	Amount	YTD Hrs	YTD Amt

Accruals	Dollars

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8432 Hwy 51 N.
Southaven, MS 38671

Direct Deposit Advice

Check Date	Voucher Number
March 31, 2023	1561

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3034 Crime 1 1561 1
LARRY W HOLLAND
[redacted]
HERNANDO, MS 38632

Desoto County Crimestoppers, Inc.
8432 Hwy 51 N.
Southaven, MS 38671

Earnings Statement

Check Date:	April 28, 2023
Period Beginning:	April 01, 2023
Period Ending:	April 30, 2023
Voucher Number	1565
Net Pay	1,691.78

LARRY W HOLLAND Employee Number 1 Department Crime

Earnings	Rate	Hours	Amount	YTD Hrs	YTD Amt
Salary	0.00	173.33	2083.33	693.32	8333.32
Total Gross Pay		**173.33**	**2083.33**	**693.32**	**8333.32**

Taxes	Status	Taxable	Amount	YTD Am
Medicare		2083.33	[redacted]	
OASDI		2083.33		
Federal Income Tax	S/0	2083.33		
Mississippi SITW	MS/0	2083.33		
Total Tax Withholding			391.55	1583.1

Deductions	Amount	YTD An
No Deductions		

Direct Deposits	Account	Amount
[redacted]		1691.78
Total Direct Deposits		**1691.78**

Benefits	Hours	Amount	YTD Hrs	YTD Amt

Accruals	Dolla

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Southaven, MS 38671

Direct Deposit Advice

Check Date	Voucher Numbe
April 28, 2023	156

*****This is not a check*****

3034 Crime 1 1565 1
LARRY W HOLLAND
[redacted]
HERNANDO, MS 38632

Desoto County Crimestoppers, Inc.
8432 Hwy 51 N.
Southaven, MS 38671

Earnings Statement

Check Date: **May 31, 2023**
Period Beginning: **May 01, 2023**
Period Ending: **May 31, 2023**
Voucher Number **1569**
Net Pay **1,691.79**

LARRY W HOLLAND Employee Number **1** Department **Crime**

Earnings	Rate	Hours	Amount	YTD Hrs	YTD Amt
Salary	0.00	173.33	2083.33	866.65	10416.65
Total Gross Pay		**173.33**	**2083.33**	**866.65**	**10416.65**

Taxes	Status	Taxable	Amount	YTD Amt
Medicare		2083.33	[redacted]	
OASDI		2083.33		
Federal Income Tax	S/0	2083.33		
Mississippi SITW	MS/0	2083.33		
Total Tax Withholding			**391.54**	**1974.72**

Deductions	Amount	YTD Amt
No Deductions		

Direct Deposits	Account	Amount
[redacted]		1691.79
Total Direct Deposits		**1691.79**

Benefits	Hours	Amount	YTD Hrs	YTD Amt

Accruals	Dollars

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Southaven, MS 38671

Direct Deposit Advice

Check Date	Voucher Number
May 31, 2023	1569

*****This is not a check*****

3034 Crime 1 1569 1
LARRY W HOLLAND
[redacted]
HERNANDO, MS 38632

Desoto County Crimestoppers, Inc.
8432 Hwy 51 N.
Southaven, MS 38671

Earnings Statement

Check Date:	**June 30, 2023**
Period Beginning:	**June 01, 2023**
Period Ending:	**June 30, 2023**
Voucher Number	**1573**
Net Pay	**1,691.78**

LARRY W HOLLAND Employee Number **1** Department **Crime**

Earnings	Rate	Hours	Amount	YTD Hrs	YTD Amt
Salary	0.00	173.33	2083.33	1039.98	12499.98
Total Gross Pay		**173.33**	**2083.33**	**1039.98**	**12499.98**

Taxes	Status	Taxable	Amount	YTD Amt
Medicare		2083.33	[redacted]	[redacted]
OASDI		2083.33		
Federal Income Tax	S/0	2083.33		
Mississippi SITW	MS/0	2083.33		
Total Tax Withholding			**391.55**	**2366.27**

Deductions	Amount	YTD Amt
No Deductions		

Direct Deposits	Account	Amount
[redacted]		1691.78
Total Direct Deposits		**1691.78**

Benefits	Hours	Amount	YTD Hrs	YTD Amt

Accruals	Dollars

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Desoto County Crimestoppers, Inc.
8432 Hwy 51 N.
Southaven, MS 38671

Direct Deposit Advice

Check Date	Voucher Number
June 30, 2023	1573

*****This is not a check*****

3034 Crime 1 1573 1
LARRY W HOLLAND
[redacted]
HERNANDO, MS 38632

Desoto County Crimestoppers, Inc.
8432 Hwy 51 N.
Southaven, MS 38671

Earnings Statement

Check Date:	**July 31, 2023**
Period Beginning:	**July 01, 2023**
Period Ending:	**July 31, 2023**
Voucher Number	**1577**
Net Pay	**1,691.78**

LARRY W HOLLAND Employee Number **1** Department **Crime**

Earnings	Rate	Hours	Amount	YTD Hrs	YTD Amt
Salary	0.00	173.33	2083.33	1213.31	14583.31
Total Gross Pay		**173.33**	**2083.33**	**1213.31**	**14583.31**

Taxes	Status	Taxable	Amount	YTD Amt
Medicare		2083.33	[redacted]	
OASDI		2083.33		
Federal Income Tax	S/0	2083.33		
Mississippi SITW	MS/0	2083.33		
Total Tax Withholding			**391.55**	**2757.82**

Deductions	Amount	YTD Amt
No Deductions		

Direct Deposits	Account	Amount
[redacted]		1691.78
Total Direct Deposits		**1691.78**

