

Sworn Financial Statements and Certification of Revenues \$75,000 or Less

Entity Name: A Galvanized Innovative Approach To Leading Excellence Planning Solutions Inc.

Address: 9943 Patio Court Baton Rouge, LA 70815

Telephone: 225-806-8621 Email: Sateria@agileps.org

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, Sateria A. Tate (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 A Galvanized Innovative Approach To Leading Excellence Planning Solutions Inc. (entity's name) as of December 31, 2020 (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: _____

Complete if Applicable: In addition, Sateria Tate (officer's name), who duly sworn, deposes, and says that A Galvanized Innovative Approach To Leading Excellence Planning Solutions Inc. (entity's name) received \$75,000 or less in revenues and other sources for the year ended December 31, 2020 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

Sateria Tate
OFFICER'S SIGNATURE

Founder
OFFICER'S TITLE

Sworn to and subscribed before me, this 31st day of March, 2021

Deborah B. Morvant
NOTARY PUBLIC SIGNATURE & SEAL



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Statement of Receipts and Disbursements

Statement A

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
RECEIPTS (Provide Brief Description):			
1. Contract – City of Baton Rouge	\$ 9,761.67	\$	\$ 9,761.67
2. Contract – City of Baton Rouge	13,738.33		13,738.33
3. Consulting – New Orleans Constable’s Office	1,000.00		1,000.00
4. Consulting – Moses Junior Williams	1000.00		1,000.00
5.			
6. Total receipts (add lines 1 - 5)	<u>\$ 25,500</u>	<u>\$</u>	<u>\$ 25,500</u>
DISBURSEMENTS (Provide Brief Description):			
7. Automotive Expenses	\$ 4,800	\$	\$ 4,800
8. Charitable Donations (Services)	553		553
9. Consulting and Accounting	1,580		1,580
10. Dues and Subscriptions	194		194
11. Office Expenses	383		383
12. Printing and Stationary	28		28
13. Total Disbursements (add lines 7 - 12)	<u>\$ 7,538</u>	<u>\$</u>	<u>\$ 7,538</u>
14. Change in fund balance (Lines 6 minus 13)	\$ 17,962	\$	\$ 17,962
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	\$ 17,962	\$	\$ 17,962

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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Balance Sheet

Statement B

	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
1. Cash and cash equivalents	\$ 17,562	\$	\$ 17,562
2. Investments (fair value)	_____	_____	_____
3. Office furnishings (Cost of desks, etc)	_____	_____	_____
4. Equipment (Cost of fax machine, etc)	_____	_____	_____
5. Other (brief description)	_____	_____	_____
6. Total Assets (add lines 1 - 5)	\$ 17,562	\$	\$ 17,562
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LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (brief description):	\$ 0	\$	\$ 0
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11. Total Liabilities (add lines 7 - 10)	0	_____	0
12. Fund balance (amount from Line 16 on Statement A)	17,962	_____	17,962
13. Other	_____	_____	_____
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 17,962	\$	\$ 17,962

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Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: Sateria A. Tate, Founder

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.



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.)