

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

Entity Name: Springhill Medical Center, Inc.

Address: 2001 Doctors Drive, Springhill, LA. 71075

Telephone: 318-539-1001 Email: brian.griffin@emailsmc.com

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, Brian Griffin (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 Chief Financial Officer (entity's name) as of 12/31/2021 (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: None

Complete if Applicable: In addition, Brian Griffin (officer's name), who duly sworn, deposes, and says that Springhill Medical Center, Inc. (entity's name) received \$75,000 or less in revenues and other sources for the year ended 12/31/2021 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

Brian Griffin
OFFICER'S SIGNATURE

CFO
OFFICER'S TITLE

Sworn to and subscribed before me, this 25th day of May, 20 22

Barbara L. Taylor
NOTARY PUBLIC SIGNATURE & SEAL

Barbara L. Taylor
Notary Public
State of Louisiana
Notary ID # 005970
My Commission is for Life



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Statement of Receipts and Disbursements

Statement A

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
RECEIPTS (Provide Brief Description):			
1. <u>LHA Research & Education</u>	\$	\$12,808.63	\$12,808.63
2. <u>LA Rural Hospital Coalition</u>		8,577.00	8,577.00
3. _____			
4. _____			
5. _____			
6. Total receipts (add lines 1 - 5)	\$ 0	\$ 21,385.63	\$21,385.63
DISBURSEMENTS (Provide Brief Description):			
7. <u>Vapotherm (COVID - Air Filtration Equipment)</u>	\$ 3,252.73	\$ 12,808.63	\$16,061.36
8. <u>Care Learning</u>	159.00	8,577.00	8,736.00
9. _____			
10. _____			
11. _____			
12. _____			
13. Total Disbursements (add lines 7 - 12)	\$ 3,411.73	\$ 21,385.63	\$24,797.36
14. <u>Change in fund balance (Lines 6 minus 13)</u>	\$ (3,411.73)	\$ 0	\$(3,411.73)
15. <u>Fund Balance at beginning of year</u>	\$	\$	\$
16. <u>Fund balance (deficit) at end of year (Add lines 14-15)</u> --This amount also goes on line 12, Statement B	\$ (3,411.73)	\$ 0	\$(3,411.73)

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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Balance Sheet

Statement B

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
ASSETS (balances at year-end)			
1. Cash and cash equivalents	\$ _____	\$ _____	\$ _____
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)	\$ _____	\$ _____	\$ _____
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (brief description):	\$ _____	\$ _____	\$ _____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11. Total Liabilities (add lines 7 - 10)	_____	_____	_____
12. Fund balance (amount from Line 16 on Statement A)	(3,411.73)	_____	(3,411.73)
13. Other	_____	_____	_____
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ (3,411.73)	\$ _____	\$(3,411.73)

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Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: Mr. Michael Patronis, CEO

Purpose	Dollar Amount
1. Salary	1. 177,277.46
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. 177,277.46

_____ 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.)