Benefits	Hours	Amount	YTD Hrs	YTD Amt

Accruals	Dollars

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Desoto County Crimestoppers, Inc.
8432 Hwy 51 N.
Southaven, MS 38671

Direct Deposit Advice

Check Date	Voucher Number
July 31, 2023	1577

*****This is not a check*****

3034 Crime 1 1577 1
LARRY W HOLLAND
[redacted]
HERNANDO, MS 38632

Desoto County Crimestoppers, Inc.
8432 Hwy 51 N.
Southaven, MS 38671

Earnings Statement

Check Date: **August 31, 2023**
Period Beginning: **August 01, 2023**
Period Ending: **August 31, 2023**
Voucher Number **1581**
Net Pay **1,691.79**

LARRY W HOLLAND Employee Number **1** Department **Crime**

Earnings	Rate	Hours	Amount	YTD Hrs	YTD Amt
Salary	0.00	173.33	2083.33	1386.64	16666.64
Total Gross Pay		**173.33**	**2083.33**	**1386.64**	**16666.64**

Taxes	Status	Taxable	Amount	YTD Amt
Medicare		2083.33	[redacted]	
OASDI		2083.33		
Federal Income Tax	S/0	2083.33		
Mississippi SITW	MS/0	2083.33		
Total Tax Withholding			**391.54**	**3149.36**

Deductions	Amount	YTD Amt
No Deductions		

Direct Deposits	Account	Amount
[redacted]		1691.79
Total Direct Deposits		**1691.79**

Benefits	Hours	Amount	YTD Hrs	YTD Amt

Accruals	Dollars

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Desoto County Crimestoppers, Inc.
8432 Hwy 51 N.
Southaven, MS 38671

Direct Deposit Advice

Check Date	Voucher Number
August 31, 2023	1581

*****This is not a check*****

3034 Crime 1 1581 1
LARRY W HOLLAND
[redacted]
HERNANDO, MS 38632

Desoto County Crimestoppers, Inc.
8432 Hwy 51 N.
Southaven, MS 38671

Earnings Statement

Check Date: **September 29, 2023**
Period Beginning: **Sept. 01, 2023**
Period Ending: **Sept. 30, 2023**
Voucher Number **1585**
Net Pay **1,691.79**

LARRY W HOLLAND Employee Number **1** Department **Crime**

Earnings	Rate	Hours	Amount	YTD Hrs	YTD Amt
Salary	0.00	173.33	2083.33	1559.97	18749.97
Total Gross Pay		**173.33**	**2083.33**	**1559.97**	**18749.97**

Taxes	Status	Taxable	Amount	YTD Amt
Medicare		2083.33	[redacted]	
OASDI		2083.33		
Federal Income Tax	S/0	2083.33		
Mississippi SITW	MS/0	2083.33		
Total Tax Withholding			**391.54**	**3540.9(**

Deductions	Amount	YTD Amt
No Deductions		

Direct Deposits	Account	Amount
[redacted]		1691.79
Total Direct Deposits		**1691.79**

Benefits	Hours	Amount	YTD Hrs	YTD Amt

Accruals	Dollars

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Desoto County Crimestoppers, Inc.
8432 Hwy 51 N.
Southaven, MS 38671

Direct Deposit Advice
Check Date September 29, 2023
Voucher Number 1585

*****This is not a check*****

3034 Crime 1 1585 1
LARRY W HOLLAND
[redacted]
HERNANDO, MS 38632

Desoto County Crimestoppers, Inc.
8432 Hwy 51 N.
Southaven, MS 38671

Earnings Statement

Check Date: **October 31, 2023**
Period Beginning: **October 01, 2023**
Period Ending: **October 31, 2023**
Voucher Number **1589**
Net Pay **1,691.79**

LARRY W HOLLAND Employee Number **1** Department **Crime**

Earnings	Rate	Hours	Amount	YTD Hrs	YTD Amt
Salary	0.00	173.33	2083.33	1733.30	20833.30
Total Gross Pay		**173.33**	**2083.33**	**1733.30**	**20833.30**

Taxes	Status	Taxable	Amount	YTD Amt
Medicare		2083.33	[redacted]	
OASDI		2083.33		
Federal Income Tax	S/0	2083.33		
Mississippi SITW	MS/0	2083.33		
Total Tax Withholding			**391.54**	**3932.44**

Deductions	Amount	YTD Amt
No Deductions		

Direct Deposits	Account	Amount
[redacted]		1691.79
Total Direct Deposits		**1691.79**

Benefits	Hours	Amount	YTD Hrs	YTD Amt

Accruals	Dollars

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Desoto County Crimestoppers, Inc.
8432 Hwy 51 N.
Southaven, MS 38671

Direct Deposit Advice

Check Date	Voucher Number
October 31, 2023	1589

*****This is not a check*****

3034 Crime 1 1589 1
LARRY W HOLLAND
[redacted]
HERNANDO, MS 38632

Desoto County Crimestoppers, Inc.
8432 Hwy 51 N.
Southaven, MS 38671

Earnings Statement

Check Date: **November 30, 2023**
Period Beginning **November 01, 2023**
Period Ending: **November 30, 2023**
Voucher Number **1593**
Net Pay **1,691.78**

LARRY W HOLLAND Employee Number **1** Department **Crime**

Earnings	Rate	Hours	Amount	YTD Hrs	YTD Amt
Salary	0.00	173.33	2083.33	1906.63	22916.63
Total Gross Pay		**173.33**	**2083.33**	**1906.63**	**22916.63**

Taxes	Status	Taxable	Amount	YTD Amt
Medicare		2083.33	[redacted]	
OASDI		2083.33		
Federal Income Tax	S/0	2083.33		
Mississippi SITW	MS/0	2083.33		
Total Tax Withholding			**391.55**	**4323.99**

Deductions	Amount	YTD Amt
No Deductions		

Direct Deposits	Account	Amount
[redacted]		1691.78
Total Direct Deposits		**1691.78**

