Sickle Cell Anemia Research Foundation, Inc. (Entity Nam RECEIVED Alexandria, Rapides/Louisiana (City, Parish/State)

TRANSMITTAL LETTER

JAN 29 2021 LEGISLATIVE AUDITOR

ANNUAL FINANCIAL STATEMENTS

(Date) 01-25-2021

Bradley Cryer, CPA Director of Local Government Services Louisiana Legislative Auditor P.O. Box 94397 Baton Rouge, LA 70804-9397

Dear Mr. Cryer:

In accordance with Louisiana Revised Statute 24:513, enclosed are the Affidavit and Revenue Certification Form and the Annual Financial Statements for my entity, as of and for the year ended December 31, 2020. The statements include all funds under the control of this entity. The accompanying financial statements have been prepared on the cash basis of accounting.

Sincerely,

Rachal

Officer's Signature

Alfred Rachal, President Officer's Name, Title

Enclosures

PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENT 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

Entity Name: Sickle Cell Anemia Research Foundation, Inc.

Address: P.O. Box 12432, Alexandria, LA 71315

Telephone: (318) 729-6682 Email: SCARF2625@outlook.com

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 <u>ereports@lla.la.gov</u>, 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, <u>Alfred Rachal</u> (officer's name), who, duly sworn, deposes and says that the financial statements herewith given present fairly, in all material respects, the financial position of <u>Sickle Cell Anemia Research Foundation</u>, Inc. (entity's name) as of <u>December 31</u>, <u>2020</u> (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; 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: N/A

<u>Complete if Applicable:</u> In addition, <u>Alfred Rachal</u> (officer's name), who duly sworn, deposes, and says that <u>Sickle Cell Anemia Research Foundation, Inc.</u> (entity's name) received \$75,000 or less in revenues and other sources for the year ended <u>December 2020</u> (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

Alfred Rachal OFFICER'S SIGNATURE

President OFFICER'S TITLE

Sworn to and subscribed before me, this 262 day of ______ , 2021.

Im TIE. #026394

NOTARY PUBLIC SIGNATURE & SEAL Frances T. Fennie

Please submit a pdf copy of the completed form to: ereports@lla.la.gov - Updated 12/20

Statement of Receipts and Disbursements

Statement A

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1.Louisiana Dept of Health/Genetic Disease Program	\$	\$35,000.00	\$35,000.00
2.Public Support-Individual	8,100.00		8,100.00
3. Public Support-Business Contributions	26,179.65		26,179.65
4.Dividends Received - LWCC	530.04		530.04
5.Refund-IRS	1,343.19		1,343.19
6. Total receipts (add lines 1 – 5)	\$36,152.88	\$35,000.00	\$71,152.88
7.Payroll 8.LWCC	\$ 1,702.00	\$48,060.38	\$48,161.38
			COLUMN ROLL OF THE OWNER
9.Libertity Mutual Insurance	1,948.86		1,948.86
10.Louisiana Dept of Revenue		1,683.00	1,683.00
11.IRS - 941Taxes		17,016.34	17,016.34
12. Total From Disbursement Continuation Attachment	13,425.20		13,425.20
13. Total Disbursements (add lines 7 - 12)	\$17,076.06	\$66,759.72	\$83,835.78
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14. Change in fund balance (Lines 6 minus 13)	\$19,076.82	\$<31,759.72>	\$<12,682.90>
14. Change in fund balance (Lines 6 minus 13) 15. Fund Balance at beginning of year	\$19,076.82 \$8,318.04	<u>\$<31,759.72></u> \$4,176.51	and the second

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.*

Balance Sheet

Statement B

	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
1. Cash and cash equivalents	\$1,591.31	\$<181.41>	\$1,409.90
2. Investments (fair value)			
3. Office furnishings (Cost of desks, etc)	2,200.00		2,200.00
4. Equipment (Cost of fax machine, etc)	4,827.00	••••••	4,827.00
5. Other (brief description)			
6. Total Assets (add lines 1 – 5)	\$8,618.31	\$<818.41>	\$8,436.90
LIABILITIES AND FUND BALANCE (at year-end):			
	S	\$77.00	\$77.00
LIABILITIES AND FUND BALANCE (at year-end); 7. Liabilities (brief description): LA State Taxes 4 th Quarter 8.	\$	\$77.00	\$77.00
7. Liabilities (brief description): LA State Taxes 4th Quarter	\$	\$77.00	\$77.00
7. Liabilities (brief description): LA State Taxes 4 th Quarter 8.	\$	\$77.00	\$77.00
 Liabilities (brief description): LA State Taxes 4th Quarter 9. 	<u>\$</u>	\$77.00	\$77.00
 Liabilities (brief description): LA State Taxes 4th Quarter 9. 10. 	\$27,394.86		\$77.00
 7. Liabilities (brief description): LA State Taxes 4th Quarter 8. 9. 10. 11. Total Liabilities (add lines 7 - 10) 		77.00	

Please submit a pdf copy of the completed form to: ereports@lla.la.gov - Updated 12/20

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: Alfred Rachal, President

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.	

 $\sqrt{}$ 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.)

SICKLE CELL ANEMIA RESEARCH FOUNDATION, INC. ANNUAL SWORN FINANCIAL STATEMENT AS OF DECEMBER 2019

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DISBURSEMENTS - CONT'D

DISBURSEMENTS	Ge	eneral Fund	Other Fund	Total
City of Alexandria-Utilities	\$	1,459.28		\$ 1,459.28
Lisa M. Stelly, CPA	\$	750.00		\$ 750.00
Clerical Plus-Transcription Svs/Dr. Majed Jerooudi	\$	1,018.59		\$ 1,018.59
DirecTV - Cable	\$	364.43		\$ 364.43
Office Supplies/Equipment	\$	604.31		\$ 604.31
AT&T-Telephone/Fax/Internet	\$	1,912.53		\$ 1,912.53
Patient Care Services	\$	992.00		\$ 992.00
Henry Rankins - Lawn Maintenance	\$	1,700.00		\$ 1,700.00
USPS - Postage	\$	294.00		\$ 294.00
Patient Care Services	\$	992.00		\$ 992.00
Brown & Brown Insurance-Liability for Fundraiser	\$	418.00		\$ 418.00
Harland Clarke-Check reorder	\$	73.37		\$ 73.37
ADT Security Systems	\$	451.81		\$ 451.81
Promotional Giveaways/Fundraisers	\$	1,602.69		\$ 1,602.69
Advertising	\$	690.00		\$ 690.00
Heromans Florist-Funeral Arrangement	\$	102.19		\$ 102.19
	\$	13,425.20		\$ 13,425.20