

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](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, **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, 2020** 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, 2020**, 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 29<sup>th</sup> day of JUNE, 2021

  
NOTARY PUBLIC SIGNATURE & SEAL

**ODESSA T. WHITE**  
Notary Public ID#30411  
Caddo/Bossier Parish, Louisiana  
My commission is for life

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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, 2020**

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
<b>RECEIPTS (Provide Brief Description):</b>			
1 Total Public Funds - State Grant	\$ 48,035	\$ -	\$ 48,035
2			
3			
4			
5			
<b>6. Total receipts</b> (add lines 1 - 5)	<b>\$ 48,035</b>	<b>\$ -</b>	<b>\$ 48,035</b>
<b>DISBURSEMENTS (Provide Brief Description):</b>			
7 Salaries and Payroll Expenses	\$ 48,035	\$ -	\$ 48,035
8			
9			
10			
11			
12			
<b>13. Total Disbursements</b> (add lines 7 - 12)	<b>\$ 48,035</b>	<b>\$ -</b>	<b>\$ 48,035</b>
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, 2020**

	General Fund	Other Fund	Total
<b>ASSETS</b> (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. <b>Total Assets</b> (add lines 1 - 5)	\$ -	\$ -	\$ -
<b>LIABILITIES AND FUND BALANCE</b> (at year-end):			
7. Liabilities (Payroll):	\$ -	\$ -	\$ -
8	-	-	-
9	-	-	-
10	-	-	-
11. <b>Total Liabilities</b> (add lines 7 - 10)	-	\$ -	-
12. Fund balance (amount from Line 16 on Statement A)	-	-	-
13. Other	-	-	-
14. <b>Total Liabilities and Fund Balance</b> (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, 2020

Agency Head Name and Title: Lillie Bradford, Executive Director

Agency Head Name and Title: Rosalind Spain, Acting Executive Director

Purpose	Dollar Amount
1. Salary (Bradford)	\$ 12,467
1. Salary (Spain)	5,200
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	
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)	\$ 17,667

\_\_\_\_\_ 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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