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Affidavit and Revenue Certification

SOUTHWEST LOUISIANA SICKLE CELL ANEMIA, INC.
Calcasieu
Lake Charles, Louisiana

**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, _____ (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Southwest Louisiana Sickle Cell Anemia, Inc. as of December 31, 2017 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, Etta Pete, (officer name), who, duly sworn, deposes and says that Southwest Louisiana Sickle Cell Anemia, Inc. 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.

Etta Pete
Officer's Signature

Sworn to and subscribed before me this 27th day of June, 2018.

Michael F. Neal #54615
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 <u>JUL 11 2018</u>

Please Complete This Section
Officer's Name <u>Etta Pete</u>
Officer's Title <u>Executive Director</u>
Address <u>1901 Harless St.</u>
City, Zip <u>Lake Charles, LA 70601</u>
Ph: Cell/Land <u>337-433-2609</u>
E-mail <u>swlasicklecell@suddenlinkmail.com</u>

SOUTHWEST LOUISIANA SICKLE CELL ANEMIA, INC.**Statement of Cash Receipts and Disbursements
For the Year Ended December 31, 2017**

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
RECEIPTS (Provide Brief Description):			
1. Contributions	\$ 57135	\$	\$ 57135
2.			
3.			
4.			
5.			
6. Total receipts (add lines 1 - 5)	<u>\$ 57135</u>	<u>\$</u>	<u>\$ 57135</u>
DISBURSEMENTS (Provide Brief Description):			
7. Salary	\$ 33503	\$	\$ 33503
8. Office Expenses (Utilities, Postage, Supplies)	11482		11482
9. Travel and Meeting	9874		9874
10. Donations	1125		1125
11. Other (Legal, Professional, Equipment)	3469		3469
12.			
13. Total Disbursements (add lines 7 - 12)	<u>\$ 59453</u>	<u>\$</u>	<u>\$ 59453</u>
14. Change in fund balance (Lines 6 minus 13)	\$ (2318)	\$	\$ (2318)
15. Fund Balance at beginning of year	\$ 36376	\$	\$ 36376
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ 34058	\$	\$ 34058

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

Southwest Louisiana Sickle Cell Anemia, Inc.**Balance Sheet, on December 31, 2017**

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 48324	\$	\$ 48324
2. Investments (fair value) on hand			
3. Office furnishings (Cost of desks, etc)	1657		1657
4. Equipment (Cost of fax machine, etc)	6230		6230
5. Accumulated Depreciation	(7887)		(7887)
6. Total Assets (add lines 1 - 5)	<u>\$ 48324</u>	<u>\$</u>	<u>\$ 48324</u>
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):			
8.	\$	\$	\$
9.			
10.			
11. Total Liabilities (add lines 7 - 10)	0		0
12. Fund balance (amount from Line 16 on Statement A)	34058		34058
13. Other	14266		14266
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$ 48324</u>	<u>\$</u>	<u>\$ 48324</u>

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SOUTHWEST LOUISIANA SICKLE CELL ANEMIA, INC.

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, 2017Agency Head Name and Title: Etta Pete, Director

Purpose	Dollar Amount
1. Salary	1. \$22,508
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.)

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