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Affidavit and Revenue Certification

Sickle Cell Anemia Research Foundation, Inc. ENTITY NAME
Rapides Parish
Alexandria, LA (City), State

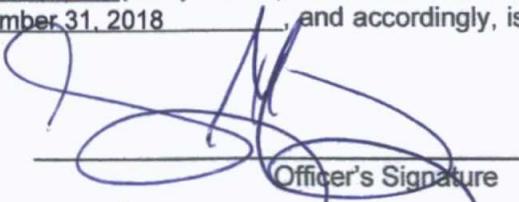
ANNUAL SWORN FINANCIAL STATEMENTS AND CERTIFICATION OF REVENUES \$75,000 OR LESS (if applicable)

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, Chauncey M. Hardy (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Sickle Cell Anemia Research Foundation, Inc. (enter entity name) as of December 31, 2018 (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.

(Complete if applicable)

In addition, Chauncey M. Hardy (officer name), who, duly sworn, deposes and says that Sickle Cell Anemia Research Foundation, Inc. (entity name) received \$75,000 or less in revenues and other sources for the year ended December 31, 2018, and accordingly, is not required to have an audit for the previously mentioned year.



Officer's Signature

Sworn to and subscribed before me this 14 day of March, 2019.



NOTARY PUBLIC SIGNATURE & SEAL

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 MAR 27 2019

Please Complete This Section
Officer's Name Chauncey M. Hardy
Officer's Title Executive Director
Address 2625 Third Street/P.O. Box 12432
City, Zip Alexandria, LA 71315
Ph: Cell/Land (318) 308-0538
E-mail hardycm50@gmail.com

Sickle Cell Anemia Research Foundation, Inc.

(Agency Name)

Statement of Cash Receipts and Disbursements

For the Year Ended December 31, 2018

(Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. LA Dept of Health/Office of Public Health	\$	\$50,336	\$ 50,336
2. Public Support-Individual	6,925		6,925
3. Public Support-Business Contribution	9,284		9,284
4.			
5.			
6. Total receipts (add lines 1 - 5)	\$16,209	\$50,336	\$ 66,545
DISBURSEMENTS (Provide Brief Description):			
7. Salaries	\$	\$ 11,441	\$11,441
8. Related Benefits (6.95%) (Payroll Taxes)	2,302	936	3,238
9. Operating Services	10,489	300	10,789
10. Supplies	337	414	751
11. Professional Services	6,270		6,270
12. Repairs and Maintenance	4,265		4,265
13. Total Disbursements (add lines 7 - 12)	\$ 23,663	\$ 13,091	\$ 36,754
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	\$	\$	\$

Note: 1) Sickle Cell paid Federal payroll taxes, penalties and interest for prior periods(\$9,959.47) not included in disbursements above.

2) Sickle Cell paid Louisiana state payroll taxes withheld, penalties and interest for prior periods (\$1,641.08), not included in disbursements above.

3) Balance Sheet information was not available, therefore Statement B is not included in this report.

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

Sickle Cell Anemia Research Foundation, Inc. (Agency Name)

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, 2018 (Year-End)

Agency Head Name and Title: Chauncey M. Hardy, 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. -0-

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