Sickle cell disease (SCD) is characterized by intermittent vaso-occlusive events and chronic hemolytic anemia. Vaso-occlusive events result in tissue ischemia leading to acute and chronic pain as well as organ damage that can affect any organ in the body, including the bones, lungs, liver, kidneys, brain, eyes, and joints. Dactylitis (pain and/or swelling of the hands or feet) in infants and young children is often the earliest manifestation of sickle cell disease. In children the spleen can become engorged with blood cells in a “splenic sequestration crisis.” The spleen is also particularly subject to infarction and the majority of individuals with SCD are functionally asplenic in early childhood, increasing their risk for certain types of bacterial infections. Chronic hemolysis can result in varying degrees of anemia, jaundice, cholelithiasis, and delayed growth and sexual maturation. Individuals with the highest rates of hemolysis are predisposed to pulmonary artery hypertension, priapism, and leg ulcers.

The term encompasses a group of symptomatic disorders associated with mutations in the HBB gene and defined by the presence of hemoglobin S (Hb S). Normal human hemoglobin is a heterotetramer composed of two alpha-hemoglobin chains and two beta-hemoglobin chains. Hemoglobin S results from a point mutation in the HBB gene, changing the sixth amino acid in the beta-hemoglobin chain from glutamic acid to valine (Glu6Val). Sickle cell anemia (homozygous Hb SS) accounts for 60%-70% of sickle cell disease in the US. Other forms of sickle cell disease result from coinheritance of Hb S with other abnormal beta-globin chain variants, the most common forms being sickle-hemoglobin C disease (Hb SC) and two types of sickle β-thalassemia (Hb Sβ+-thalassemia and Hb Sβ°-thalassemia); rarer forms result from coinheritance of other Hb variants such as D-Punjab and O-Arab. The diagnosis of sickle cell disease is established by demonstrating the presence of significant quantities of Hb S by isoelectric focusing (IEF), cellulose acetate electrophoresis, high-performance liquid chromatography (HPLC), or, less commonly, DNA analysis. Targeted mutation analysis is used to identify the common mutations of HBB associated with hemoglobin S, hemoglobin C, and additional rarer mutations. HBB sequence analysis may be used to detect mutations associated with β-thalassemia hemoglobin variants. Gel electrophoresis or HPLC can differentiate these disorders from heterozygous carriers of the Hb S mutation (Hb AS). In the US, mandatory newborn screening establishes the diagnosis of sickle cell disease in neonates, usually prior to the onset of symptoms.

Treatment of manifestations: The mainstay of therapy for pain episodes is supportive: hydration (e.g., intravenous fluids), anti-inflammatory agents and pain medication (e.g., nonsteroidal anti-inflammatory drugs and narcotic analgesia). Pain episodes are additionally managed with a multi-model approach (e.g., warmth, massage, distraction, acupuncture, bio-feedback, self-hypnosis). Aggressive pulmonary toilet and prompt evaluation and treatment of underlying infections are essential. Life-threatening or severe complications (e.g., acute chest syndrome and stroke) are often treated with transfusion to reduce the percentage of Hb S while increasing oxygen carrying capacity. Other treatments may include joint replacement, hemodialysis, kidney transplantation, splenectomy for splenic sequestration crisis, and/or cholecystectomy for cholelithiasis. Acute treatment of stroke includes red blood cell exchange transfusion and aggressive management of increased intracranial pressure and seizures. Severe priapism may require aspiration and irrigation. Management of pulmonary hypertension can include routine treatments and specific therapies such as phosphodiesterase inhibitors or nitrous oxide.
**Message from the Chairperson:**

Dear Friends:

The American Sickle Cell Anemia Association (ASCAA) is a nonprofit 501 © 3 organization that was established in 1971. In the U.S. there are more than 90,000 to 100,000 Americans affected by sickle cell disease. Statistics indicates that sickle cell disease occurs in 1 out of every 400 African American births with a carrier ratio of 1 out of every 12 for African Americans and 1 out of every 100 in Hispanic population.

Since its inception ASCAA has provided education, testing, counseling and supportive services to more than 400,000 individuals, schools, universities and medical institutions, including direct program participation with both local and out of state community health fairs.

ASCAA is funded by the Ohio Department of Health, United Way Services and Community Development Block Grant. In addition, ASCAA has a long established partnership with one of this country’s premier health care institutions, Cleveland Clinic.

