

# 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**

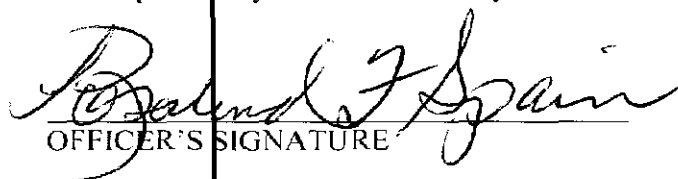
Telephone: **(318) 636-5300** Email: **nwlascdaa@bellsouth.net**

*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, 2021** 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, 2021**, 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 5<sup>th</sup> day of May, 2022

  
NOTARY PUBLIC SIGNATURE & SEAL

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

Please submit a pdf copy of the completed form to: [ereports@lla.la.gov](mailto: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, 2021

	General Fund	Other Fund	Total
<b>RECEIPTS (Provide Brief Description):</b>			
1 State Grant	\$ 37,988	\$ -	\$ 37,988
2 Shreveport Bossier Sports Commission	15,000		15,000
3 Caddo Parish Grant	3,500		3,500
4			
5			
6. Total receipts (add lines 1 - 5)	<u>\$ 56,488</u>	<u>\$ -</u>	<u>\$ 56,488</u>
<b>DISBURSEMENTS (Provide Brief Description):</b>			
7 Salaries and Payroll Expenses	\$ 37,988	\$ -	\$ 37,988
8 Softball Fundraising Expenses	18,500		18,500
9			
10			
11			
12			
13. Total Disbursements (add lines 7 - 12)	<u>\$ 56,488</u>	<u>\$ -</u>	<u>\$ 56,488</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	\$ -	\$ -	\$ -

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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**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, 2021**

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

Purpose	Dollar Amount
1. Salary (Spain)	\$ 16,048
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	614
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)	\$ 16,662

\_\_\_\_ 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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