

Affidavit and Revenue Certification

4

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 \$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, 2019, and the results of operations for the year then ended, in accordance with the basis of accounting described within the accompanying financial statements.

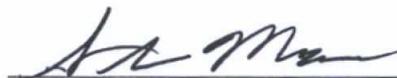
In addition, Newton J. Thibodeaux, Chairman, who, duly sworn, deposes and says that St. Landry Parish Hospital Service District No. 1 received \$75,000 or less in revenues and other sources for the year ended May 31, 2019, and accordingly, is not required to have an audit for the previously mentioned year.



Officer Signature

Sworn to and subscribed before me this 5 day of August, 2019




Steven Moosa NOTARY PUBLIC IO# 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, 2019**

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. Lease Revenue	\$ 2,672		\$ 2,672
2. Interest Income	5,892		5,892
3. Miscellaneous	0		0
4. Investment gain(loss)	(94)		(94)
5.			
6. Total receipts (add lines 1 - 5)	\$ 8,470		\$ 8,470
DISBURSEMENTS (Provide Brief Description):			
7.			
8. Scholarships	\$ 3,200		\$ 3,200
9. Repairs & Maintenance	2,699		2,699
10.			
11.			
12.			
13. Total Disbursements (add lines 7 - 12)	\$ 5,899		\$ 5,899
14. Change in fund balance (Lines 6 minus 13)	\$ 2,571		\$ 2,571
15. Fund Balance at beginning of year	399,656		399,656
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ 402,227		\$ 402,227

St. Landry Parish Hospital Service District No. 1**Balance Sheet, on May 31, 2019**

	<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	\$ 82,335	\$	\$ 82,335
2. Investments (fair value) on hand	200,164		200,164
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>\$ 434,287</u>	<u>\$</u>	<u>\$ 434,287</u>
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):			
8. UNEARNED REVENUE	\$ 32,060	\$	\$ 32,060
9.			
10.			
11. Total Liabilities (add lines 7 - 10)	32,060		32,060
12. Fund balance (amount from Line 16 on Statement A)	402,227		402,227
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$ 434,287</u>	<u>\$</u>	<u>\$ 434,287</u>

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

St. Landry Parish Hospital Service District No. 1

Schedule of Compensation, Benefits and Other Payments to Agency Head or Chief Executive Officer (REQUIRED, PLEASE SUBMIT COMPLETED FORM, PER ATTACHED INSTRUCTIONS)

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

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