The core feature of this report illustrates the continued fiscal sustainability of ASCAA, the program services to the population at risk and our donors committed investment in the agency’s mission. We are pleased to present this 2011 Annual Report to the community.

On behalf of the Board and staff of American Sickle Cell Anemia Association, I hope you find this report to be informative and helpful.

Sincerely,

Mrs. Pamela Bradford,
**Newborn Screening and Testing**
ASCIAA provides vital diagnostic testing for newborns, parents, adults, Head Start centers, Health Clinics and the general public. ASCIAA currently tests more than 4,200 individuals annually.

**Counseling**
ASCIAA provides in-house and community outreach counseling to those affected by sickle cell disease and its variants, as well as information to those who want to learn more about the effects of the illness on individuals, friends and their families.

**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 and other hemoglobin variants.

**Global Education**
Since its inception, ASCIAA has distributed over 480,000 educational packages both locally and globally. ASCIAA also provides educational presentation to students, teachers, social workers, physicians, the media and the general public.
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
- Ohio Department of Health
- United Way Services

**Major Contributors**
- Alpha Kappa Alpha Sorority, Epsilon Lambda Omega Chapter:
- In Memory of Karen Adkinson
- CareSources Management Group
- Gerzeny, Dorothy Nalle
- Keybank Foundation (In Memory of Mrs. Thelma Jackson)
- Oglesby Construction, Inc.
- Prayer Unlimited
- Syracuse University, Office of Student Activities
- Worford, Mark, Dr.
- Dr. Edgar B. Jackson (In Memory of Mrs. Thelma Jackson)
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, 2011, 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 2011 financial statements and in our reported dated April 27, 2011, 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 24, 2012, 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 24, 2012
AMERICAN SICKLE CELL ANEMIA ASSOCIATION, INC.
STATEMENT OF FINANCIAL POSITION
December 31, 2011
(WITH COMPARATIVE TOTALS AS OF DECEMBER 31, 2010)

<table>
<thead>
<tr>
<th></th>
<th>UNRESTRICTED</th>
<th>TEMPORARILY RESTRICTED</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Assets :</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>$160,199</td>
<td>$160,199</td>
<td>$199,442</td>
</tr>
<tr>
<td>Prepaid Expenses</td>
<td>2,204</td>
<td>2,204</td>
<td>786</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>$162,403</td>
<td>$0</td>
<td>$162,403</td>
</tr>
<tr>
<td>Non Current Assets:</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>
</tr>
<tr>
<td>Less : Accumulated Depreciation (Note 5)</td>
<td>(10,721)</td>
<td>(10,721)</td>
<td>(8,291)</td>
</tr>
<tr>
<td><strong>Net Fixed Assets</strong></td>
<td>$2,544</td>
<td>$0</td>
<td>$2,544</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>$164,947</td>
<td>$0</td>
<td>$164,947</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>UNRESTRICTED</th>
<th>TEMPORARILY RESTRICTED</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LIABILITIES AND NET ASSETS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Liabilities :</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accrued Expenses</td>
<td>$3,628</td>
<td>$3,628</td>
<td>$7,227</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>3,628</td>
<td>0</td>
<td>3,628</td>
</tr>
<tr>
<td>NET ASSETS</td>
<td>$161,319</td>
<td>$0</td>
<td>$161,319</td>
</tr>
<tr>
<td><strong>Total Liabilities and Net Assets</strong></td>
<td>$164,947</td>
<td>$0</td>
<td>$164,947</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>TEMPORARILY UNRESTRICTED</th>
<th>TEMPORARILY RESTRICTED</th>
<th>TOTAL 2011</th>
<th>TOTAL 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Way Services</td>
<td>80,624</td>
<td>80,624</td>
<td>78,285</td>
<td></td>
</tr>
<tr>
<td>Ohio Department of Health</td>
<td>192,527</td>
<td>192,527</td>
<td>197,025</td>
<td></td>
</tr>
<tr>
<td>City of Cleveland - Block Grant</td>
<td>20,053</td>
<td>20,053</td>
<td>14,836</td>
<td></td>
</tr>
<tr>
<td>Summer Camp donation</td>
<td>135</td>
<td>135</td>
<td>1,800</td>
<td></td>
</tr>
<tr>
<td>Gifts-Unrestricted and others</td>
<td>11,318</td>
<td>11,318</td>
<td>10,492</td>
<td></td>
</tr>
<tr>
<td>Special Events</td>
<td>1,690</td>
<td>1,690</td>
<td>2,500</td>
<td></td>
</tr>
<tr>
<td>Interest Income</td>
<td>179</td>
<td>179</td>
<td>191</td>
<td></td>
</tr>
<tr>
<td>Corporate Contributors</td>
<td>11,011</td>
<td>11,011</td>
<td>22,629</td>
<td></td>
</tr>
<tr>
<td>Net Assets Released from Restriction (Note 6)</td>
<td>293,204</td>
<td>(293,204)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL SUPPORT AND REVENUE</strong></td>
<td><strong>$317,537</strong></td>
<td><strong>$0</strong></td>
<td><strong>$317,537</strong></td>
<td><strong>$327,758</strong></td>
</tr>
</tbody>
</table>

