EXCELth, INC.

_____ (Entity Name)

NEW ORLEANS, LA

(City, Parish/State)

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

(Date) 11/25/2020

Ms. Gayle Fransen Engagement Manager Louisiana Legislative Auditor 1600 North Third Street Baton Rouge, LA 70802

Dear Ms. Fransen:

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 12/31/2019

(entity's year-end). 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,

Officer's Signature

CONCHETTA MORSE Officer's Name

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 - Updated 8/3/16

Affidavit and Revenue Certification

EXCELth, INC. ENTITY NAME

ORLEANS

Parish

NEW ORLEANS, LA (City), State

ANNUAL SWORN FINANCIAL STATEMENTS AND CERTIFICATION OF REVENUES \$75,000 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 of \$75,000 or less, if applicable, is required by Louisiana Revised Statute 24:513(J)(1)(c)(i)(aa).

Personally came and appeared before the undersigned authority. CONCHETTA MORSE (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of EXCELth, INC (enter entity name) as of (entity's year-end), and the results of operations for the year then 12/31/2019 ended, in accordance with the basis of accounting described within the accompanying financial statements.

(Complete if applicable)

In addition, CONCHETTA MORSE (officer name), who, duly sworn, deposes and says that EXCELth, INC. (entity name) received \$75,000 or less in revenues and other sources for the year ended 12/31/2019 , and accordingly, is not required to have an audit for the previously mentioned year.

Officet's Signature

Sworn to and subscribed before me this 25 day of NOVEMBER 2020 NO SUBSCRIBED BEFORE ME OF

Beverly Suillery Andry, No Parish of Oridans, State of 147882 ns, State of Louisiana NOTARY PUBLIC SIGNAT My Commission is for Life

For Office Use Only

Under provisions of state law, this report will become a public document on the Monday following the release date. A copy of the report will be submitted to appropriate public officials and be available for public inspection at the Baton Rouge office of the Louisiana Legislative Auditor and, where appropriate, at the office of the parish clerk of court.

> 12-02-2020 Release Date

Please Complete This Section		
Officer's Nam	e CONCHETTA MORSE	
Officer's Title	INTERIM CFO	
Address 1	515 POYDRAS ST. SUITE 1070	
City, Zip NE	WORLEANS, 70112	
	504-352-4691 / 504-524-1210	
	RSE@EXCELTH.COM	

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EXCELTH, INC.

(Agency Name)

Statement of Cash Receipts and Disbursements

For the Year Ended 12/31/2019

(Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description): 1. LA SCHOOLSEALANT PROGRAM	\$	\$10,000	\$10,000
2. 3. 4.			
4.			
5.			
6. Total receipts (add lines 1 - 5)	\$	\$10,000	\$10,000
DISBURSEMENTS (Provide Brief Description): 7. LA SCHOOLSEALANT PROGRAM 8. 9.	\$	\$10,000	\$10,000
<u>10.</u> 11.	- 11 		
12.			
13. Total Disbursements (add lines 7 - 12)	\$	\$10,000	\$10,000
14. Change in fund balance (Lines 6 minus 13)	\$	\$0.00	\$0.00
15. Fund Balance at beginning of year	\$	\$0.00	\$0.00
16. Fund balance (deficit) at end of year (Add lines 14-15) This amount also goes on line 12, Statement B	\$	\$0.00	\$0.00
This amount also goes on line 12, otatement D	Ψ	ψ0.00	ψ0.00

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Statement B Page 4

EXCELth, INC

(Agency Name)

Balance Sheet, on _____

(Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$	\$	\$
2. Investments (fair value) on hand			
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)	\$	\$	\$
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (give brief description):			
8.	\$	\$	\$
9.			
10.			
11. Total Liabilities (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement A)			
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$	\$	\$

PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENTS FOR YOUR RECORDS

Statement C Page 5

EXCELTH, INC.

(Agency Name)

Schedule of Compensation, Benefits and Other Payments to Agency Head or Chief Executive Officer (Required Form - Please Submit Completed Form Per Attached Instructions)

For the Year Ended <u>12/31/2019</u> (Year-End)

Agency Head Name and Title: MICHAEL ANDRY, CEO

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 – DENTAL AND OFFICE SUPPLIES	17.10,000
18. TOTAL (enter total of line 1-17)	18. 10,000

X 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.)

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