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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, Rosia G. Metoyer (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, 2017 (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, Rosia G. Metoyer (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, 2017, and accordingly, is not required to have an audit for the previously mentioned year.

Rosia G. Metoyer
Officer's Signature

Sworn to and subscribed before me this 16 day of April, 2018.

Granvel G. Metoyer
NOTARY PUBLIC SIGNATURE & SEAL
Granvel G. Metoyer
Notary # 18474

| 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 <u>APR 25 2018</u> |

| Please Complete This Section |
|------------------------------|
| Officer's Name _____ |
| Officer's Title _____ |
| Address _____ |
| City, Zip _____ |
| Ph: Cell/Land _____ |
| E-mail _____ |

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

Statement of Cash Receipts and Disbursements
For the Year Ended December 31, 2017
 (Year-End)

| | <u>General Fund</u> | <u>Other Fund</u> | <u>Total</u> |
|--|-------------------------|-----------------------|------------------|
| RECEIPTS (Provide Brief Description): | | | |
| 1. DHH | \$ 9,664 | \$ | \$ 9,664 |
| 2. Direct Public Support-Individuals | 15,585 | | 15,585 |
| 3. Direct Support-Business Contributions | 14,338 | | 14,338 |
| 4. | | | |
| 5. | | | |
| 6. Total receipts (add lines 1 - 5) | <u>\$ 39,587</u> | <u>\$</u> | <u>\$ 39,587</u> |
| DISBURSEMENTS (Provide Brief Description): | | | |
| 7. Salaries | \$ 14,841 | \$ | \$ 14,841 |
| 8. Patient Care | 3,699 | | 3,699 |
| 9. Supplies | 5,800 | | 5,800 |
| 10. Operating Supplies | 15,247 | | 15,247 |
| 11. | | | |
| 12. | | | |
| 13. Total Disbursements (add lines 7 - 12) | <u>\$ 39,587</u> | <u>\$</u> | <u>\$ 39,587</u> |
| 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 | \$ | \$ | \$ |

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, 2017 (Year-End)

Agency Head Name and Title: Rosia G. Metoyer, 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