**EXPENDITURES**

Program Expenses:

<table>
<thead>
<tr>
<th></th>
<th>TEMPORARILY UNRESTRICTED</th>
<th>TEMPORARILY RESTRICTED</th>
<th>TOTAL 2011</th>
<th>TOTAL 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sickle Cell Project</td>
<td>$320,392</td>
<td>$0</td>
<td>$320,392</td>
<td>$342,515</td>
</tr>
<tr>
<td><strong>Total Program Expenses</strong></td>
<td><strong>$320,392</strong></td>
<td><strong>$0</strong></td>
<td><strong>$320,392</strong></td>
<td><strong>$342,515</strong></td>
</tr>
<tr>
<td>General and Management</td>
<td>$33,801</td>
<td>$33,801</td>
<td>$33,801</td>
<td>$33,322</td>
</tr>
<tr>
<td><strong>TOTAL EXPENDITURES</strong></td>
<td><strong>$354,193</strong></td>
<td><strong>$0</strong></td>
<td><strong>$354,193</strong></td>
<td><strong>$375,837</strong></td>
</tr>
</tbody>
</table>

Change in Net Assets:

<table>
<thead>
<tr>
<th></th>
<th>TEMPORARILY UNRESTRICTED</th>
<th>TEMPORARILY RESTRICTED</th>
<th>TOTAL 2011</th>
<th>TOTAL 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>($36,656)</td>
<td>$0</td>
<td>(36,656)</td>
<td>(48,079)</td>
<td></td>
</tr>
</tbody>
</table>

Net Assets - Beginning of Year : 197,975

Net Assets - End of Year

<table>
<thead>
<tr>
<th></th>
<th>TEMPORARILY UNRESTRICTED</th>
<th>TEMPORARILY RESTRICTED</th>
<th>TOTAL 2011</th>
<th>TOTAL 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net Assets - End of Year</strong></td>
<td><strong>$161,319</strong></td>
<td><strong>$0</strong></td>
<td><strong>$161,319</strong></td>
<td><strong>$197,975</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, 2011
(WITH COMPARATIVE TOTALS AS OF DECEMBER 31, 2010)

CASH FLOWS FROM OPERATING ACTIVITIES

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Income</td>
<td>($36,656)</td>
<td>($48,079)</td>
</tr>
<tr>
<td>Adjustments to Reconcile Net Income to Net Cash Provided By Operations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>2,431</td>
<td>2,431</td>
</tr>
<tr>
<td>Increase (Decrease) in Accounts Payable</td>
<td>0</td>
<td>(2,400)</td>
</tr>
<tr>
<td>Increase (Decrease) in Accrued Liabilities</td>
<td>(3,599)</td>
<td>263</td>
</tr>
<tr>
<td>(Increase) Decrease in Deposits &amp; Prepayments</td>
<td>(1,419)</td>
<td>39</td>
</tr>
<tr>
<td>Total Adjustments</td>
<td>($2,587)</td>
<td>$333</td>
</tr>
<tr>
<td>Net Cash Provided By Operating Activities</td>
<td>(39,243)</td>
<td>(47,746)</td>
</tr>
</tbody>
</table>