Benefits	Hours	Amount	YTD Hrs	YTD Amt

Accruals	Dollars

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Direct Deposit Advice
Check Date November 30, 2023
Voucher Number 1593

*****This is not a check*****

3034 Crime 1 1593 1
LARRY W HOLLAND
[redacted]
HERNANDO, MS 38632

Desoto County Crimestoppers, Inc.
8432 Hwy 51 N.
Southaven, MS 38671

Earnings Stat

Check Date: **December 29, .**
Period Beginning: **December 01, 20**
Period Ending: **December 31, 20**
Voucher Number **1597**
Net Pay **1,691.78**

LARRY W HOLLAND Employee Number **1** Department **Crime**

Earnings	Rate	Hours	Amount	YTD Hrs	YTD Amt
Salary	0.00	173.33	2083.33	2079.96	24999.96
Total Gross Pay		**173.33**	**2083.33**	**2079.96**	**24999.96**

Taxes	Status	Taxable	Amount	YTD Amt
Medicare		2083.33	[redacted]	
OASDI		2083.33		
Federal Income Tax	S/0	2083.33		
Mississippi SITW	MS/0	2083.33		
Total Tax Withholding			391.55	4715.54

Deductions	Amount	YTD Amt
No Deductions		

Direct Deposits	Account	Amount
[redacted]		1691.78
Total Direct Deposits		**1691.78**

Benefits	Hours	Amount	YTD Hrs	YTD Amt

Accruals	Dollars

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Direct Deposit Advice
Check Date December 29, 2023
Voucher Number 1597

*****This is not a check*****

3034 Crime 1 1597 1
LARRY W HOLLAND
[redacted]
HERNANDO, MS 38632

Desoto County Crimestoppers, Inc.
8432 Hwy 51 N.
Southaven, MS 38671

Earnings Statement

Check Date: **January 31, 2024**
Period Beginning: **January 01, 2024**
Period Ending: **January 31, 2024**
Voucher Number **1601**
Net Pay **1,703.28**

LARRY W HOLLAND Employee Number **1** Department **Crime**

Earnings	Rate	Hours	Amount	YTD Hrs	YTD Amt
Salary	0.00	173.33	2083.33	173.33	2083.33
Total Gross Pay		**173.33**	**2083.33**	**173.33**	**2083.33**

Taxes	Status	Taxable	Amount	YTD Amt
Medicare		2083.33	[redacted]	
OASDI		2083.33		
Federal Income Tax	S/0	2083.33		
Mississippi SITW	MS/0	2083.33		
Total Tax Withholding			**380.05**	**380.05**

Deductions	Amount	YTD Amt
No Deductions		

Direct Deposits	Account	Amount
[redacted]		1703.28
Total Direct Deposits		**1703.28**

Benefits	Hours	Amount	YTD Hrs	YTD Amt

Accruals	Dollars

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Direct Deposit Advice

Check Date	Voucher Number
January 31, 2024	1601

*****This is not a check*****

3034 Crime 1 1601 1
LARRY W HOLLAND
[redacted]
HERNANDO, MS 38632

Desoto County Crimestoppers, Inc.
8432 Hwy 51 N.
Southaven, MS 38671

Earnings Statement

Check Date: **February 29, 2024**
Period Beginning: **February 01, 2024**
Period Ending: **February 29, 2024**
Voucher Number **1605**
Net Pay **1,703.29**

LARRY W HOLLAND Employee Number **1** Department **Crime**

Earnings	Rate	Hours	Amount	YTD Hrs	YTD Amt
Salary	0.00	173.33	2083.33	346.66	4166.66
Total Gross Pay		**173.33**	**2083.33**	**346.66**	**4166.66**

Taxes	Status	Taxable	Amount	YTD Amt
Medicare		2083.33	[redacted]	[redacted]
OASDI		2083.33		
Federal Income Tax	S/0	2083.33		
Mississippi SITW	MS/0	2083.33		
Total Tax Withholding			**380.04**	**760.09**

Deductions	Amount	YTD Amt
No Deductions		

Direct Deposits	Account	Amount
[redacted]		1703.29
Total Direct Deposits		**1703.29**

Benefits	Hours	Amount	YTD Hrs	YTD Amt

Accruals	Dollars

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Direct Deposit Advice
Check Date February 29, 2024
Voucher Number 1605

*****This is not a check*****

3034 Crime 1 1605 1
LARRY W HOLLAND
[redacted]
HERNANDO, MS 38632

Desoto County Crimestoppers, Inc.
8432 Hwy 51 N.
Southaven, MS 38671

Earnings Statemer

LARRY W HOLLAND Employee Number 1 Department Crime

Check Date: March 29, 202
Period Beginning: March 01, 202
Period Ending: March 31, 202
Voucher Number 160
Net Pay 1,703.2

Earnings	Rate	Hours	Amount	YTD Hrs	YTD Amt
Salary	0.00	173.33	2083.33	519.99	6249.99
Total Gross Pay		**173.33**	**2083.33**	**519.99**	**6249.99**

Taxes	Status	Taxable	Amount	YTD An
Medicare		2083.33	[redacted]	
OASDI		2083.33		
Federal Income Tax	S/0	2083.33		
Mississippi SITW	MS/0	2083.33		
Total Tax Withholding			**380.04**	**1140.1**

Deductions	Amount	YTD Amt
No Deductions		

Direct Deposits	Account	Amount
[redacted]	[redacted]	1703.29
Total Direct Deposits		**1703.29**

Benefits	Hours	Amount	YTD Hrs	YTD Amt

Accruals	Dollars

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Direct Deposit Advice
Check Date March 29, 2024
Voucher Number 1609

