#### St. Landry Hospital Service District No. 1

### Eunice, St. Landry Parish

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

September 4, 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 May 31, 2020. 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

#### 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, 2020, 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, <u>Newton J. Thibodeaux</u>, <u>Chairman</u>, who, duly sworn, deposes and says that <u>St. Landry Parish</u> <u>Hospital Service District No. 1</u> received \$75,000 or less in revenues and other sources for the year ended <u>May</u> 31, 2020 and accordingly, is not required to have an audit for the previously mentioned year.

Officer's Signature

Sworn to and subscribed before me this <u>4</u> day of <u>September</u>, <u>2020</u>.

NOTARY PUBLIC #51737

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.

Release Date 09-23-2020

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

Government Services; Post Office Box 94397, Baton Rouge, LA 70804-9397 - Updated 8/3/16

## St. Landry Parish Hospital Service District No. 1

# Statement of Cash Receipts and Disbursements For the Year Ended May 31, 2020

|   |           | General<br>Fund  | _         | Other<br>Fund |   | Total            |
|---|-----------|------------------|-----------|---------------|---|------------------|
| RECEIPTS (Provide Brief Description):   |           |                  |           |               |   |                  |
| 1. Lease Revenue  | \$_       | 2,672            | \$        |               | _ <u>\$</u> _                                 | 2,672            |
| 2. Interest Income  |           | 7,283            |           |               |   | 7,283            |
| 3. Miscellaneous  |           | 0                |           |               |   | 0                |
| 4. Investment gain(loss)  |           | (164)            |           |               |   | (164)            |
| 5.  |           |                  |           |               |   |                  |
| 6. Total receipts (add lines 1 - 5)   | \$        | 9,791            | \$        |               | <u>   \$                                 </u> | 9,791            |
| DISBURSEMENTS (Provide Brief Description):  | \$        |                  | \$        |               | \$  |                  |
| 8. Scholarships   |           | 0                |           |               |   | 0                |
| 9. Repairs & Maintenance  |           | 2,771            |           |               |   | 2,771            |
| 10.   |           |                  |           |               |   |                  |
| 11.   |           |                  |           |               |   | 14               |
| 12.   |           |                  |           |               |   |                  |
| 13. Total Disbursements (add lines 7 - 12)  | <u>\$</u> | 2,770            | \$        |               | _ \$_   | 2,770            |
| 14. Change in fund balance (Lines 6 minus 13) 15. Fund Balance at beginning of year | <u>\$</u> | 7,020<br>402,227 | <u>\$</u> |               | \$  | 7,020<br>402,227 |
| 16. Fund balance (deficit) at end of year (Add lines 14-15)                         | Ψ_        | 402,221          | Ψ         |               | _ Ψ   | 702,221          |
| This amount also goes on line 12, Statement B                                       | \$_       | 409,247          | \$        |               | \$_   | 409,247          |

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

### St. Landry Parish Hospital Service District No. 1

#### Balance Sheet, on May 31, 2020

(Year-End)

|  | _  | General<br>Fund |           | Other<br>Fund  |           | Total   |
|--|----|-----------------|-----------|----------------|-----------|---------|
| ASSETS (balances at year-end) -Give brief description:                               |    |                 |           |                |           |         |
| Cash and cash equivalents on hand  | \$ | 88,647          | \$        |                | \$        | 88,647  |
| 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)  | \$ | 440,435         | \$        |                | \$        | 440,435 |
| LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (give brief description): |    |                 |           |                |           |         |
| 8. UNEARNED REVENUE  | \$ | 31,188          | <u>\$</u> | <del>_</del> , | <u>\$</u> | 31,188  |
| <u>9.</u><br>10.   |    |                 |           |                |           |         |
| 11. Total Liabilities (add lines 7 - 10)   |    | 31,188          |           |                |           | 31,188  |
| 12. Fund balance (amount from Line 16 on Statement A)                                |    | 409,247         |           |                |           | 409,247 |
| 13. Other  |    |                 |           |                |           |         |
| 14. Total Liabilities and Fund Balance (add lines 11 - 13)                           | \$ | 440,435         | \$        |                | \$        | 440,435 |

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

| _St. Landry Hos | pital Service District No. 1 | (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 May 31, 2020 (Year-En | For the Year Ended | May 31, 2020 | (Year-End |
|--|--------------------|--------------|-----------|
|--|--------------------|--------------|-----------|

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

| 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.)