SICKLE CELL DISEASE OF AM Fax : 1-318-226-8050

- - - -

· . .

Dec 29 '99 01:12 P05

OFFICIAL FILE COPY SICKLE CELL DISEASE ASSOCIATION - NORTHWEST CHAPTER do not send out SHREVEPORT, LOUISIANA 71103 (Xerox necessary FINANCIAL REPORT - January 1, 1999 - August 31, 1999 copies from this copy and PLACE BACK IN FILE) **Beginning Balance**

\$15,876.08

66,473,98

INCOME

State Grant	37,499.76
Softball Tournament	23,332.50
Contributions	5,460.80
Interest	180.92

Total Income

EXPENSES:

Fauinment/S. . . 82,350.06

r.quipment/Supplies	3,536.17
Sickle Cell Pamphlets	2,631.35
Service Charge	46.70
Directors' travel/workshops	749.44
National Sickle Cell Fee	1,000.00
Patient's Retreat/Assist.	853.50
Salaries/Taxes	26,230.81
Telephone	1,162.12
Rent	1,050.00
Medicine/Patients	3,723.36
Fund Raising Expense	18,901.41
(Softball Tourney/Officials	
Scorekeepers/security)	
Softballs	4,416.00
T-Shirts/Teams/Workers	1,695.00

Total Expense

Under provisions of state law, this BALANCE report is a public document. A copy of the report has been submitted to the audited, or reviewed, entity and other appropriate public officials. The report is available for public inspection at the Baton \$65,995.86

\$16,354.20

Provide office of the Legislative Audiwhere appropriate, at the the parish clerk of court. Rejucios Date

SICKLE CELL DISEASE OF AM Fax : 1-318-226-8050 Dec 29 '99 01:12 P04

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

•

SICKLE CELL DISEASE ASSOC FINANCIAL REPORT August 1, 1998 - December 3	
	\$ 6,607.09
Beginning Balance	24,056.67
Deposits	<u>69.56</u>
Interest	30,733.32
Total Income	
	14,857.25
Disbursements	15,876.08
Balance on Hand	

Disbursements:

Field Managers/Softball Tourney	\$400.00
Salaries	8,128.67
C. Rhone 2,931.17	
L. Bradford 5,197.50	
Rent	656.25
Supplies	131.16
Postage	128.00
Telephone	749.96
•	192.77
Medic Pharmacy	
Insurance	230.50
Security/Radio Thorn	50.00
Delivery/Copy Machine/Furniture	85.00
Sickle cell Research Foundation-	-Ad 100.00
Pictures-Softball/Others	167.13
Patterson Funeral Home	400.00
Flowers	23.51
Christmas Bonus	300.00
Travel/Bradford	371.39
Sickle Cell Fact Sheets	119.00
IRS/Taxes for employees	2,294.30
State Taxes	317.00
Service Charge	12.60
	14,857.24

. .