*****This is not a check*****

3034 Crime 1 1609 1
LARRY W HOLLAND
[redacted]
HERNANDO, MS 38632

Desoto County Crimestoppers, Inc.
8432 Hwy 51 N.
Southaven, MS 38671

Earnings Statement

Check Date:	**April 30, 2024**
Period Beginning:	**April 01, 2024**
Period Ending:	**April 30, 2024**
Voucher Number	**1613**
Net Pay	**1,703.28**

LARRY W HOLLAND Employee Number **1** Department **Crime**

Earnings	Rate	Hours	Amount	YTD Hrs	YTD Amt
Salary	0.00	173.33	2083.33	693.32	8333.32
Total Gross Pay		**173.33**	**2083.33**	**693.32**	**8333.32**

Taxes	Status	Taxable	Amount	YTD Amt
Medicare		2083.33	[redacted]	
OASDI		2083.33		
Federal Income Tax	S/0	2083.33		
Mississippi SITW	MS/0	2083.33		
Total Tax Withholding			**380.05**	**1520.18**

Deductions	Amount	YTD Amt
No Deductions		

Direct Deposits	Account	Amount
[redacted]		1703.28
Total Direct Deposits		**1703.28**

Benefits	Hours	Amount	YTD Hrs	YTD Amt

Accruals	Dollars

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Direct Deposit Advice

Check Date	Voucher Number
April 30, 2024	1613

*****This is not a check*****

3034 Crime 1 1613 1
LARRY W HOLLAND
[redacted]
HERNANDO, MS 38632

Desoto County Crimestoppers, Inc.
8432 Hwy 51 N.
Southaven, MS 38671

Earnings Statement

Check Date:	**May 31, 2024**
Period Beginning:	**May 01, 2024**
Period Ending:	**May 31, 2024**
Voucher Number	**1617**
Net Pay	**1,703.29**

LARRY W HOLLAND Employee Number **1** Department **Crime**

Earnings	Rate	Hours	Amount	YTD Hrs	YTD Amt
Salary	0.00	173.33	2083.33	866.65	10416.65
Total Gross Pay		**173.33**	**2083.33**	**866.65**	**10416.65**

Taxes	Status	Taxable	Amount	YTD Amt
Medicare		2083.33	[redacted]	
OASDI		2083.33		
Federal Income Tax	S/0	2083.33		
Mississippi SITW	MS/0	2083.33		
Total Tax Withholding			**380.04**	**1900.22**

Deductions	Amount	YTD Amt
No Deductions		

Direct Deposits	Account	Amount
[redacted]		1703.29
Total Direct Deposits		**1703.29**

Benefits	Hours	Amount	YTD Hrs	YTD Amt

Accruals	Dollars

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Direct Deposit Advice

Check Date	Voucher Number
May 31, 2024	1617

*****This is not a check*****

3034 Crime 1 1617 1
LARRY W HOLLAND
[redacted]
HERNANDO, MS 38632

Desoto County Crimestoppers, Inc.
8432 Hwy 51 N.
Southaven, MS 38671

Earnings Statement

Check Date:	June 28, 2024
Period Beginning:	June 01, 2024
Period Ending:	June 30, 2024
Voucher Number	1621
Net Pay	1,703.28

LARRY W HOLLAND Employee Number 1 Department Crime

Earnings	Rate	Hours	Amount	YTD Hrs	YTD Amt
Salary	0.00	173.33	2083.33	1039.98	12499.98
Total Gross Pay		**173.33**	**2083.33**	**1039.98**	**12499.98**

Taxes	Status	Taxable	Amount	YTD Amt
Medicare		2083.33	[redacted]	
OASDI		2083.33		
Federal Income Tax	S/0	2083.33		
Mississippi SITW	MS/0	2083.33		
Total Tax Withholding			**380.05**	**2280.27**

Deductions	Amount	YTD Amt
No Deductions		

Direct Deposits	Account	Amount
[redacted]		1703.28
Total Direct Deposits		**1703.28**

Benefits	Hours	Amount	YTD Hrs	YTD Amt

Accruals	Dollars

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Direct Deposit Advice

Check Date	Voucher Number
June 28, 2024	1621

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3034 Crime 1 1621 1
LARRY W HOLLAND
[redacted]
HERNANDO, MS 38632

Desoto County Crimestoppers, Inc.
8432 Hwy 51 N.
Southaven, MS 38671

Earnings Statement

Check Date:	**July 31, 2024**
Period Beginning:	**July 01, 2024**
Period Ending:	**July 31, 2024**
Voucher Number	**1625**
Net Pay	**1,703.28**

LARRY W HOLLAND Employee Number **1** Department **Crime**

Earnings	Rate	Hours	Amount	YTD Hrs	YTD Amt
Salary	0.00	173.33	2083.33	1213.31	14583.31
Total Gross Pay		**173.33**	**2083.33**	**1213.31**	**14583.31**

Taxes	Status	Taxable	Amount	YTD Amt
Medicare		2083.33	[redacted]	
OASDI		2083.33		
Federal Income Tax	S/0	2083.33		
Mississippi SITW	MS/0	2083.33		
Total Tax Withholding			**380.05**	**2660.32**

Deductions	Amount	YTD Amt
No Deductions		

Direct Deposits	Account	Amount
[redacted]		1703.28
Total Direct Deposits		**1703.28**

Benefits	Hours	Amount	YTD Hrs	YTD Amt

Accruals	Dollars

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8432 Hwy 51 N.
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Direct Deposit Advice

Check Date	**Voucher Number**
July 31, 2024	1625

*****This is not a check*****

3034 Crime 1 1625 1
LARRY W HOLLAND
[redacted]
HERNANDO, MS 38632

Desoto County Crimestoppers, Inc.
8432 Hwy 51 N.
Southaven, MS 38671

Earnings Statement

Check Date: **August 30, 2024**
Period Beginning: **August 01, 2024**
Period Ending: **August 31, 2024**
Voucher Number **1629**
Net Pay **1,703.29**

