

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

Entity Name: **SICKLE CELL DISEASE ASSN OF AMERICA, INC NW LA CHAPTER**

Address: **3658 JUDSON STREET SHREVEPORT, LA 71109**_____

Telephone: **(318) 636-5300** Email: **nwlascdaa@bellsouth.net**_____

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, **Rosalind Spain, Executive Director**, who, duly sworn, deposes and says that the financial statements herewith given present fairly, in all material respects, the financial position of **SICKLE CELL DISEASE ASSN OF AMERICA, INC NW LA CHAPTER** as of **December 31, 2022** 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:_____

Complete if Applicable: In addition, **Rosalind Spain**, who duly sworn, deposes, and says that **SICKLE CELL DISEASE ASSN OF AMERICA, INC NW LA CHAPTER** received \$75,000 or less in revenues and other sources for the year ended **December 31, 2022**, and accordingly, is not required to have an audit for the previously mentioned fiscal year.



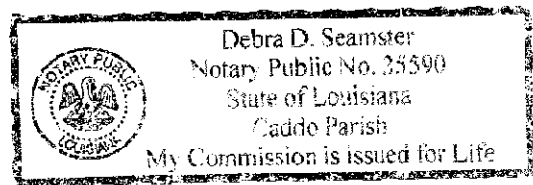
OFFICER'S SIGNATURE

Executive Director
OFFICER'S TITLE

Sworn to and subscribed before me, this 29th day of March, 2023



NOTARY PUBLIC SIGNATURE & SEAL



Please submit a pdf copy of the completed form to: ereports@lla.la.gov - Updated 12/20

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Statement of Receipts and Disbursements

Statement A

Sickle Cell Disease Association Of America, Inc., Northwest Louisiana Chapter

Public Funds

Year Ended December 31, 2022

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
RECEIPTS (Provide Brief Description):			
1 Louisiana Department of Health	\$ 28,491	\$ -	\$ 28,491
2 Shreveport Bossier Sports Commission	13,190		13,190
3 Caddo Parish Grant	20,000		20,000
4			
5			
6. Total receipts (add lines 1 - 5)	\$ 61,681	\$ -	\$ 61,681
DISBURSEMENTS (Provide Brief Description):			
7 Salaries and Payroll Expenses	\$ 28,491	\$ -	\$ 28,491
8 Softball Fundraising Expenses	33,190		33,190
9			
10			
11			
12			
13. Total Disbursements (add lines 7 - 12)	\$ 61,681	\$ -	\$ 61,681
14. Change in fund balance (Lines 6 minus 13)	\$ -	\$ -	\$ -
15. Fund Balance at beginning of year	\$ -	\$ -	\$ -
16. Fund balance (deficit) at end of year (Add lines 14-15) -- This amount also goes on line 12, Statement B	\$ -	\$ -	\$ -

Identify the Basis of Accounting, if not using Cash-Basis: _____

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

Sickle Cell Disease Association Of America, Inc., Northwest Louisiana Chapter

Public Funds

December 31, 2022

	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
1. Cash and cash equivalents	\$ -	\$ -	\$ -
2. Investments (fair value)	_____	_____	_____
3. Office furnishings (Cost of desks, etc)	_____	-	-
4. Equipment (Cost of fax machine, etc)	_____	_____	_____
5. Other (brief description)	_____	_____	_____
6. Total Assets (add lines 1 - 5)	\$ -	\$ -	\$ -
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (Payroll):	\$ -	\$ -	\$ -
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____
11. Total Liabilities (add lines 7 - 10)	-	\$ -	_____
12. Fund balance (amount from Line 16 on Statement A)	-	_____	_____
13. Other	_____	_____	_____
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ -	\$ -	\$ -

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Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head
Sickle Cell Disease Association Of America, Inc., Northwest Louisiana Chapter
Public Funds
Year Ended December 31, 2022

Agency Head Name and Title: Rosalind Spain, Executive Director

Purpose	Dollar Amount
1. Salary (Spain)	\$ 30,804
2. Benefits-insurance	
3. Benefits-retirement	
4. Benefits-other (describe)	
5. Benefits-other (describe)	
6. Benefits-other (describe)	
7. Car allowance	
8. Vehicle provided by government (if reported on your W-2)	
9. Per diem	
10. Reimbursements	4,530
11. Travel	
12. Registration fees	
13. Conference travel	
14. Housing	
15. Unvouchered expenses (example: travel advances, etc.)	
16. Special meals	
17. Other	
18. TOTAL (enter total of line 1-17)	\$ 35,334

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

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