Cash Flows From Investing Activities

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchase of Fixed Assets</td>
<td>0</td>
<td>(1,113)</td>
</tr>
<tr>
<td>Sale of Fixed Assets</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Net Cash Provided By Investing Activities</td>
<td>0</td>
<td>(1,113)</td>
</tr>
</tbody>
</table>

Cash Flows From Financing Activities

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Cash Provided By Financing Activities</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Net Increases in Cash and Cash Equivalents

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Increases in Cash and Cash Equivalents</td>
<td>($39,243)</td>
<td>($48,859)</td>
</tr>
<tr>
<td>Cash and Cash Equivalents at Beginning of Year</td>
<td>199,442</td>
<td>248,301</td>
</tr>
</tbody>
</table>

CASH AND CASH EQUIVALENTS AT END OF YEAR

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>CASH AND CASH EQUIVALENTS AT END OF YEAR</td>
<td>$160,199</td>
<td>$199,442</td>
</tr>
</tbody>
</table>
## AMERICAN SICKLE CELL ANEMIA ASSOCIATION, INC.
### STATEMENT OF FUNCTIONAL EXPENSES
December 31, 2011
(WITH COMPARATIVE TOTALS AS OF DECEMBER 31, 2010)

<table>
<thead>
<tr>
<th>EXPENDITURES</th>
<th>SICKLE CELL PROJECT</th>
<th>GENERAL MANAGEMENT</th>
<th>TOTAL 2011</th>
<th>TOTAL 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>$165,593</td>
<td>$16,377</td>
<td>$181,970</td>
<td>$173,175</td>
</tr>
<tr>
<td>Payroll Taxes</td>
<td>12,344</td>
<td>1,221</td>
<td>13,565</td>
<td>17,038</td>
</tr>
<tr>
<td>Fringe Benefits.</td>
<td>38,783</td>
<td>3,785</td>
<td>42,568</td>
<td>38,202</td>
</tr>
<tr>
<td>Professional Fees and Contract Services</td>
<td>31,215</td>
<td>4,512</td>
<td>35,727</td>
<td>64,006</td>
</tr>
<tr>
<td>Supplies</td>
<td>11,743</td>
<td>4,181</td>
<td>15,924</td>
<td>20,725</td>
</tr>
<tr>
<td>Telephone</td>
<td>16,681</td>
<td>1,652</td>
<td>18,333</td>
<td>13,746</td>
</tr>
<tr>
<td>Postage and Shipping</td>
<td>3,482</td>
<td>989</td>
<td>4,471</td>
<td>1,717</td>
</tr>
<tr>
<td>Agency - Insurance</td>
<td>2,704</td>
<td>285</td>
<td>2,989</td>
<td>3,017</td>
</tr>
<tr>
<td>Equipment Rental &amp; Maintenance</td>
<td>7,237</td>
<td>7,237</td>
<td>14,474</td>
<td>11,020</td>
</tr>
<tr>
<td>Printing/ Publications/Promotions/Dues/Fees</td>
<td>11,667</td>
<td></td>
<td>11,667</td>
<td>16,728</td>
</tr>
<tr>
<td>Travel</td>
<td>5,850</td>
<td>799</td>
<td>6,649</td>
<td>7,608</td>
</tr>
<tr>
<td>Conferences, Conventions, &amp; Meetings</td>
<td>597</td>
<td>0</td>
<td>597</td>
<td>1,589</td>
</tr>
<tr>
<td>Specific Assistance to Individuals</td>
<td>900</td>
<td>900</td>
<td>900</td>
<td>710</td>
</tr>
<tr>
<td>- Summer Camp</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Holiday Assistance to Affected Families</td>
<td>1,568</td>
<td>1,568</td>
<td>2,962</td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>2,430</td>
<td>2,430</td>
<td>2,430</td>
<td>2,431</td>
</tr>
<tr>
<td>Special Events Activities</td>
<td>4,433</td>
<td>4,433</td>
<td>4,433</td>
<td>195</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>3,165</td>
<td>3,165</td>
<td>3,165</td>
<td>968</td>
</tr>
</tbody>
</table>

### TOTAL EXPENDITURES

- **SICKLE CELL PROJECT**: $320,392
- **GENERAL MANAGEMENT**: $33,801
- **TOTAL 2011**: $354,193
- **TOTAL 2010**: $375,637

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%, 25%, and 6% respectively of the ASCAA’s support for the year ended December 31, 2011 come from allocations from the Ohio Department of Health, the United Way Services, and the City of Cleveland Community Development Block Grant Program.