LARRY W HOLLAND Employee Number **1** Department **Crime**

Earnings	Rate	Hours	Amount	YTD Hrs	YTD Amt
Salary	0.00	173.33	2083.33	1386.64	16666.64
Total Gross Pay		**173.33**	**2083.33**	**1386.64**	**16666.64**

Taxes	Status	Taxable	Amount	YTD Amt
Medicare		2083.33	[redacted]	[redacted]
OASDI		2083.33		
Federal Income Tax	S/0	2083.33		
Mississippi SITW	MS/0	2083.33		
Total Tax Withholding			**380.04**	**3040.36**

Deductions	Amount	YTD Amt
No Deductions		

Direct Deposits	Account	Amount
[redacted]		1703.29
Total Direct Deposits		**1703.29**

Benefits	Hours	Amount	YTD Hrs	YTD Amt

Accruals	Dollars

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Direct Deposit Advice

Check Date	Voucher Number
August 30, 2024	1629

*****This is not a check*****

3034 Crime 1 1629 1
LARRY W HOLLAND
[redacted]
HERNANDO, MS 38632

Desoto County Crimestoppers, Inc.
8432 Hwy 51 N.
Southaven, MS 38671

Earnings Statement

Check Date: **September 30, 2024**
Period Beginning: **Sept. 01, 2024**
Period Ending: **Sept. 30, 2024**
Voucher Number **1633**
Net Pay **1,703.29**

LARRY W HOLLAND Employee Number **1** Department **Crime**

Earnings	Rate	Hours	Amount	YTD Hrs	YTD Amt
Salary	0.00	173.33	2083.33	1559.97	18749.97
Total Gross Pay		**173.33**	**2083.33**	**1559.97**	**18749.97**

Taxes	Status	Taxable	Amount	YTD Amt
Medicare		2083.33	[redacted]	
OASDI		2083.33		
Federal Income Tax	S/0	2083.33		
Mississippi SITW	MS/0	2083.33		
Total Tax Withholding			**380.04**	**3420.40**

Deductions	Amount	YTD Amt
No Deductions		

Direct Deposits	Account	Amount
[redacted]		1703.29
Total Direct Deposits		**1703.29**

Benefits	Hours	Amount	YTD Hrs	YTD Amt

Accruals	Dollars

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Desoto County Crimestoppers, Inc.
8432 Hwy 51 N.
Southaven, MS 38671

Direct Deposit Advice

Check Date	Voucher Number
September 30, 2024	1633

*****This is not a check*****

3034 Crime 1 1633 1
LARRY W HOLLAND
[redacted]
HERNANDO, MS 38632

Desoto County Crimestoppers, Inc.
8432 Hwy 51 N.
Southaven, MS 38671

Earnings Statement

Check Date: **November 29, 2024**
Period Beginning **November 01, 2024**
Period Ending: **November 30, 2024**
Voucher Number **1641**
Net Pay **1,703.28**

LARRY W HOLLAND Employee Number 1 Department **Crime**

Earnings	Rate	Hours	Amount	YTD Hrs	YTD Amt
Salary	0.00	173.33	2083.33	1906.63	22916.63
Total Gross Pay		**173.33**	**2083.33**	**1906.63**	**22916.63**

Taxes	Status	Taxable	Amount	YTD An
Medicare		2083.33	[redacted]	
OASDI		2083.33		
Federal Income Tax	S/0	2083.33		
Mississippi SITW	MS/0	2083.33		
Total Tax Withholding			**380.05**	**4180**

Deductions	Amount	YTD Amt
No Deductions		

Direct Deposits	Account	Amount
[redacted]		1703.28
Total Direct Deposits		**1703.28**

Benefits	Hours	Amount	YTD Hrs	YTD Amt

Accruals	Doll

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Direct Deposit Advice

Check Date	Voucher Num
November 29, 2024	16

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3034 Crime 1 1641 1
LARRY W HOLLAND
[redacted]
HERNANDO, MS 38632

AT&T

DAVID HOLLAND
DESOTO COUNTY CRIME STOPPERS
ATTN: DESOTO COUNTY CRIME STOPP
[redacted]
OLIVE BRANCH, MS 38654-8420

Page: 1 of 3
Issue Date: Mar 10, 2024
Account Number: [redacted]

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Credit balance
-$237.46
No payment is required

Account summary

Your last bill	-$303.03
Credit balance	-$303.03

Service summary

Wireless	*Page 2*	$65.57
Total services		$65.57

Credit balance **-$237.46**
No payment is required

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myAT&T app
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Call 611 or 800.331.0500
TTY: 866.241.6567

Scan to pay

Service activity

Wireless

Number	User	Page	Monthly charges	Company fees & surcharges	Government fees & taxes	Total
901.212.2576	DAVID HOLLAND	2	$60.00	$4.10	$1.47	$65.57
Total			**$60.00**	**$4.10**	**$1.47**	**$65.57**

Usage summary (Feb 11 - Mar 10)

Number	User	Data (allowance)	Text (allowance)	Talk (allowance)
901.212.2576	DAVID HOLLAND	0.00GB (unlimited)	0 (unlimited)	0 (unlimited)

Usage is rounded up based on your plan. For more details on your Usage summary, visit att.com/myusage.

