For an estimated 70,000 to 100,000 people in the United States, sickle cell disease is a painful, lifelong battle. Sickle-cell disease is inherited from parents in much the same way as blood type, hair color and texture, eye color, and other physical traits. The types of hemoglobin a person makes in the red blood cells depend on what hemoglobin genes are inherited from his parents. If one parent has sickle-cell anemia (SS) and the other has sickle-cell trait (AS), there is a 50% chance of a child's having sickle-cell disease (SS) and a 50% chance of a child's having sickle-cell trait (AS). When both parents have sickle-cell trait (AS), a child has a 25% chance (1 out of 4) of having sickle-cell disease. Symptoms of sickle cell disease vary. In some people, they are mild, in others severe and requiring hospitalization. The most common signs and symptoms are linked to anemia. Anemia is a condition in which blood has a lower than normal number of red blood cells. People with anemia do not have enough red blood cells, which deliver oxygen. As a result, they may feel tired or weak. Fatigue is one of the most common symptoms of sickle cell anemia. Severe or long-lasting anemia can damage the heart, brain, lungs, kidney, spleen, and other organs of the body. Very severe anemia may even cause death. Many people with sickle cell disease live with chronic pain, especially in their bones. However, sudden pain that can occur anywhere in the body is also a common symptom of sickle cell disease. This pain is called a “sickle cell crisis." Sickle cell crises often affect the bones, lungs, abdomen, and joints. Other symptoms of sickle cell disease include:

- Shortness of breath and/or dizziness
- Headache
- Coldness in the hands and feet
- Pale skin due to anemia
- Jaundice, or yellow eyes and skin
- Chest pain
- Leg ulcers that do not heal

Blood transfusions can treat some complications of sickle cell disease and prevent others. Adding healthy cells to the bloodstream can reverse some of the damage that sickled cells cause. Severe anemia, stroke, and acute chest syndrome are conditions that blood transfusions treat. Transfusions may also help prevent stroke or heart failure. But there is a downside to this practice: repeat transfusions can cause complications. So doctors weigh benefits and risks before suggesting this procedure. Regular blood transfusions for sickle cell disease can cause iron buildup in the body, which requires daily treatment (iron chelation) and close monitoring.

**New Developments**

- Research on bone marrow transplants, gene therapy, and new medicines for sickle cell anemia is

*Continued on inside back cover*
Dear Friends:

The American Sickle Cell Anemia Association wishes to express its gratitude and appreciation for the steadfast support of its funders, collaborators and donors during the 2010 Programming year. This support has enabled the Association to continue its strides in the provision of comprehensive community education, testing, counseling and supportive services to the consumers and population at-risk for sickle cell disease and its variants in Ohio’s Region V. In the year 2010 the ASCAA was able to provide direct services to over 12,000 individuals from across the region.

Please note that the wide ranging individual, corporate, governmental and philanthropic supports rendered helped the ASCAA remain at the forefront of the sickle cell comprehensive program movement locally and nationally. Also, in this new year of service we are most excited about the Cleveland Clinic Foundation’s development of our new service site inside the clinic’s campus DD Building, located at 10900 Carnegie Avenue, Suite DD1-201. This custom designed suite offers our patients and their families a warm and welcoming place for state-of-the-art care. We sincerely thank the Cleveland Clinic for this major support and all of its past support of our organization.

As one of the nation’s leading community based sickle cell education, testing, counseling and supportive service organizations, ASCAA will continue to focus its sights on providing both quality and quantity care to those individuals seeking and utilizing our services.

The Board of Trustees and staff is pleased to present this Report to the community. We look forward to continuing our program of services to our consumers and the population at risk. We sincerely appreciate all of your support.

Sincerely,

Pamela Bradford
Mrs. Pamela Bradford, L.I. S.W, B.C.D. C.S.W.M.

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Mrs. Pamela Bradford, Board Chairman
Dr. Anthony Stallion, Vice President
Ms. Judy Montfort, Secretary
Dr. Mark Worford, Treasurer
Mr. Ed Scott, Vice Treasurer
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Mr. William Lewis
Ms. Debra Mardenborough-White
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Dr. Lewis Wright

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Mrs. Leslie Carter, Newborn Screening Coordinator
Ms. Thresa Curry, NCBA Clerical
Mr. Jackie Guy, NCBA Clerical
Ms. Jamie Kelley, Administrative Assistant
Mr. Robert King, Courier
Mr. Tim Marek, IT/MIS
Ms. Charlotte Martin, Receptionist
Mr. Larry Osayamwen, CPA/Accountant
Mr. Gilberto Peña, Hispanic Outreach Coordinator
Mrs. Lindsay Streck, Health Education Coordinator
**ASCATA Services**

**Newborn Screening and Testing:**
ASCATA provides vital testing for newborns, parents, adults, Head Start centers, and the general public. ASCATA currently tests more than 3,750 individuals annually.

