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**Affidavit and Revenue Certification**

**Alpha Daughters of Zion Outreach Center**

**St. Charles Parish**

**Hahnville, LA**

**ANNUAL SWORN FINANCIAL STATEMENTS AND  
CERTIFICATION OF REVENUES \$75,000 OR LESS (if applicable)**

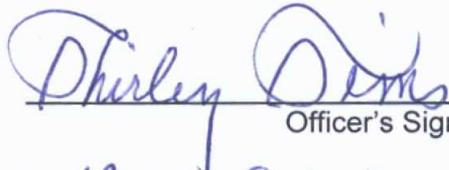
The annual sworn financial statements are *required* by Louisiana Revised Statute 24:514 *to be filed with the Legislative Auditor within 90 days after the close of the fiscal year.* The certification of revenues of \$75,000 or less, if applicable, is required by Louisiana Revised Statute 24:513(J)(1)(c)(i)(aa).

\*\*\*\*\*

Personally came and appeared before the undersigned authority, **Ms. Shirley Parram-Sims, Executive Director**, who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of **Alpha Daughters of Zion Outreach Center** as of **December 31, 2017**, and the results of operations for the year then ended, in accordance with the basis of accounting described within the accompanying financial statements.

**(Complete if applicable)**

In addition, **Ms. Shirley Parram-Sims, Executive Director**, who, duly sworn, deposes and says that **Alpha Daughters of Zion Outreach Center** received \$75,000 or less in revenues and other sources for the year ended **December 31, 2017**, and accordingly, is not required to have an audit for the previously mentioned year.

  
\_\_\_\_\_  
Officer's Signature

Sworn to and subscribed before me this 12 day of September, 2019.

 #159171  
\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE & SEAL  
Nicole W. Thomas

For Office Use Only
Under provisions of state law, this report will become a public document on the Monday following the release date. A copy of the report will be submitted to appropriate public officials and be available for public inspection at the Baton Rouge office of the Louisiana Legislative Auditor and, where appropriate, at the office of the parish clerk of court.
Release Date _____

Please Complete This Section
Officer's Name <u>Shirley Parram-Sims</u>
Officer's Title <u>Executive Director</u>
Address <u>P.O. Box 154</u>
City, Zip <u>Amn, LA 70431</u>
Ph: Cell/Land <u>985-212-9480</u>
E-mail <u>shirleysims53@yahoo.com</u>

## Alpha Daughters of Zion Outreach Center

Statement of Cash Receipts and Disbursements  
For the Year Ended December 31, 2017

	General Fund	Other Fund	Total
<b>RECEIPTS (Provide Brief Description):</b>			
United Way Grant	\$ 60,499	\$	\$ 60,499
29 <sup>th</sup> Judicial District Court - Div E	13,000		13,000
Individual & Corporate Contributions	45,238		45,238
In Kind Contributions			
Fundraising Income	7,791		7,791
Other Miscellaneous Income	10		10
<b>Total receipts</b>	<b>\$ 126,538</b>	<b>\$</b>	<b>\$ 126,538</b>
<b>DISBURSEMENTS (Provide Brief Description):</b>			
Program Service Expense	\$ 22,206	\$	\$ 22,206
General & Administrative	12,097		12,097
Payroll	52,130		52,130
Utilities	2,780		2,780
Fundraising	9,695		9,695
<b>Total Disbursements</b>	<b>\$ 98,908</b>	<b>\$</b>	<b>\$ 98,908</b>
Change in fund balance	\$ 27,630	\$	\$ 27,630
Fund Balance at beginning of year	\$ 18,006	\$	\$ 18,006
Fund balance (deficit) at end of year			
--This amount also goes on line 12, Statement B	\$ 45,636	\$	\$ 45,636

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

Alpha Daughters of Zion Outreach Center

## Balance Sheet, on December 31, 2017

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
<b>ASSETS</b> (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 46,841	\$	\$ 46,841
2. Office furnishings & Equipment	1,098		1,098
3.			
4.			
5.			
6. <b>Total Assets</b> (add lines 1 - 5)	<u>\$ 47,939</u>	<u>\$</u>	<u>\$ 47,939</u>
<b>LIABILITIES AND FUND BALANCE</b> (at year-end):			
7. Liabilities (give brief description):			
8. Accounts Payable	\$ 2,304	\$	\$ 2,304
9.			
10.			
11. <b>Total Liabilities</b> (add lines 7 - 10)	2,304		2,304
12. Fund balance (amount from Line 16 on Statement A)	45,636		45,636
13. Other			
14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13)	<u>\$ 47,940</u>	<u>\$</u>	<u>\$ 47,940</u>

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Alpha Daughters of Zion Outreach Center

**Schedule of Compensation, Benefits and Other Payments to Agency Head or Chief Executive Officer (Required Form - Please Submit Completed Form Per Attached Instructions)**

For the Year Ended **December 31, 2017**

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

<b>Purpose</b>	<b>Dollar Amount</b>
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.)

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

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