Phone, 901.212.2576
DAVID HOLLAND

Monthly charges *Mar 11 - Apr 10*

1.	Value Plus	$60.00

Company fees & surcharges

2.	Administrative Fee	$1.99
3.	Federal Universal Service Charge	$0.61
4.	Regulatory Cost Recovery Charge	$1.50

Government fees & taxes

5.	Local Wireless 911 Surcharge	$1.00
6.	MS 911 Training Fee	$0.05
7.	MS State Sales Tax - Telecom	$0.42

Total for 901.212.2576 **$65.57**

Total for Wireless **$65.57**

News you can use

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Your AT&T Value Plus monthly plan charge will increase by $0.99 per phone line within the next three bill cycles. You'll be able to add up to 10 phone lines, tablets and/or wearables to your plan and can continue to enjoy the existing phone line benefits that include unlimited talk, text, and data in the U.S., Mexico, and Canada. No action is required if you want to keep this plan. For

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...News you can use continued

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The late payment fee for consumer and Signature bills not paid in full by the payment due date is up to $7.00.

Electronic check conversion
Paying by check authorizes AT&T to use the information from your check to make a one-time electronic fund transfer from your account. Funds may be withdrawn from your account as soon as your payment is received. If we cannot process the transaction electronically, you authorize AT&T to present an image copy of your check for payment. Your original check will be destroyed once processed. If your check is returned unpaid you agree to pay such fees as identified in the terms and conditions of your agreement, up to $30. Returned checks may be presented electronically.

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Questions on accessibility by persons with disabilities: 866.241.6568.

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Tax ID
AT&T Mobility Tax ID 84-1659970

Wireless Services provided by AT&T Mobility, LLC.

AT&T

DAVID HOLLAND
DESOTO COUNTY CRIME STOPPERS
ATTN: DESOTO COUNTY CRIME STOPP
[redacted]
OLIVE BRANCH, MS 38654-8420

Page: 1 of 3
Issue Date: Mar 10, 2023
Account Number: [redacted]

Want to stop receiving paper bills and enjoy the convenience of paperless billing? Enroll at att.com/paperless

AutoPay: Set up automatic payments that you can update whenever you want. Go to att.com/autopay today.

Managing your AT&T bills, products, and services on the go? It's a snap with myAT&T. Go to att.com/myatt to sign in or sign up.

Total due
$65.64
Please pay by:
Apr 05, 2023

Account summary

Your last bill	$65.64
Payment, Mar 07 - Thank you!	-$65.64
Remaining balance	$0.00

Service summary

Wireless	*Page 2*	$65.64
Total services		$65.64

Total due **$65.64**
Please pay by Apr 05, 2023

Ways to pay and manage your account:

myAT&T app
iPhone and Android

att.com/pay

Call 611 or 800.331.0500
TTY: 866.241.6567

Scan to pay

Service activity

Wireless

Number	User	Page	Monthly charges	Company fees & surcharges	Government fees & taxes	Total
901.212.2576	DAVID HOLLAND	2	$60.00	$4.13	$1.51	$65.64
Total			**$60.00**	**$4.13**	**$1.51**	**$65.64**

Usage summary (Feb 11 - Mar 10)

Number	User	Data (allowance)	Text (allowance)	Talk (allowance)
901.212.2576	DAVID HOLLAND	0.01GB (unlimited)	0 (unlimited)	0 (unlimited)

Usage is rounded up based on your plan. For more details on your Usage summary, visit att.com/myusage.

Phone, 901.212.2576
DAVID HOLLAND

	Mar 11 - Apr 10
Monthly charges	
1. Value Plus	$60.00
Company fees & surcharges	
2. Administrative Fee	$1.99
3. Federal Universal Service Charge	$0.64
4. Regulatory Cost Recovery Charge	$1.50
Government fees & taxes	
5. Local Wireless 911 Surcharge	$1.00
6. MS 911 Training Fee	$0.05
7. MS State Sales Tax - Telecom	$0.46
Total for 901.212.2576	**$65.64**

Total for Wireless **$65.64**

News you can use

Imagine what you could do with another line

It's easy, whether you're a new or existing customer - everyone gets our best deals on every smartphone. Call: 866.257.1563.

Get it all with AT&T

News you can use continues...

...News you can use continued

Everyone gets our great deals. Enjoy internet wireless, TV and other premium services. Give us a call today at 844.211.2651.

Important information

Late payment fee
The late payment fee for consumer and Signature bills not paid in full by the payment due date is up to $7.00.

Electronic check conversion
Paying by check authorizes AT&T to use the information from your check to make a one-time electronic fund transfer from your account. Funds may be withdrawn from your account as soon as your payment is received. If we cannot process the transaction electronically, you authorize AT&T to present an image copy of your check for payment. Your original check will be destroyed once processed. If your check is returned unpaid you agree to pay such fees as identified in the terms and conditions of your agreement, up to $30. Returned checks may be presented electronically.

Company fees & surcharges
AT&T imposes additional charges on a per line basis, including federal and state universal service charges, an Administrative Fee (to defray certain expenses including charges AT&T or its agents pay to interconnect with other carriers to deliver calls from AT&T customers to their customers, and charges associated with cell site rents and maintenance), and a Regulatory Cost Recovery Charge (to recover costs of compliance with certain government imposed regulatory requirements, including Wireless Number Portability and Number Pooling, and E911). These fees are not taxes or charges that the government requires AT&T to collect from its customers. See att.com/mobilityfees for details.

AT&T Mobility Center for customers with disabilities
Questions on accessibility by persons with disabilities: 866.241.6568.

Written correspondence
Do not send notes/letters with payment. We cannot guarantee receipt. Send notes/letters to AT&T, P.O. Box 5074, Carol Stream, Illinois 60197-5074 or FAX 314.242.0792.

Wireless DirectBill charges
Detail of DirectBill charges can be viewed at att.com/db. The direct billing option offers you the ability to purchase content, goods and features such as apps, games, donations, and services from AT&T and other companies by applying charges to your wireless account.

Tax ID
AT&T Mobility Tax ID [redacted]

Wireless Services provided by AT&T Mobility, LLC.