**C.H.A.M.P.P.S.:**
C.H.A.M.P.P.S., which stands for Choosing Health Awareness Mobility Personal Power and Success, is a youth program designed for children and teens with sickle cell disease.

**Counseling:**
ASCATA provides in-house and community outreach counseling to those affected by sickling diseases and trait variants, as well as to those who want to learn more about the effects on individuals and their families.

**Global Education:**
Since its inception, ASCATA has distributed over 475,000 educational packages both locally and globally. ASCATA also provides educational presentations to students, teachers, social workers, physicians, the media and the general public.

For more information visit our website at www.ascaa.org
The information contained in the financial review section is presented in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards.

**Major Funders**

City of Cleveland/CDBG (Community Development Block Grant)
Cleveland Clinic Foundation
The Harry K. Fox & Emma R. Fox Charitable Foundation
Ohio Department of Health
United Way Services

**Major Contributors**

Alpha Kappa Alpha Sorority, Epsilon Lambda Omega Chapter: In Memory of Karen Adkinson
Philip Eisenberg Charitable Trust
Gerzeny, Dorothy Nalle
Hall, Brenda J.
Oglesby Constsruction, Inc.
Prayer Unlimited
Willis, Deborah: In Memory of Onyero Onyeacholem
INDEPENDENT AUDITORS’ REPORT

Board of Trustees

AMERICAN SICKLE CELL ANEMIA ASSOCIATION, INC.
10900 Building DD
Cleveland, Ohio 44106

We have audited the accompanying statement of financial position of the American Sickle Cell Anemia Association, Inc. (ASCAA) as of December 31, 2010, and the related statements of activities, cash flows and functional expenses for the year then ended. These financial statements are the responsibility of the ASCAA’s management. Our responsibility is to express an opinion on these financial statements based on our audit. The prior year summarized comparative information has been derived from the ASCAA’s 2009 financial statements and in our reported dated February 10, 2010, we expressed an unqualified opinion on those financial statements.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the ASCAA as of December 31, 2010, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with Government Auditing Standards, we have also issued our report dated April 27, 2011, on our consideration of ASCAA’s internal controls over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grants. That report is an integral part of an audit in accordance with Government Auditing Standards and should be read in conjunction with this report in considering the results of our audit.

April 27, 2011
### AMERICAN SICKLE CELL ANEMIA ASSOCIATION, INC.
#### STATEMENT OF FINANCIAL POSITION
**December 31, 2010**
*(WITH COMPARATIVE TOTALS AS OF DECEMBER 31, 2009)*

<table>
<thead>
<tr>
<th></th>
<th>UNRESTRICTED</th>
<th>TEMPORARILY RESTRICTED</th>
<th>TOTAL 2010</th>
<th>TOTAL 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>$199,442</td>
<td>$199,442</td>
<td>$248,301</td>
<td></td>
</tr>
<tr>
<td>Prepaid Expenses</td>
<td>786</td>
<td>786</td>
<td>825</td>
<td></td>
</tr>
<tr>
<td>Total Current Assets</td>
<td>$200,228</td>
<td>$0</td>
<td>$200,228</td>
<td>$249,126</td>
</tr>
<tr>
<td>Non Current Assets:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fixed Assets Cost (Note 3)</td>
<td>$13,265</td>
<td>0</td>
<td>13,265</td>
<td>$16,737</td>
</tr>
<tr>
<td>Less: Accumulated Depreciation (Note 3)</td>
<td>(8,291)</td>
<td>(8,291)</td>
<td>(10,445)</td>
<td></td>
</tr>
<tr>
<td>Net Fixed Assets</td>
<td>$4,974</td>
<td>$0</td>
<td>$4,974</td>
<td>$6,292</td>
</tr>
<tr>
<td>TOTAL ASSETS</td>
<td>$205,202</td>
<td>$0</td>
<td>$205,202</td>
<td>$255,418</td>
</tr>
</tbody>
</table>

**LIABILITIES AND NET ASSETS**

<table>
<thead>
<tr>
<th></th>
<th>UNRESTRICTED</th>
<th>TEMPORARILY RESTRICTED</th>
<th>TOTAL 2010</th>
<th>TOTAL 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Liabilities:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts Payable</td>
<td>$0</td>
<td>0</td>
<td>2,400</td>
<td></td>
</tr>
<tr>
<td>Accrued Expenses</td>
<td>7,227</td>
<td>7,227</td>
<td>6,964</td>
<td></td>
</tr>
<tr>
<td>Total Current Liabilities</td>
<td>$7,227</td>
<td>$0</td>
<td>$7,227</td>
<td>$9,364</td>
</tr>
<tr>
<td>NET ASSETS</td>
<td>$197,975</td>
<td>$0</td>
<td>$197,975</td>
<td>$246,054</td>
</tr>
<tr>
<td>Total Liabilities and Net Assets</td>
<td>$205,202</td>
<td>$0</td>
<td>$205,202</td>
<td>$255,418</td>
</tr>
</tbody>
</table>