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 deferred revenue and 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, 2010, from which the summarized information was derived.

**Note 2**
**Cash and Cash Equivalents**
The ASCAA had total cash as of December 31, 2011 as follows:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checking Account</td>
<td>$30,872</td>
</tr>
<tr>
<td>Certificate of Deposit</td>
<td>129,127</td>
</tr>
<tr>
<td>Petty Cash</td>
<td>200</td>
</tr>
<tr>
<td><strong>Total Cash</strong></td>
<td><strong>$160,199</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computer/Printer/Office Equipment</td>
<td>$13,265</td>
</tr>
<tr>
<td>Total Fixed Assets</td>
<td>$13,265</td>
</tr>
<tr>
<td>Less: Accumulated Depreciation</td>
<td>(10,721)</td>
</tr>
<tr>
<td><strong>Net Fixed Assets</strong></td>
<td><strong>$2,544</strong></td>
</tr>
</tbody>
</table>
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. As of December 31, 2011 three employees were enrolled in this pension plan. Pension expense for 2011 was $4,036. On July 1, 1997 the American Sickle Cell Anemia Association offered employees the option of opening individual tax deferred annuity plans. There were no employees in the tax deferred annuity plan at December 31, 2011.

Note 5  

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

<table>
<thead>
<tr>
<th>Organization</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ohio Department of Health</td>
<td>$192,527</td>
</tr>
<tr>
<td>United Way Services</td>
<td>80,624</td>
</tr>
<tr>
<td>City of Cleveland Community Development Block Grant</td>
<td>20,053</td>
</tr>
</tbody>
</table>

**Total Restrictions Released** $293,204
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, 2011 and have issued our report thereon dated April 24, 2012. 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 24, 2012

[Signature]
Major Funders

City of Cleveland, CDBG (Community Development Block Grant)
Cleveland Clinic Foundation
Ohio Department of Health United Way Services

Major Contributors

Alpha Kappa Alpha Sorority, Epsilon Lambda Omega Chapter: In Memory of Karen Adkinson CareSource Management Group Gerzeny, Dorothy Nalle KeyBank Foundation Oglesby Construction Inc. Prayer Unlimited Syracuse University, Office of Student Activities Worford, Mark, Dr. Dr. Edgar B. Jackson In Memory of Thelma Jackson

General Donations

Walton, Trent & Caroline
Warren, Winnie
Washington, William J., Dr.
Welch, Ellen
Wells, Paul
Wells Fargo Community Support Campaign
Wells-Mitchell, Renda
Whitworth, Joel & Laverne
Wilkinson, Lesa
Williams, Gary, Atty.
Williams, Henrietta
Williams, Kim
Williams, Leah, Atty.
Williams, Narvell
Williams, Winifred
Wilson, Atlee
Wilson, Regina M.
Wilson, Sonali
Winston, LaTanya
Wise, Jewell
Witherspoon, Gloria
Womack, Paschasia L.
Wood, Joshua
Yancy, Jeffrey
Young, Carolyn

In Kind Donations
Bradford, Pamela
Cartagena, Jessica
Carter, Darnell A.
Cheesecake Factory
Chick-Fil-A
Chili Peppers
Chipotle Mexican Grill
CJ’s Carryout Dining & Catering
Cleveland Browns
Cleveland Indians
Cleveland Metroparks Zoo
Cleveland Right to Life
Cracker Barrel
Cristiano Print Solution
Danny’s Auto Service
Dave & Buster’s of Westlake
Double Tree Hilton – Cleveland Downtown Lakeside
East Mount Zion Baptist Church, Lifeline Program
Gallucci’s
The CADD Dept. Inc.
Hall, Brenda J.
InterContinental Cleveland
Kelly, Karen A.
Latin Touch
Marengo Luxury Spa
Marriott Hotels & Resorts
McCormick & Schmick’s
Seafood Restaurant
Mt. Gillion Baptist Church
Mt. Gillion Baptist Church Woman’s Ministry
Molophotography.net
Morris, Jennifer A.
Moxie Restaurant
Nail Café
Nautica Queen
Olive Garden
Omega Psi Phi Fraternity Inc. Zeta Omega Chapter
Pickwick & Frolic Restaurant & Club, Home to Hilarities 4th Street Theater
Popular, Sunny
Rascal House Pizza Café
Ray Anthony’s Glamour Studio & Nail Café
Red Lobster Restaurant
Ritmo y Raza Dance Company
Scruggs, Gina A.
Shepard, Duncan, Dr.
Sklow, Joann, Dr.
Sweetie Candy Company Inc.
TGI Friday’s
Trader Joe’s
Wal-mart Store #4285
Williams, Gary, Atty.
Williams, Leah, Atty.
Yanirette Serene Skin Care

