

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

Entity Name: LSU Shreveport Alumni Association

Address: One University Place, Shreveport, LA 71115 AD 270

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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, Jazmin Jernigan (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 LSU Shreveport Alumni Association (entity's name) as of June 30, 2022 (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, Jazmin Jernigan (officer's name), who duly sworn, deposes, and says that LSU Shreveport Alumni Association (entity's name) received \$75,000 or less in revenues and other sources for the year ended June 30, 2022 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.


OFFICER'S SIGNATURE

Executive Director
OFFICER'S TITLE

Sworn to and subscribed before me, this 31st day of January, 2023


NOTARY PUBLIC SIGNATURE & SEAL
#64513

CYNTHIA P. ARMSTRONG
Notary Public, State of Louisiana
My Commission is For Life

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

Entity Name: LSU Shreveport Alumni Association Fiscal Year End: 2022

Statement of Receipts and Disbursements

Statement A

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. _____	\$ _____	\$ _____	\$ _____
2. Membership Income	6,586.03		
3. Golf Tournament Sponsorship	3,516.00		
4. Affinity Program Income	10,691.71		
5. Miscellaneous Income	44.30		
6. Total receipts (add lines 1 - 5)	\$ 20,838.04	\$ _____	\$ _____
DISBURSEMENTS (Provide Brief Description):			
7. Office Expenses	\$ 1,028.87	\$ _____	\$ _____
8. Supplies	1,146.39		
9. Other	2,143.41		
10. _____			
11. _____			
12. _____			
13. Total Disbursements (add lines 7 - 12)	\$ 4,318.67	\$ _____	\$ _____
14. Change in fund balance (Lines 6 minus 13)	\$ 16,519.37	\$ _____	\$ _____
15. Fund Balance at beginning of year	\$ 108,920.83	\$ _____	\$ _____
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ 125,440.20	\$ _____	\$ _____

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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Entity Name: LSU Shreveport Alumni Association Fiscal Year End: 2022

Balance Sheet

Statement B

	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
1. Cash and cash equivalents	\$ 139,706.38	\$	\$
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)	\$ 139,706.38	\$	\$
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (brief description):	\$	\$	\$
8. Due to LSUS	14,266.18		
9.			
10.			
11. Total Liabilities (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement A)	125,440.20		
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 139,706.38	\$	\$

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Entity Name: _____ Fiscal Year End: _____

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: _____

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.)