*The accompanying notes are an integral part of the financial statements.*
AMERICAN SICKLE CELL ANEMIA ASSOCIATION, INC.
STATEMENT OF ACTIVITIES
December 31, 2010
(WITH COMPARATIVE TOTALS AS OF DECEMBER 31, 2009)

<table>
<thead>
<tr>
<th>SUPPORT AND REVENUE</th>
<th>UNRESTRICTED</th>
<th>TEMPORARILY RESTRICTED</th>
<th>TOTAL 2010</th>
<th>TOTAL 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Way Services</td>
<td>$78,285</td>
<td>$78,285</td>
<td>$84,664</td>
<td></td>
</tr>
<tr>
<td>Ohio Department of Health</td>
<td>197,025</td>
<td>197,025</td>
<td>196,998</td>
<td></td>
</tr>
<tr>
<td>City of Cleveland - Block Grant</td>
<td>14,836</td>
<td>14,836</td>
<td>17,382</td>
<td></td>
</tr>
<tr>
<td>Summer Camp donation</td>
<td>$1,800</td>
<td>1,800</td>
<td>1,880</td>
<td></td>
</tr>
<tr>
<td>Gifts-Unrestricted</td>
<td>10,492</td>
<td>10,492</td>
<td>18,625</td>
<td></td>
</tr>
<tr>
<td>Special Events</td>
<td>2,500</td>
<td>2,500</td>
<td>28,100</td>
<td></td>
</tr>
<tr>
<td>Interest Income</td>
<td>131</td>
<td>191</td>
<td>946</td>
<td></td>
</tr>
<tr>
<td>Corporate Contributors</td>
<td>22,629</td>
<td>22,629</td>
<td>19,336</td>
<td></td>
</tr>
<tr>
<td>Net Assets Released from Restriction (Note 6)</td>
<td>290,146</td>
<td>(290,146)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL SUPPORT AND REVENUE</strong></td>
<td><strong>$327,758</strong></td>
<td><strong>$0</strong></td>
<td><strong>$327,758</strong></td>
<td><strong>$367,931</strong></td>
</tr>
</tbody>
</table>

EXPENDITURES

Program Expenses:

<table>
<thead>
<tr>
<th></th>
<th>UNRESTRICTED</th>
<th>TEMPORARILY RESTRICTED</th>
<th>TOTAL 2010</th>
<th>TOTAL 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sickle Cell Project</td>
<td>$342,515</td>
<td>$0</td>
<td>$342,515</td>
<td>$345,628</td>
</tr>
<tr>
<td>Total Program Expenses</td>
<td>$342,515</td>
<td>$0</td>
<td>$342,515</td>
<td>$352,443</td>
</tr>
<tr>
<td>General and Management</td>
<td>$33,322</td>
<td>$33,322</td>
<td>$33,581</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL EXPENDITURES</strong></td>
<td><strong>$375,837</strong></td>
<td><strong>$0</strong></td>
<td><strong>$375,837</strong></td>
<td><strong>$386,024</strong></td>
</tr>
</tbody>
</table>

Change in Net Assets

<table>
<thead>
<tr>
<th></th>
<th>UNRESTRICTED</th>
<th>TEMPORARILY RESTRICTED</th>
<th>TOTAL 2010</th>
<th>TOTAL 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>$(458,079)</td>
<td>$0</td>
<td>(458,079)</td>
<td>(18,095)</td>
<td></td>
</tr>
<tr>
<td>Net Assets - Beginning of Year</td>
<td>246,054</td>
<td>0</td>
<td>246,054</td>
<td>264,147</td>
</tr>
<tr>
<td><strong>Net Assets - End of Year</strong></td>
<td><strong>$197,975</strong></td>
<td><strong>$0</strong></td>
<td><strong>$197,975</strong></td>
<td><strong>$246,054</strong></td>
</tr>
</tbody>
</table>

The Accompanying Notes Are An Integral Part of the Financial Statements.
### AMERICAN SICKLE CELL ANEMIA ASSOCIATION, INC.  
**STATEMENTS OF CASH FLOWS**  
December 31, 2010  
(WITH COMPARATIVE TOTALS AS OF DECEMBER 31, 2009)

#### CASH FLOWS FROM OPERATING ACTIVITIES

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Income</td>
<td>($48,079)</td>
<td>($51,468)</td>
</tr>
</tbody>
</table>

**Adjustments to Reconcile Net Income to Net Cash Provided By Operations**

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depreciation</td>
<td>2,431</td>
<td>3,165</td>
</tr>
<tr>
<td>Increase (Decrease) in Accounts Payable</td>
<td>(2,400)</td>
<td>(972)</td>
</tr>
<tr>
<td>Increase (Decrease) in Accrued Liabilities</td>
<td>263</td>
<td>(2,604)</td>
</tr>
<tr>
<td>(Increase) Decrease in Deposits &amp; Prepaid Assets</td>
<td>39</td>
<td>(1,372)</td>
</tr>
<tr>
<td><strong>Total Adjustments</strong></td>
<td>$333</td>
<td>($1,783)</td>
</tr>
</tbody>
</table>