Donations In Memory
Abelson, Tom, M.D. & Abbey, M.D.:
In Memory of Thelma Ruth Jackson and Gary Jackson
Alderman, Ken & Debbie: In Memory of Willie James Nelson
Alderman, Ken & Debbie: In Memory of Marilyn Cleveland
Arnold, Walter: In Memory of Christopher Toney
Auerbach, David & Elaine: In Memory of Timothy Miller
Banks, Eugene & Barbara: In Memory of Thelma Ruth Jackson
Barnes, Kevin & Karla: In Memory of Cynthia Diggs
Barnhart, Jeff: In Memory of Rita Walker
Bowman, Kenneth & Carolyn
In Memory of Thelma Ruth Jackson
Call & Post: In Memory of Thelma Ruth Jackson
Carey, Kenneth & Melanie: In Memory of Thelma Ruth Jackson
Coles, Viola: In Memory of DeLon L. Haamid
Connor, Christopher M.: In Memory of Thelma Ruth Jackson
Devereaux, Michael & Jan: In Memory of Thelma Ruth Jackson
Eckardt, Robert & Virginia: In Memory of Thelma Ruth Jackson
Evans, Sarah M.: In Memory of Thelma Ruth Jackson
Fedeli Family Charitable Foundation: In Memory of Thelma Ruth Jackson
Flores, Nicholas: In Memory of Concepcion Andrade
Gardner, Willie J.: In Memory of Thelma Ruth Jackson
Greene Derek: In Memory of Thelma Ruth Jackson
Greene Wylene J.: In Memory of Thelma Ruth Jackson
Haggins, Rodney Col.: In Memory of Regina Renee Andrews
Harper Constance: In Memory of Thelma Ruth Jackson
Health Legacy of Cleveland Inc: In Memory of Thelma Ruth Jackson
Horvitz, Richard and Erica Hartman-Horvitz Foundation: In Memory of Thelma Ruth Jackson
House, Alfred & Barbara: In Memory of Thelma Ruth Jackson
Hunt, Nathan & Heather: In Memory of Thelma Ruth Jackson
Jackson, George, Dr., & Rose: In Memory of Thelma Ruth Jackson
Javery Lisa: In Memory of Janice Johnson
Jenkins, Robert & Linda: In Memory of Thelma Ruth Jackson
Johnson, Cheryl A: In Memory of Thelma Ruth Jackson
Junglas, Donald & Nancy: In Memory of Thelma Ruth Jackson
and Gary Jackson
Keybank Foundation: In Memory of Thelma Ruth Jackson
Klein Barbara: In Memory of Victoria Cato
Lamanna, Joseph & Margret: In Memory of Thelma Ruth Jackson
Lerner, Allan, M.D. & Nancy: In Memory of Thelma Ruth Jackson
London, Elizabeth: In Memory of Barbara House Randall
Marcus, Abby: In Memory of Tracey Doirin
McQueen, Abigail L: In Memory of Thelma Ruth Jackson
Miller, Janet L: In Memory of Thelma Ruth Jackson
Paton, Nancy: In Memory of Thelma Ruth Jackson
Pertschuk, Andrea Roberts: In Memory of Rainford Son & Brother
Preston, Marsha: In Memory of Janice Johnson
Quinonez Patty: In Memory of Thelma Ruth Jackson
Rathbone, Thomas & Susie: In Memory of Thelma Ruth Jackson
Rothstein, Fred C., MD. & Jackie: In Memory of Thelma Ruth Jackson
Sammon, Timothy & Gloria In Memory of Thelma Ruth Jackson
Schulz, Richard R. & Cynthia V: In Memory of Thelma Ruth Jackson