THE HUNTINGTON BRAND
1309 Holly Springs Rd.
Hernando, Ms. 38632

Date	Invoice #
11/12/2024	5963

Bill To
Desoto County Crime Stoppers [redacted] Horn Lake, Ms. 38637 Pat Holland

Ship To
Desoto County Crime Stoppers [redacted] Horn Lake, Ms. 38637 Pat Holland

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	AT ONCE	DH	11/12/2024			

Quantity	Item Code	Description	Price Each	Amount
3,000	sales	2025 Calendars (Living Healthy)	0.79	2,370.00
1	shipping and handli...	Shipping	625.00	625.00
			Total	$2,995.00

#1407
10-25-23

Invoice

THE HUNTINGTON BRAND
1309 Holly Springs Rd.
Hernando, Ms. 38632

Date	Invoice #
10/9/2023	5933

Bill To
Desoto County Crime Stoppers [redacted] Horn Lake, Ms. 38637 Pat Holland

Ship To
Desoto County Crime Stoppers [redacted] Horn Lake, Ms. 38637 Pat Holland

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	AT ONCE	DH	10/9/2023			

Quantity	Item Code	Description	Price Each	Amount
3,000	sales	2024 Calendars (#2024-0000)	0.79	2,370.00
1	shipping and handli...	Shipping	625.00	625.00
			Total	$2,995.00

Invoice

THE HUNTINGTON BRAND
1309 Holly Springs Rd.
Hernando, Ms. 38632

Date	Invoice #
10/9/2023	5933

Bill To

Desoto County Crime Stoppers
[redacted]
Horn Lake, Ms. 38637
Pat Holland

Ship To

Desoto County Crime Stoppers
[redacted]
Horn Lake, Ms. 38637
Pat Holland

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	AT ONCE	DH	10/9/2023			

Quantity	Item Code	Description	Price Each	Amount
3,000	sales	2024 Calendars (#2024-0000)	0.79	2,370.00
1	shipping and handli...	Shipping	625.00	625.00
			Total	$2,995.00

SOUTHGROUP INS & FIN
PO BOX 288
SOUTHAVEN, MS 38671

561920 PGULS04X 086 035181
Named insured

DESOTO COUNTY [redacted] STOPPERS
HORN LAKE, MS 38637

called CRIS 4-1.24

PROGRESSIVE COMMERCIAL

Policy number: [redacted]
Underwritten by:
Progressive Gulf Insurance Company
March 19, 2024
Policy Period: Apr 28, 2023 - Apr 28, 2024

agent.progressive.com
Online Service
Make payments, check billing activity, print policy documents, update your policy or check the status of a claim.

1-662-349-2021
SOUTHGROUP INS & FIN
Contact your agent for personalized service.

1-800-444-4487
For customer service if your agent is unavailable or to report a claim.

Commercial Auto Insurance Coverage Summary

This is your Declarations Page

Your policy information has changed

Your coverage began on April 28, 2023 at 12:01 a.m. This policy expires on April 28, 2024 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (02/19). The contract is modified by forms 2852MS (02/19), 4757MS (02/19), 4852MS (02/19), 4881MS (02/19) and Z228 (01/11).

The named insured organization type is a corporation.

Policy changes effective March 18, 2024

Changes processed on:	March 18, 2024 11:11 a.m.
Premium change:	$0.00

The changes shown above will not be effective prior to the time the changes were requested.

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			$520
Bodily Injury and Property Damage Liability	$300,000 combined single limit		
Uninsured/Underinsured Motorist	$300,000 combined single limit		159
Uninsured Motorist Property Damage	$300,000 each accident	$200	66
Medical Payments	$5,000 each person		37
Comprehensive			133
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			121
See Auto Coverage Schedule	Limit of liability less deductible		
Total 12 month policy premium			**$1,036**

Rated drivers

1. PATRICIA HOLLAND
2. LARRY HOLLAND

Auto coverage schedule

1. **2005 FORD CROWN VIC POL I** Actual Cash Value (plus $2,000.00 Permanently Attached Equip)
VIN: [redacted] Garaging Zip Code: 38632 Radius: 50 miles
Personal use: Y Body type: Car - Passenger

	Liability Premium	UM/UIM Premium	UM PD Premium	Med Pay Premium	
Liability Premium	$520	$159	$66	$37	
Physical Damage Premium	**Comp Deductible**	**Comp Premium**	**Collision Deductible**	**Collision Premium**	**Auto Total**
	$250	$133	$500	$121	**$1,036**

Premium discount

Policy	
04649975	Paid In Full

Agent countersignature

Mark Pace

PGULS04X 035181 001 * 001 001 v >

SOUTHGROUP INS & FIN
PO BOX 288
SOUTHAVEN, MS 38671

PROGRESSIVE COMMERCIAL

Named insured

DESOTO COUNTY CRIME STOPPERS
[redacted]
HORN LAKE, MS 38637

Policy number: [redacted]
Underwritten by:
Progressive Gulf Insurance Company
March 28, 2024
Policy Period: Apr 28, 2024 - Apr 28, 2025

agent.progressive.com
Online Service
Make payments, check billing activity, print policy documents, update your policy or check the status of a claim.

1-662-349-2021
SOUTHGROUP INS & FIN
Contact your agent for personalized service.

1-800-444-4487
For customer service if your agent is unavailable or to report a claim.

Commercial Auto Insurance Coverage Summary
This is your Renewal Declarations Page

This Renewal Declarations Page is effective only if the minimum amount due to renew your policy is received or postmarked by April 28, 2024.

Your coverage begins on April 28, 2024 at 12:01 a.m. This policy expires on April 28, 2025 at 12:01 a.m.

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (02/19). The contract is modified by forms 2852MS (02/19), 4757MS (02/19), 4852MS (02/19), 4881MS (02/19) and Z228 (01/11).

The named insured organization type is a corporation.