**Net Cash Provided By Operating Activities**

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(47,746)</td>
<td>(53,251)</td>
</tr>
</tbody>
</table>

#### Cash Flows From Investing Activities

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchase of Fixed Assets</td>
<td>(1,113)</td>
<td>(4,015)</td>
</tr>
</tbody>
</table>

**Net Cash Provided By Investing Activities**

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(1,113)</td>
<td>(4,015)</td>
</tr>
</tbody>
</table>

#### Cash Flows From Financing Activities

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proceeds From Debt Transactions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payments of Outstanding Debt</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Net Cash Provided By Financing Activities**

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Net Increases in Cash and Cash Equivalents**

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>($48,859)</td>
<td>($10,517)</td>
</tr>
</tbody>
</table>

**Cash and Cash Equivalents at Beginning of Year**

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>248,301</td>
<td>258,818</td>
</tr>
</tbody>
</table>

**CASH AND CASH EQUIVALENTS AT END OF YEAR**

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$199,442</td>
<td>$248,301</td>
</tr>
</tbody>
</table>

The Accompanying Notes Are An Integral Part of the Financial Statements.
AMERICAN SICKLE CELL ANEMIA ASSOCIATION, INC.
STATEMENT OF FUNCTIONAL EXPENSES
December 31, 2010
(WITH COMPARATIVE TOTALS AS OF DECEMBER 31, 2009)

<table>
<thead>
<tr>
<th>EXPENDITURES</th>
<th>GENERAL</th>
<th>AND</th>
<th>TOTAL</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SICKLE</td>
<td>PROJECT</td>
<td>MANAGEMENT</td>
<td>2010</td>
<td>2009</td>
</tr>
<tr>
<td>Salaries</td>
<td>$157,588</td>
<td>$15,586</td>
<td>$173,174</td>
<td>$176,906</td>
<td></td>
</tr>
<tr>
<td>Payroll Taxes</td>
<td>15,505</td>
<td>1,533</td>
<td>17,038</td>
<td>16,189</td>
<td></td>
</tr>
<tr>
<td>Fringe Benefits.</td>
<td>34,418</td>
<td>3,785</td>
<td>38,203</td>
<td>38,460</td>
<td></td>
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<tr>
<td>Professional Fees and Contract</td>
<td>59,494</td>
<td>4,512</td>
<td>64,006</td>
<td>58,440</td>
<td></td>
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<tr>
<td>Services</td>
<td>16,544</td>
<td>4,181</td>
<td>20,725</td>
<td>20,567</td>
<td></td>
</tr>
<tr>
<td>Supplies</td>
<td>12,094</td>
<td>1,652</td>
<td>13,746</td>
<td>14,437</td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td>728</td>
<td>989</td>
<td>1,717</td>
<td>7,484</td>
<td></td>
</tr>
<tr>
<td>Postage and Shipping</td>
<td>2,732</td>
<td>285</td>
<td>3,017</td>
<td>3,097</td>
<td></td>
</tr>
<tr>
<td>Agency - Insurance</td>
<td>11,020</td>
<td>11,026</td>
<td>3,992</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment Rental &amp; Maintenance</td>
<td>16,728</td>
<td>16,728</td>
<td>15,009</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Printing / Publications / Promotions</td>
<td>6,899</td>
<td>799</td>
<td>7,608</td>
<td>9,916</td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td>1,589</td>
<td>0</td>
<td>1,589</td>
<td>2,590</td>
<td></td>
</tr>
<tr>
<td>Conferences, Conventions, &amp; Meetings</td>
<td>710</td>
<td>710</td>
<td>485</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specific Assistance to Individuals</td>
<td>2,962</td>
<td>2,962</td>
<td>4,175</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Summer Camp</td>
<td>2,431</td>
<td>2,431</td>
<td>3,347</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Holiday Assistance to Affected</td>
<td>195</td>
<td>195</td>
<td>9,447</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Families</td>
<td>968</td>
<td>968</td>
<td>1,273</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL EXPENDITURES</strong></td>
<td><strong>$342,515</strong></td>
<td><strong>$33,322</strong></td>
<td><strong>$375,837</strong></td>
<td><strong>$386,023</strong></td>
<td></td>
</tr>
</tbody>
</table>

The Accompanying Notes Are An Integral Part of the Financial Statements.
Note 1

**Accounting Policies**

A. **Nature of Activities**
The American Sickle Cell Anemia Association, Inc. (ASCAA) provides Sickle Cell testing to at risk populations and provides educational information to the public about Sickle Cell disease. Approximately, 60%, 24%, and 5% of the ASCAA’s support for the year ended December 31, 2010 come from allocations from the Ohio Department of Health, the United Way Services, and the City of Cleveland Community Development Block Grant Program respectively.

B. **Tax Status**
The American Sickle Cell Anemia Association, Inc. is tax exempt under Section 501-C-3 of the Internal Revenue Code of 1954 (as amended). No provision for federal income taxes has been reported in the financial statements.

