

St. Landry Hospital Service District No. 1

Eunice, St. Landry Parish

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

August 24, 2021

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 May 31, 2021. 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

Newton J. Thibodeaux
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

St. Landry Hospital Service District No. 1

St. Landry Parish

Eunice, Louisiana

**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).

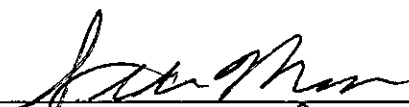
Personally came and appeared before the undersigned authority, Newton J. Thibodeaux, Chairman, who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of St. Landry Parish Hospital Service District No. 1 as of May 31, 2021, and the results of operations for the year then ended, in accordance with the basis of accounting described within the accompanying financial statements.

In addition, Newton J. Thibodeaux, Chairman, who, duly sworn, deposes and says that St. Landry Parish Hospital Service District No. 1 received \$75,000 or less in revenues and other sources for the year ended May 31, 2021 and accordingly, is not required to have an audit for the previously mentioned year.



Officer's Signature

Sworn to and subscribed before me this 24 day of August, 2021.



NOTARY PUBLIC Steven Moore
51737

Officer's Name Newton J. Thibodeaux
Officer's Title Chairman
Address P.O. Box 966
Eunice, LA 70535
Ph/Fax/E-mail 337-457-4229

St. Landry Parish Hospital Service District No. 1**Statement of Cash Receipts and Disbursements
For the Year Ended May 31, 2021**

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. Lease Revenue	\$ 2,672	\$	\$ 2,672
2. Interest Income	10,076		10,076
3. Miscellaneous	0		0
4. Investment gain(loss)	0		0
5.			
6. Total receipts (add lines 1 - 5)	\$ 12,748	\$	\$ 12,748
DISBURSEMENTS (Provide Brief Description):			
7.	\$	\$	\$
8. Scholarships	2,000		2,000
9. Repairs & Maintenance	2,800		2,800
10.			
11.			
12.			
13. Total Disbursements (add lines 7 - 12)	\$ 4,800	\$	\$ 4,800
14. Change in fund balance (Lines 6 minus 13)	\$ 7,948	\$	\$ 7,948
15. Fund Balance at beginning of year	\$ 409,247	\$	\$ 409,247
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ 417,195	\$	\$ 417,195

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Statement B

St. Landry Parish Hospital Service District No. 1

Balance Sheet, on May 31, 2021

(Year-End)

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 95,722	\$	\$ 95,722
2. Certificate of Deposit, LT	200,000		200,000
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description) - LAND	151,788		151,788
6. Total Assets (add lines 1 - 5)	<u>\$ 447,510</u>	<u>\$</u>	<u>\$ 447,510</u>
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):			
8. UNEARNED REVENUE	\$ 30,315	\$	\$ 30,315
9.			
10.			
11. Total Liabilities (add lines 7 - 10)	30,315		30,315
12. Fund balance (amount from Line 16 on Statement A)	417,195		417,195
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$ 447,510</u>	<u>\$</u>	<u>\$ 447,510</u>

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St. Landry Parish Hospital Service District No. 1

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 May 31, 2021

Agency Head Name and Title: Newton J. Thibodeaux, Chairman

Purpose	Dollar Amount
No compensation, benefits, or other payments made by Agency.	-0-

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