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			$648
Bodily Injury and Property Damage Liability	$300,000 combined single limit		
Uninsured/Underinsured Motorist	$300,000 combined single limit		167
Uninsured Motorist Property Damage	$300,000 each accident	$200	76
Medical Payments	$5,000 each person		42
Comprehensive			241
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			156
See Auto Coverage Schedule	Limit of liability less deductible		
Total 12 month policy premium			**$1,330**

Rated drivers

1. PATRICIA HOLLAND
2. LARRY HOLLAND

Auto coverage schedule

1. **2005 FORD CROWN VIC POL I** Actual Cash Value (plus $2,000.00 Permanently Attached Equip)
VIN: [redacted] Garaging Zip Code: 38632 Radius: 200 miles
Personal use: Y Body type: Car - Passenger

	Liability Premium	UM/UIM Premium	UM PD Premium	Med Pay Premium	
Liability Premium	$648	$167	$76	$42	
Physical Damage Premium	**Comp Deductible**	**Comp Premium**	**Collision Deductible**	**Collision Premium**	**Auto Total**
	$250	$241	$500	$156	**$1,330**

Premium discount

Policy	
[redacted]	Paid In Full

Agent countersignature

Mark Pruett

PGULA07E 006619 009 C 008 002 < 0391 >.

SOUTHGROUP INS & FIN
PO BOX 288
SOUTHAVEN, MS 38671

533863 43527 1 AB 0.507 PGULS04M 112 043527
Named insured

DESOTO COUNTY CRIME STOPPERS
[redacted]
HORN LAKE, MS 38637

PROGRESSIVE COMMERCIAL

Policy number: [redacted]
Underwritten by:
Progressive Gulf Insurance Company
April 10, 2023
Policy Period: Apr 28, 2023 - Apr 28, 2024

agent.progressive.com
Online Service
Make payments, check billing activity, print policy documents, update your policy or check the status of a claim.

1-662-349-2021
SOUTHGROUP INS & FIN
Contact your agent for personalized service.

1-800-444-4487
For customer service if your agent is unavailable or to report a claim.

Commercial Auto Insurance Coverage Summary

This is your revised Renewal Declarations Page

Your coverage begins on April 28, 2023 at 12:01 a.m. This policy expires on April 28, 2024 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (02/19). The contract is modified by forms 2852MS (02/19), 4757MS (02/19), 4852MS (02/19), 4881MS (02/19) and Z228 (01/11).

The named insured organization type is a corporation.

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			$520
Bodily Injury and Property Damage Liability	$300,000 combined single limit		
Uninsured/Underinsured Motorist	$300,000 combined single limit		159
Uninsured Motorist Property Damage	$300,000 each accident	$200	66
Medical Payments	$5,000 each person		37
Comprehensive			133
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			121
See Auto Coverage Schedule	Limit of liability less deductible		
Total 12 month policy premium			**$1,036**

Rated drivers

1. PATRICIA HOLLAND
2. LARRY HOLLAND

Pd CK 1396 4/3

Auto coverage schedule

1. **2005 FORD CROWN VIC POL I** Actual Cash Value (plus $2,000.00 Permanently Attached Equip)
VIN: [redacted] Garaging Zip Code: 38632 Radius: 50 miles
Personal use: Y Body type: Car - Passenger

	Liability Premium	UM/UIM Premium	UM PD Premium	Med Pay Premium	
Liability Premium	$520	$159	$66	$37	
Physical Damage Premium	**Comp Deductible**	**Comp Premium**	**Collision Deductible**	**Collision Premium**	**Auto Total**
	$250	$133	$500	$121	**$1,036**

Premium discount

Policy	
04649975	Paid In Full

Agent countersignature

Mark Paul L.

PGULS04M 043527 001 * 001 001 < >

SOUTHGROUP INS & FIN
PO BOX 288
SOUTHAVEN, MS 38671

PROGRESSIVE COMMERCIAL

Named insured

DESOTO COUNTY CRIME STOPPERS
[redacted]
HORN LAKE, MS 38637

Policy number: [redacted]
Underwritten by:
Progressive Gulf Insurance Company
March 17, 2023
Policy Period: Apr 28, 2023 - Apr 28, 2024

agent.progressive.com
Online Service
Make payments, check billing activity, print policy documents, update your policy or check the status of a claim.

1-662-349-2021
SOUTHGROUP INS & FIN
Contact your agent for personalized service.

1-800-444-4487
For customer service if your agent is unavailable or to report a claim.

Commercial Auto Insurance Coverage Summary
This is your Renewal Declarations Page

This Renewal Declarations Page is effective only if the minimum amount due to renew your policy is received or postmarked by April 28, 2023.

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Medical Payments	$5,000 each person		37
Comprehensive			133
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			121
See Auto Coverage Schedule	Limit of liability less deductible		
Total 12 month policy premium			**$1,036**

Rated drivers

1. PATRICIA HOLLAND
2. LARRY HOLLAND

Auto coverage schedule

1. **2005 FORD CROWN VIC POL I** Actual Cash Value (plus $2,000.00 Permanently Attached Equip)
VIN: [redacted] Garaging Zip Code: 38632 Radius: 50 miles
Personal use: Y Body type: Car - Passenger

	Liability Premium	UM/UIM Premium	UM PD Premium	Med Pay Premium	
Liability Premium	$520	$159	$66	$37	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	$250	$133	$500	$121	**$1,036**

Premium discount

Policy	
[redacted]	Paid In Full

Agent countersignature

Mark Pace

PGULA125 000387 009 C 008 002 < 0391 >.

This report is published under the provisions of Miss. Code Section 7-7-211, whereby the Department of Audit has a duty to audit and investigate the financial affairs of profit or nonprofit business entities administering programs financed by funds flowing through the State Treasury or through any of the agencies of the state, or its subdivisions.