C. **Basis of Accounting**
The ASCAA reports its income and expenses on the accrual basis of accounting. Contributions to the ASCAA are recorded as income when received except for amounts collected in advance which are recorded as refundable advances which is reflected as revenue in the year when earned.

D. **Contribution and Revenue Recognition**
The ASCAA considers all contributions and gifts received to be available for unrestricted use unless specifically restricted by the donor at the time the gift is made.

E. **Capitalization and Depreciation Policies**
The ASCAA follows the practice of capitalizing all expenditures for fixed assets and leasehold improvements. Depreciation is calculated on the straight-line method cost over the estimated useful life of the asset. Fully depreciated fixed assets are removed from the accounting records in accordance with ASCAA policy.

F. **Donated Property and Donated Services**
The ASCAA receives free rental space and free sickle cell testing from the Cleveland Clinic Foundation. The ASCAA also benefits from the contributions of the Board of Trustees time to attend board meetings and perform other duties for the ASCAA. No amounts are reflected in the financial statements for the value of rental space, free medical testing and donated time because there is no objective measure to reflect the value of these donations.
G. **Use of Estimates**
The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

H. **Functional Allocation of Expenses**
The costs of providing various programs and related supporting services have been summarized on a functional basis in the statement of activities and statement of functional expenses. Accordingly, certain expenses have been allocated to the appropriate programs and supporting services.

I. **Comparability of Financial Statements**
The financial statements include certain prior year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with the organization’s financial statements for the year ended December 31, 2009, from which the summarized information was derived.

**Note 2**  
**Cash and Cash Equivalents**
The ASCAA had total cash and cash equivalents as of December 31, 2010 as follows:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checking Account</td>
<td>$ 40,294</td>
</tr>
<tr>
<td>Certificates of Deposits</td>
<td>158,948</td>
</tr>
<tr>
<td>Petty Cash</td>
<td>200</td>
</tr>
<tr>
<td><strong>Total Cash</strong></td>
<td><strong>$199,442</strong></td>
</tr>
</tbody>
</table>

**Note 3**  
**Fixed Assets**

<table>
<thead>
<tr>
<th>Description</th>
<th>Beginning Balance 01-01-10</th>
<th>Additions</th>
<th>Deletions</th>
<th>Ending Balance 12-31-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computer/Printer/Office Equipment</td>
<td>$16,737</td>
<td>$1,113</td>
<td>$(4,585)</td>
<td>$13,265</td>
</tr>
<tr>
<td>Total Fixed Assets</td>
<td>$16,737</td>
<td>$1,113</td>
<td>$(4,585)</td>
<td>$13,265</td>
</tr>
<tr>
<td>Less: Accumulated Depreciation</td>
<td>(10,445)</td>
<td>(2,431)</td>
<td>4,585</td>
<td>(8,291)</td>
</tr>
<tr>
<td><strong>Net Fixed Assets</strong></td>
<td>$ 6,292</td>
<td>$(1,318)</td>
<td>0</td>
<td>$(4,974)</td>
</tr>
</tbody>
</table>
AMERICAN SICKLE CELL ANEMIA ASSOCIATION, INC.
Notes to Financial Statements
December 31, 2010

Note 4  
**Pension and Employee Benefit Plans**  
On July 1, 1997 American Sickle Cell Anemia Association opened a defined contribution pension plan for all full-time employees of the ASCAA. Pension expense for 2010 was $4,287. On July 1, 1997 the American Sickle Cell Anemia Association offered employees the option of opening individual tax deferred annuity plans. Two employees were in the tax deferred annuity plan at December 31, 2010.

Note 5  
**Net Assets Released From Restrictions**  
Net assets were released from donor restrictions by incurring expenses satisfying the restricted purpose as follows:

- Ohio Department of Health $197,025
- United Way Services 78,285
- City of Cleveland Community Development Block Grant 14,836

Total Restrictions Released $290,146

Note 6  
**Subsequent Event – New Location of Administrative Office**  
In January 2011, American Sickle Cell Anemia Association, Inc. relocated to its new administration office at 10900—Building DD, Cleveland, Ohio 44106.
REPORT ON COMPLIANCE AND ON INTERNAL CONTROL 
OVER FINANCIAL REPORTING BASED ON AN AUDIT OF 
FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE 
WITH GOVERNMENT AUDITING STANDARDS

Board of Trustees
AMERICAN SICKLE CELL
ANEMIA ASSOCIATION, INC.
10900 Building DD
Cleveland, Ohio 44106

We have audited the financial statements of the American Sickle Cell Anemia Association, Inc. (ASCAA) (a nonprofit organization) as of and for the year ended December 31, 2010 and have issued our report thereon dated April 27, 2010. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States.

Compliance
As part of obtaining reasonable assurance about whether the ASCAA financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grants, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly we do not express such an opinion. The results of our tests disclosed no instances of noncompliance that are required to be reported under Government Auditing Standards.