Dec 29 '99 01:12 P03

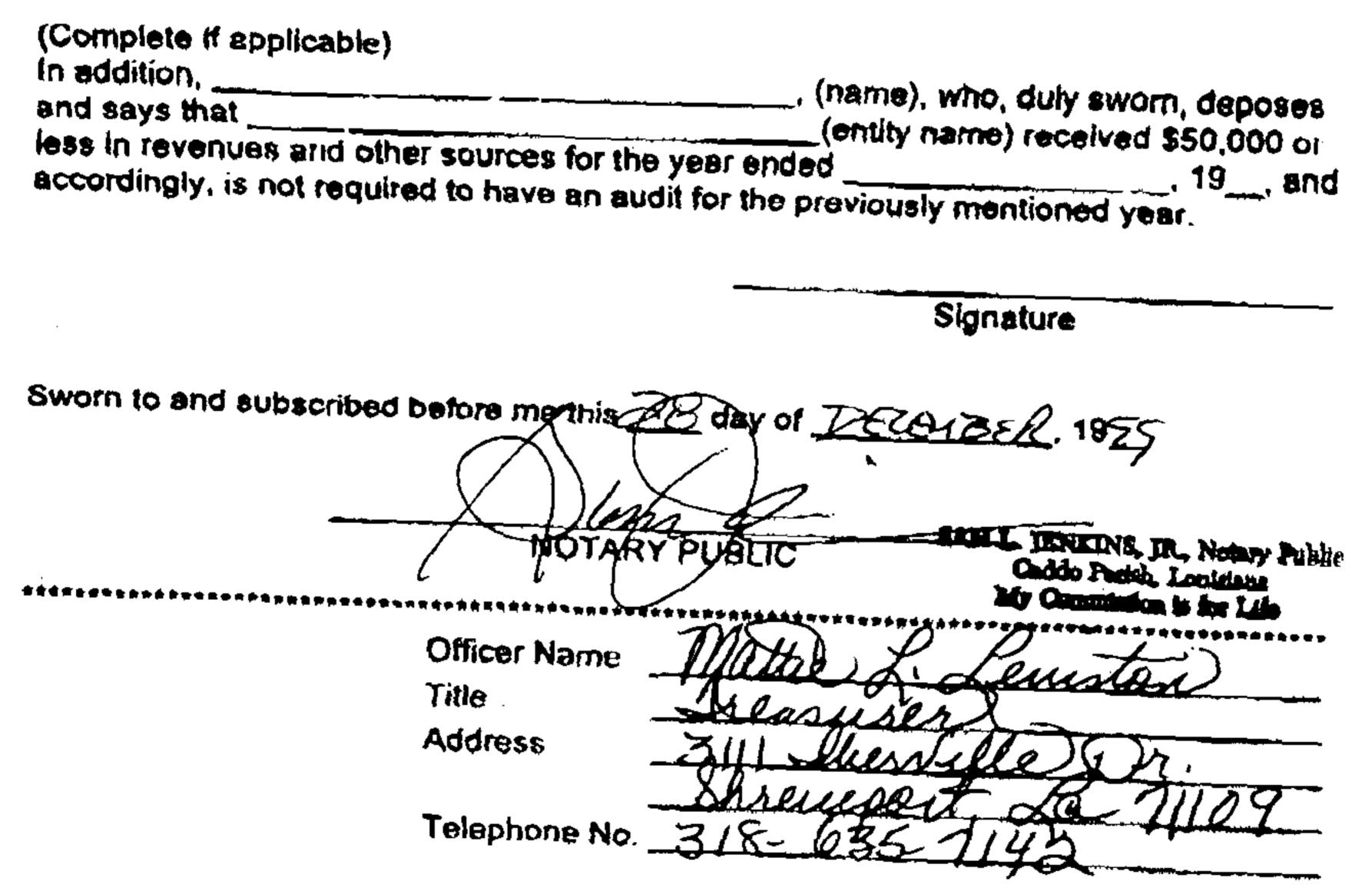
Affidavit and Revenue Certification

Mest Lauisen Sickle Cell. TO ENTITY NAME Parish (City), Louisiana

ANNUAL SWORN FINANCIAL STATEMENTS AND CERTIFICATION OF REVENUES \$50,000 OR LESS (if applicable)

The annual sworn financial statements are required by Louislana 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 \$50,000 or less, if applicable, is required by Louisiana Revised Statute 24:513(I)(1)(c)(I).

Personally came and appeared before the undersigned authority, Matter L. Leuister (name), who, duly sworn, deposes and says that the tinancial statements herewith given present fairly the financial position of 8/3/98 (entity name) as of ______, 19__, and the results of operations for the year then ended, in accordance with the basis of accounting described within the accompanying financial statements.



-

•

Affidavit and Revenue Certification

Prth Just Busing Sectle Cell Jour StENTITY NAME Parish AD(City), Louisiana

ANNUAL SWORN FINANCIAL STATEMENTS AND CERTIFICATION OF REVENUES \$50,000 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 \$50,000 or less, if applicable, is required by Louisiana Revised Statute 24:513(I)(1)(c)(i).

Personally came and appeared before the undersigned authority, Marth 2, (name), who, duly sworn, deposes and says that the financial statements herewith given oresent fairly the financial position of Authority (entity name) as of 8/31/99, 19_, 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, _____, (name), who, duly sworn, deposes (entity name) received \$50,000 or and says that less in revenues and other sources for the year ended _____, 19__, and accordingly, is not required to have an audit for the previously mentioned year. Signature Sworn to and subscribed before no this 28 day of DECEMBER, 1925 SAM I JENKINS, JR., Noticy Public NOTARY PUBLIC Caddo Padeh, Louidans My Commission is for Life Officer Name Title Address RA 1635-31 Telephone No. 8~

· -- -·

- -

and the second second

....