Springhill, Webster, Louisiana

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

(Date) 05/23/22

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 12/31/2018. 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

David L. Sanders, CFO

Officer's Name

Enclosures

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

Affidavit and Revenue Certification

Springhill Medical Services, Inc.
Webster Parish
Springhill, 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, David L. Sanders, who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Springhill Medical Center, Inc. as of 12/31/2018, and the results of operations for the year then ended, in accordance with the basis of accounting described within the accompanying financial statements.

(Complete if applicable)

In addition, David L. Sanders, (officer name), who, duly sworn, deposes and says that Springhill Medical Center, Inc. received \$75,000 or less in revenues and other sources for the year ended 12/31/2018_, and accordingly, is not required to have an audit for the previously mentioned year.

Officer's Signature

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

Barbara L Taylor Notary Public State of Louisiana

Notary ID # 005970

My Commission is for Life NOTARY PUBLIC SIGNATURE & SEAL



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 6/1/2022

Please Complete This Section

Officer's Name David L. Sanders

Officer's Title CFO

Address 2001 Doctors Drive

City, Zip Springhill, LA. 71075

Ph: Cell/Land 318-539-1000

E-mail David.Sanders@emailsmc.com

(Agency Name)

Statement of Cash Receipts and Disbursements For the Year Ended 12/31/2018

(Year-End)

General Fund			Other Fund			Total	
RECEIPTS (Provide Brief Description):							
1 LHA Research & Education	\$		\$	2,542.65	\$	2,542.65	
2. 3. 4.					_		
3.			_				
			_		_		
5.							
6. Total receipts (add lines 1 - 5)	\$	0.00	\$	2,542.65	\$	2,542.65	
DISBURSEMENTS (Provide Brief Description): 7. Employee Education thru Care Learning 8. Employee Education thru Elements Healthcare 9. 10.	\$	2,501.35	<u>\$</u>	2,044.00 498.65	-	2,044.00 3,000.00	
12.							
13. Total Disbursements (add lines 7 - 12)	\$	2,501.35	\$	2,542.65	\$	5,044.00	
14. Change in fund balance (Lines 6 minus 13)	\$	(2,501.35)	\$	0	\$	(2,501.35)	
15. Fund Balance at beginning of year	\$	0	\$	0	\$	0	
16. Fund balance (deficit) at end of year (Add lines 14-15)							
This amount also goes on line 12, Statement B	\$	(2,501.35)	\$	0	\$	(2,501.35)	

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Balance Sheet, on <u>12/31/2018</u> (Year-End)

	3 00	General Fund		Other Fund	n.	Total
ASSETS (balances at year-end) -Give brief description: 1. Cash and cash equivalents on hand	\$	0	æ	0	2	0
Accounts Receivable	Ψ_	0	<u>\$</u>		Ψ_	
Inventories and Prepaid Expenses			_		_	
Plant and Equipment-Net of Depreciation			(1) The last of th			
5. Investments						
6. Total Assets (add lines 1 - 5)	\$	0	\$	0	\$	0
LIABILITIES AND FUND BALANCE (at year-end): 7. Accounts Payable/Accrued Salaries & Related	\$	0	\$	0	\$	0
8. Due to Third Party Payors and AR Credit Balances						
Capital Leases/Interest Payable/Deferred Revenue					8	
10. Notes Payable						
11. Total Liabilities (add lines 7 - 10)		0		0		0
12. Fund balance (amount from Line 16 on Statement A)		(2,501.35)	/450 	0		(2,501.35)
13. Other					W	
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$	(2,501.35)	\$	0	\$	(2,501.35)

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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 12/31/2018

Agency Head Name and Title: Mr. Vincent Sedminik, CEO

Purpose	Dollar Amount				
1. Salary	1. 167,701.99				
2. Benefits-insurance	2.				
3. Benefits-retirement	3.				
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. 167,701.99				

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.)

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