Internal Control Over Financial Reporting
A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those in governance.
Internal Control Over Financial Reporting (Continued)
A material weakness is a deficiency, or combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the ASCAA’s financial statements will not be prevented, or detected and corrected in a timely basis. We noted no matters involving the internal control over financial reporting and its operation that we consider to be material weaknesses.

This report is intended solely for the information and use of the audit committee, management, Board of Trustees, and federal awarding agencies and pass-through agencies and is not intended to be used and should not be used by anyone other than these specified parties.

April 27, 2011
Major Funders

City of Cleveland, CDBG
(Community Development Block Grant)
Cleveland Clinic Foundation
The Harry K. Fox & Emma R. Fox Charitable Foundation
Ohio Department of Health
United Way Services

Major Contributors

Alpha Kappa Alpha Sorority, Epsilon Lambda Omega Chapter:
In Memory of Karen Adkinson
Philip Eisenberg Charitable Trust
Gerzeny, Dorothy Nalle
Hall, Brenda J.
Oglesby Construction, Inc.
Prayer Unlimited
Willis, Deborah: In Memory of Onyero Onyeachielem

General Donations

AAA Mid-Atlantic - Hamilton, NJ
Aaron, Carrie
Abbott Employee Giving Campaign
Afriyie, Kwabena
Alexander, Paul
Allison, Dorothy J.
Alpha Kappa Alpha Sorority, Chi Kappa Omega Chapter
AM 880 KIXI Radio
Anderson, Samoanna
Anonymous
Anson, Brian
Ashford, Stephanie
Baker, Michael
Banks, Anju
Battelle
Beatty, Cynthia
Bess, Willie
Billingsley, Lisa
Blackwell, Marsha D.
Blade, Sheila
Blair, Karen R.
Blake, Emma
Blunt, Jannie
Booker, Cheryl
Boyd, Renee
BP America
Bradford, Pamela
Bragg-Grant, Ira
Brand, Bobbie
Brandon, Michael
Breckenridge, Joseph
Brewington, Johnny
Brooks, Shawanna
Brown, Crystal
Brown, Latayana
Buffington, Rudolph
Bullard, Michael L.
Burston, Renee
CA Technologies Matching Gifts Program
Cairo Elementary School
Carr, Jermel
Carter, Leslie
Carter, Staci R.
Chambers, Patrick
Citywide Banks
Clifford, Gregory F.
Cluse, Tonya
Colbert-Gunn, Che’rri
Coleman, Shaqweta
Coleman-Smith, Sharon
Coles, Reginald & Viola Conway, Mattie
Cooley, Leovia
Cotton, Steven
Crawford, Ervin
Crumb, Stanford
Curry, Constance
Davis, Eric O.
Davis-Harris, Jeannette
Dizard, Kamille
Dominion Employee Giving Program
Dowdell, Courtney
Earley, Michelle D.
Easler, Lila
El Hasa Court #47 Daughters of Isis
Fagan, Lena
Farris, Rozalyn
Ferguson, Kalyn
Foster, Alyce
Furcron, Sharon
Gant, Cheryl
Germany, Jo Ann
Gerzeny, Dorothy Nalle
Gibbs, Candaice
Gilmore, Rowena V.
Glenn, Brian
Goins, Leonard, Jr.
Grace, Robert
Graham, Marilyn C.
Greene, Giese, Dr.
Griffin, Brandi
Griffin, Stanley
Griffith, Marshall A.
Haggins, Bonnie M.
Harper, Michael I.
Headen, Cynthia
Heard, Joyce
Higgins, Walter
Hill, Arlin
Hill, Michael K.
Hillsman, Angeleec
Hodges, Allen
Holingsworth, Torey
Hopkins, Angelica
Houston, Bernice H.
Hubbard, Paulette
Hughes, Sharon
Hunter, Stephanie
Jackson, Anthony
Jackson, Sherry F.
Jackson, Terry R.
Jefferson, James
Johnson, Mary L.
Jones, Deborah
Jones, Seltenia
Jones, Sharmise
Jones, Tiffany
Jordan, Marilyn R.
King, Edward
King, Robert
Koeth, Jason
Larkin, Leavator
Lawson, Vanessa R.
Leary, Joan
Lewis, William
Lindsey, Maren K.
Lockhart, Derrick
Long, Inejia M.
Love, John
Lovelace, Rita
Madden, Tamika
Malloy, Donald
Marshall, Naomii B.
Mason, Antionetta
McCormick, Darren Terel
McCormick, George
McDade, Tensie R.
McDade, Theresa
McDade, Tyrone
McGinty, Mary Jane
McNutt, Jennifer
Medical Mutual of Ohio
Melton, Sierra
Millin, Sylvia
Mills, Sharon
Mitchell, Charles
Mitchell, Cynthia
Moore, Carol
Moore, Gloria
Moore, Jeffery
Morgan, Betty
Morris, Valarie M.
Moxley, Cynthia
Murray, Kevin
Murray, LaTonya
Nall, Sheryll
Nationwide Insurance
Neal, Gregory
Nelson, A. G.
Nelson, Erica
Nestle Foundation
New Hope Baptist Church
Nickson, Erik
Nickson, Karena
Norvell, Angela
Novartis
Nowell, Candace
Oliver, James
Orange Peel Enterprises, Inc., d/b/a Greens + Osayamwen, Oghogho
Owens, Lakita
Parker, John
Parrish Hill Baptist Church
Payne, Barbara A.
Payne, Rochelle
Peacock, Daniel
Peña, Gilberto
Penn, Coronel
Personal Quality Fitness
Philip M. Eisenberg Charitable Trust
Pittman, Virgil
Polien, Brandon & Rena
Powell, Alphonso
Powell, Timothy E.
Prayer Unlimited
Prempeh, Cecillia
Prevost, Angela
Prime Access, Inc.
Prince Hall Grand Chapter,
Order of the Eastern Star for the State of South Carolina
Pritchett, Melba
Redman, Harold
Reed, Lynn
Reed, Nakita
Reeves, Thomas M.
Reniff, Tammy R.
Reynolds, Helen
Richardson, Angela R.
Roach, Joel
Robinson, Antoinette
Robinson, Michael
Robles, Shari C.
Roksanic, Gwendolynn
Rush, Vickie
Sanders, Arnet
Scott, Anthony
Seals, Taasha
Shaw, Charlotte
Sheffield, Barbara
Shore Country Day School
Sims, Alicia V.
Smith, Hubert, Jr.
Smoot, Larry
Stahl, Shirley
Stewart, Kirk
Stokes, Patricia
Sturdivant, Otis J.
SUM-The Federal Reserve Bank of Cleveland,

