

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

Entity Name: Alpha Daughters of Zion Outreach Center-A Safe Space

Address: 171 Keller St., Hahnville, LA 70057

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*This annual sworn financial statement is required to be filed with the Legislative Auditor within 90 days of the end of the entity's fiscal year by sending a pdf copy by email to [ereports@lla.la.gov](mailto:ereports@lla.la.gov), faxing to 225-339-3986, or mailing to Louisiana Legislative Auditor – Local Government Services, P.O. Box 94397, Baton Rouge, LA 70804-9397.*

## AFFIDAVIT

Personally came and appeared before the undersigned authority, Ms. Shirley Parram-Sims, Executive Director, (officer's name), who, duly sworn, deposes and says that the financial statements herewith given present fairly, in all material respects, the financial position of Alpha Daughters of Zion Outreach Center-A Safe Space as of December 31, 2020 (entity's year-end) and the results of operations for the year then ended, in accordance with the basis of accounting described within the accompanying financial statements; that the entity has maintained a system of internal control structure sufficient to safeguard assets and comply with laws and regulations; and that the entity has complied with all laws and regulations, except as follows: NA

Complete if Applicable: In addition, Ms. Shirley Parram-Sims, Executive Director (officer's name), who duly sworn, deposes, and says that Alpha Daughters of Zion Outreach Center-A Safe Space (entity's name) received \$75,000 or less in public revenues and other sources for the year ended December 31, 2020 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

Shirley P. Sims  
OFFICER'S SIGNATURE

Executive Director  
OFFICER'S TITLE

Sworn to and subscribed before me, this 6<sup>th</sup> day of May, 2021

[Signature]  
NOTARY PUBLIC SIGNATURE & SEAL



JOSEPH B. ROCHELLE  
NOTARY PUBLIC  
BAR ROLL #32230  
STATE OF LOUISIANA  
My Commission is for Life

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## Statement of Receipts and Disbursements

## Statement A

	<b>General Fund</b>	<b>Other Fund</b>	<b>Total</b>
<b>RECEIPTS (Provide Brief Description):</b>			
ADOZ Survivor Assistance			
VOCA (net of prior year funds returned for non-use)		9,695	9,695
United Way Grant	152,064		152,064
Individual & Corporate Contributions	117,842		117,842
In Kind Contributions	-		-
Fundraising Income – Gala	4,773		4,773
Other Miscellaneous Income	10		10
<b>Total receipts</b>	<b>\$ 274,689</b>	<b>\$ 9,695</b>	<b>\$ 284,384</b>

## DISBURSEMENTS (Provide Brief Description):

Program Service Expense	\$ 95,529	\$ 14,103	\$ 109,632
General & Administrative	5,565		5,565
Payroll	72,075		72,075
Utilities	10,659		10,659
Fundraising	-		
<b>Total Disbursements</b>	<b>\$ 183,828</b>	<b>\$ 14,103</b>	<b>\$ 197,931</b>
Change in fund balance	\$ 90,861	\$ (4,408)	\$ 86,453
Fund Balance at beginning of year	\$ 67,036	\$ 23,394	\$ 90,430
Fund balance (deficit) at end of year			
--This amount also goes on line 12, Statement B	\$ 157,897	\$ 18,986	\$ 176,883

Identify the Basis of Accounting, if not using Cash-Basis: **Modified Accrual**

**NOTE:** If the entity receives any funds from pre- or post-adjudication court costs, fines, and/or fees, the entity must use one or more of the following categories in the receipts description fields: *Civil Fees; Bond Fees; Asset Forfeiture/Sale; Pre-Trial Diversion Program; Criminal Court Costs/Fees; Criminal Contempt Fines; Other Criminal Fines; Restitution; and Probation/Parole/Supervision Fees.*

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## Balance Sheet

## Statement B

	General Fund	Other Fund	Total
<b>ASSETS</b> (balances at year-end) -Give brief description:			
1. Cash ADOZ Survivor Assistance	\$	\$ 15,530	\$ 15,530
2. Cash VOCA Domestic Violence Program		3,456	3,456
3. Cash General Fund	149,090		149,090
4. Office furnishings & Equipment	1,582		1,582
5. Auto, trucks & vans	12,000		12,000
6. <b>Total Assets</b> (add lines 1 - 5)	\$ 162,672	\$ 18,986	\$ 181,658
<b>LIABILITIES AND FUND BALANCE</b> (at year-end):			
7. Liabilities (give brief description):			
8. Payroll Liabilities	\$ 4,775	\$	\$ 4,775
9. Other			
10.			
11. <b>Total Liabilities</b> (add lines 7 - 10)	4,775		4,775
12. Fund balance (amount from Line 16 on Statement A)	157,897	18,986	176,883
13. Other			
14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13)	\$ 162,672	\$ 18,986	\$ 181,658

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## Statement C

### Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: Ms. Shirley Parram-Sims, Executive Director

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

Please check here if the Agency Head does not receive any compensation, benefits, and other payments. (Act 462 of the 2015 Legislative Session allows nongovernmental entities or not-for-profit (quasi-public) entities to report on the Act 706 schedule **only** those payments to the agency head that are derived from the public funds.)