Sheahan, Michael G. & Patricia A: In Memory of Thelma Ruth Jackson
Smith, Averil D., RN: In Memory of Thelma Ruth Jackson
Stovsky, Mark & Shannon: In Memory of Thelma Ruth Jackson & Gary Andrew Jackson
St. Luke’s Foundation: In Memory of Thelma Ruth Jackson
Teamer, Theodis P: In Memory of Thelma Ruth Jackson
Toles, Wesley & Arvell M: In Memory of Thelma Ruth Jackson
University Hospitals: In Memory of Thelma Ruth Jackson
Wakefield, Christine: In Memory of Andrew Roberts
Weissman, Harriet: In Memory of Lucille Baskerville
Westchester County Association Of Municipal Public Works Administrators: In Memory of Lucille Baskerville
Wilkenfeld, Bruce M. & Pauline D: In Memory of Thelma Ruth Jackson & Gary Jackson
Zemaityte, Dalia A: In Memory of Thelma Ruth Jackson

Jones, Karen: In Honor of Ingrid Williams
Lopez, Tasha: In Honor of The Guests at the Wedding of Tasha Lopez and Keith Frazier
Nottoway Elementary: In Honor of Jaden Nowell
Parker, Curtis & Carolyn: In Honor of Ingrid Williams
Pryor, Debra R: In Honor of Ingrid Williams
Radcliffe, Juanita D: In Honor of Ingrid Williams
Schultz, Joseph: In Honor of All active duty African Americans in the Armed Forces
The Tulsa Area Human Resources Association: In Honor of Courtney Bru
Thompson, Lynda: In Honor of Will Matthei Schmidt
Williams, Gregory S: In Honor of Ingrid Williams

Donations In Honor
Chase, Emily: In Honor of Macy Charles
Costello, Christopher: In Honor of Vernon Simms
Crain, Terra: In Honor of Taneisa Godwin and Family
Dendy, William: In Honor of William Vaughn 4th
Hall, Peggy: In Honor of Ingrid Williams
Jackson, Sherry F: In Honor of Ashton O. Arrington
Prevention of primary manifestations: The mainstay is good hydration, use of pain medication, and avoidance of climate extremes. Hydroxyurea can decrease the frequency and severity of vaso-occlusive processes and reduce transfusion needs. Chronic red blood cell transfusion is indicated in children with either a history of or risk factors for stroke.

Prevention of secondary complications: prophylactic antibiotics, including penicillin in children; up-to-date immunizations; and iron chelation therapy for those with iron overload.

Surveillance: Yearly: CBC and reticulocyte count, assessment of iron status, liver and renal function tests, and urinalysis. Yearly starting at age two to three years for all individuals with Hb SS and Hb Sβ°-thalassemia: transcranial Doppler studies of arterial blood flow velocity. Yearly starting at age seven years: chest x-ray, pulmonary function tests, abdominal ultrasound examination, eye examination, and vision screening.

Agents/circumstances to avoid: dehydration, extremes of temperature, physical exhaustion, and extremely high altitude.

Testing of relatives at risk: Early diagnosis of at-risk family members allows education and intervention before symptoms or end organ damage are present.

Genetic counseling. Sickle cell disease is inherited in an autosomal recessive manner. If one parent is a carrier of the HBB Hb S mutation and the other is a carrier of an HBB mutation (e.g., Hb S, Hb C, β-thalassemia), each child has a 25% chance of being affected, a 50% chance of being unaffected and a carrier, and a 25% chance of being unaffected and not a carrier. Carrier detection for common forms of sickle cell disease is most commonly accomplished by HPLC. Prenatal diagnosis for pregnancies at increased risk for sickle cell disease is possible by molecular genetic testing if the HBB mutations have been identified in the parents.

- Bender MA, Hobbs W
- Disclaimer: The American Sickle Cell Anemia Association distribution of the above article is for educational purposes only and not intended to provide medical management treatment without the consumer consultation with their physician.
ASCAA MISSION:

The American Sickle Cell Anemia Association is a comprehensive health organization that acts to provide education, diagnostic testing, counseling and supportive service for sickle cell disease and its variants.

American Sickle Cell Anemia Association
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Cleveland, Ohio 44106

Phone: 216-229-8600  Fax: 216-229-4500
www.ascaa.org

A United Way Agency