SUM-Third Federal Savings & Loan Assn.,
Target Corporation
Taylor, Barbara L.
Taylor, Valerie J.
Third Federal Savings & Loan Assn.,
Thomas, Lucretia
Thompson, Robert
Tolson, Lawrence
Towns, Cheryl
United Way of Allegheny Co.
United Way of Central Indiana, Inc.
United Way of Greater Stark County
United Way of Hopewell-Prince George
United Way of Southeastern Pennsylvania
Vanzant, Latasha
Walker, Clarence
Watkins, Tawnee Nichole
Wells, Paul
Wells-Mitchell, Rendia
West, Mervin
Whitworth, Joel & Laverne
Williams, Gary, Atty.
Williams, Latoshia
Williams, Leah
Williams, Winifred
Willoughby, Nancy
Wilson, Atlee
Winston, Latanya
Women of Grace Conference 2009
Wood, Joshua
Worford, Mark A., Dr.
Yancey, Jeffrey
Young, Clarinda
Young, Reginald

In Kind Donations

Bed Bath & Beyond
Boston Mills/Brandywine Ski Resorts, Polar Blast
Build-A-Bear Workshop
Children’s Museum of Cleveland
Cleveland Browns
Cleveland Metroparks Zoo
Cleveland Museum of Art
Cleveland Orchestra
Costco Wholesale
Cracker Barrel Old Country Store
Cristiano Print Solutions
Donatos Pizza Subs Salads
East Mt. Zion Baptist Church, Lifeline Improvisation
Marshall, Naomi
Mt. Gillion Baptist Church
Nautica Queen
Olive Garden Italian Restaurant
Omega Psi Phi Fraternity, Inc. & Zeta Omega Chapter
Pickwick & Frolic Restaurant & Club,
Home to Hilarities 4th St. Theatre
TGI Friday’s
Walgreen Co.
Whole Foods Market - Cedar Center

