

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

Telephone: 985-212-9480 Email: shirleysims53@yahoo.com

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

AFFIDAVIT

Personally came and appeared before the undersigned authority, 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, 2021 (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

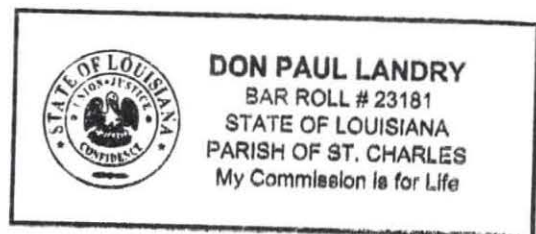
Complete if Applicable: In addition, Ms. Shirley Parram-Sims, Executive Director (officer's name), who duly sworn, deposes, and says that Alpha Daughters of Zion Outreach Center-A Safe Space (entity's name) received \$75,000 or less in public revenues and other sources for the year ended December 31, 2021 (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 23rd day of March, 2022

Don Paul Landry
NOTARY PUBLIC SIGNATURE & SEAL



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Statement of Receipts and Disbursements

Statement A

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
ADOZ Survivor Assistance		22,000	22,000
VOCA (net of prior year funds returned for non-use)		13,573	13,573
United Way Grant	102,535		102,535
Individual & Corporate Contributions	112,865		112,865
Fundraising Income – Gala	1,131		1,131
Other Miscellaneous Income	6		6
Total receipts	\$ 216,537	\$ 35,573	\$ 252,110
 DISBURSEMENTS (Provide Brief Description):			
Program Service Expense	\$ 82,096	\$ 38,440	\$ 120,536
General & Administrative	5,809	72	5,881
Payroll	75,772		75,772
Utilities	12,390		12,390
Fundraising	-		
Total Disbursements	\$ 176,067	\$ 38,512	\$ 214,579
Change in fund balance	\$ 40,470	\$ (2,939)	\$ 37,531
Fund Balance at beginning of year	\$ 157,897	\$ 18,986	\$176,883
Fund balance (deficit) at end of year			
--This amount also goes on line 12, Statement B	\$ 198,367	\$ 16,047	\$ 214,414

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
ASSETS (balances at year-end) -Give brief description:			
1. Cash ADOZ Survivor Assistance	\$	\$ 13,330	\$ 13,330
2. Cash VOCA Domestic Violence Program		2,717	2,717
3. Cash General Fund	188,146		188,146
4. Office furnishings & Equipment	1,582		1,582
5. Auto, trucks & vans	12,000		12,000
6. Total Assets (add lines 1 - 5)	\$ 201,728	\$ 16,047	\$ 217,775
 LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):			
8. Payroll Liabilities	\$ 3,361	\$	\$ 3,361
9. Other			
10.			
11. Total Liabilities (add lines 7 - 10)	3,361		3,361
12. Fund balance (amount from Line 16 on Statement A)	198,367	16,047	214,414
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 201,728	\$ 16,047	\$ 217,775

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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.)