Donations In Memory

Akron Children’s Hospital: In Memory of Samuel Flott
Alpha Kappa Alpha Sorority, Epsilon Lambda Omega Chapter: In Memory of Karen Adkinson
Buist, Robert & Carol: In Memory of Grace Vander Schaaf
Chase, Thomas & Judith: In Memory of Jessica Byrd
Chodkowski, William: In Memory of Deidre Chance
Coles, Reginald & Viola: In Memory of DeLon L. Haamid
Colie, Susan C & J Peter: In Memory of Jessica Byrd
Corrigan, Michael & Donna: In Memory of Grace Vander Schaaf
Costello, Richard: In Memory of Deidre Chance
Essenburg, Grace: In Memory of Grace Vander Schaaf
Flood, Michael: In Memory of Deidre Chance
Folsom, Fred T. & Agnes: In Memory of Jessica Byrd
Forest Elementary School PTO: In Memory of Stefan David Middleton
Jablonski, Ed: In Memory of Deidre Chance
Jackson, Stanley: In Memory of Stephanie A. Jackson
Jenkins, Jim & Jenny: In Memory of Jessica Byrd
Johnson, Gloria G: In Memory of John D. Leary
Knoll, Winnie R.: In Memory of Grace Vander Schaaf
Krick, William & Janie: In Memory of Jessica Byrd
Leary, Maureen: In Memory of Min. John D. Leary
Leary, Tracy: In Memory of John D. Leary
Ledbetter, William & Marion: In Memory of Jessica Byrd
Lucano, Mae: In Memory of Deidre Chance
Lux, Allen: In Memory of Jessica Byrd
Miller, Kennard & Barbara: In Memory of Jessica Byrd
Muata, Cameron: In Memory of Dwight & Stefan Middleton
Namitz, Suzan & Lester: In Memory of Jessica Byrd
Pedone, Joe: In Memory of Deidre Chance
Peters, William: In Memory of Deidre Chance
Pilger, Jim & Margie: In Memory of Chris Tildon
Rygiel, Dennis & Mary: In Memory of Jessica Byrd
Salgado, Shera & Stephanie: In Memory of Jama Greene
Schofield, Clarence & Glennis: In Memory of Patrice Neree
Shubert, Beth: In Memory of Jessica Byrd
Siegmann, Lorraine: In Memory of Deidre Chance
Smith, Harold & Deanna: In Memory of Jessica Byrd
Smith, Mike & Debbie: In Memory of Marcus Antonio Russell
Stauber Performance Ingredients: In Memory of Jessica Byrd
Tepel, Neal: In Memory of Deidre Chance
Vander Schaaf, Bruce & Mary: In Memory of Grace Vander Schaaf
Venema, W.: In Memory of Grace Vander Schaaf
Vitarich Laboratories, Inc.: In Memory of Jessica Byrd
Wakefield, Christine: In Memory of Andrew Roberts
Walter, Anthony: In Memory of Deidre Chance
Weathersby, Ronnie & Pam: In Memory of Jessica Byrd
Wells, Janet L.: In Memory of Kevin Harrington
Werve Frazier, Jennifer: In Memory of Sean Coachman
Whittfleet, Ed: In Memory of Deidre Chance
Willis, Deborah: In Memory of Onyero Onyeacholem
Worrell, Marcus & Mary: In Memory of Jessica Byrd

**Donations In Honor**

Anonymous: In Honor of Earl Lamont Millhouse
Buffalo Soldiers Motorcycle Club of DE: In Honor of Keith Holland
Edelstein, Theresa: In Honor of Hilda Brown
Elrington, Alaina: In Honor of Shaniqoua Elrington
Green, Tyrese: In Honor of Jasmine Johnson
Hall, Sonya: In Honor of Christa Williams
Newton Manufacturing Co.: In Honor of Carl Kerr

Thank You
ongoing. The hope is that these studies will provide better treatments for sickle cell disease. Researchers also are looking for ways to predict the severity of the disease.

- Bone marrow transplants can cure sickle cell disease. Because the procedure has significant risks, transplants are not appropriate for every patient.

- Bone marrow transplants are used primarily in young patients who have severe sickle cell disease. However, the decision to give this treatment is made on a case-by-case basis.

- Bone marrow used for a transplant must come from a closely matched donor. This is usually a close family member who doesn't have sickle cell disease.

- Researchers continue to look for ways to reduce the risks of this procedure and to widen its application.

- Scientists are studying gene therapy as a possible treatment for sickle cell disease. Researchers want to know whether a normal gene can be put in the bone marrow of a person who has sickle cell disease. This would cause the body to make normal red blood cells.

- Researchers also are studying whether they can “turn off” the sickle cell gene or “turn on” a gene that makes red blood cells behave more normally.

- Researchers are studying several new medicines for sickle cell anemia. Some of these interfere with sickling of hemoglobin; others prevent the cells from sticking to blood vessel walls, and some raise levels of the hemoglobin present before birth—fetal hemoglobin.

**Complications**

It is possible for a person with sickle cell trait to experience complications of sickle cell disease, such as splenic sequestration, “pain crisis,” and, rarely, sudden death.

This can happen under extreme conditions of:

- High altitude (flying, mountain climbing, or cities with a high altitude)
- Increased pressure (scuba diving)
- Low oxygen (mountain climbing or exercising extremely hard). As a result of this some individuals with sickle cell trait have developed a serious condition known as rhabdomyolysis which can be fatal.
- Dehydration (too little water in the body)

Content source: Centers for Disease Control and Prevention, January, 2010

http://medlineplus.gov/2011NIH

**Sickle Cell Trait**

People who inherit one sickle cell gene and one normal gene have the sickle cell “trait.” People with sickle cell trait usually do not have any of the symptoms of the disease, but they can pass it on to their children. Sickle cell trait is diagnosed with a simple blood test. People at risk of having sickle cell trait can talk to a doctor or health clinic about getting this test.
ASCAA Mission:
The American Sickle Cell Anemia Association was incorporated in 1971 as a nonprofit organization. The mission of the organization is to provide comprehensive education, testing, counseling and supportive services to the population at risk for sickle cell anemia and its variants. Further, its intent is to ensure quality and quantitative care in the provision of comprehensive service to affected individuals and families.