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Affidavit and Revenue Certification

Springhill Medical Services, Inc.
Webster Parish
Springhill, Louisiana

**ANNUAL SWORN FINANCIAL STATEMENTS AND
CERTIFICATION OF REVENUES \$50,000 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 \$50,000 or less, if applicable, is required by Louisiana Revised Statute 24:513(1)(1)(c)(i).

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 Services, Inc. as of 12/31/2014, 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, _____, (officer name), who, duly sworn, deposes and says that _____ (entity name) received \$50,000 or less in revenues and other sources for the year ended _____, and accordingly, is not required to have an audit for the previously mentioned year.

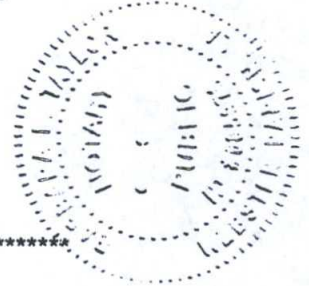


Officer Signature

Sworn to and subscribed before me this 11th day of April, 2017.



NOTARY PUBLIC



Officer's Name David L. Sanders
Officer's Title CFO
Address 2001 Doctors Drive
Springhill, LA. 71075
Ph/Fax/E-mail David.Sanders@emailsmc.com

Under provisions of state law, this report is a public document. A copy of the report has been submitted to the entity and other appropriate public officials. The report is available for public inspection at the Baton Rouge office of the Legislative Auditor and, where appropriate, at the office of the parish clerk of court.

Release Date APR 19 2017

Please return the completed form within 90 days of your entity's year-end to Office of Legislative Auditor – Local Government Services, Post Office Box 94397, Baton Rouge, LA 70804-9397

Springhill Medical Services, Inc.Statement of Cash Receipts and Disbursements
For the Year Ended 12/31/2014

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1.HHS Hospital Preparedness Program (thru LHA)	\$ 11,502.12	\$ 0	\$ 11,502.12
2.From Hospital's General Fund	3,078.88	0	3,078.88
3.			
4.			
5.			
6. Total receipts (add lines 1 - 5)	\$ 14,581.00	\$ 0	\$ 14,581.00
DISBURSEMENTS (Provide Brief Description):			
7.Mattresses – Medical Surge (3 ea)	\$ 773.37	\$ 0	\$ 773.37
8.Rollaway Beds – Medical Surge (3 ea)	12,542.61	0	12,542.61
9.Taxes on above items	1,265.02	0	1,265.02
10.			
11.			
12.			
13. Total Disbursements (add lines 7 - 12)	\$ 14,581.00	\$ 0	\$14,581.00
14. Change in fund balance (Lines 6 minus 13)	\$ 0	\$ 0	\$ 0
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	\$ 0	\$ 0	\$ 0

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

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auditor – Local Government Services, Post Office Box 94397, Baton Rouge, LA 70804-9397

Statement B

Springhill Medical Services, Inc.

Balance Sheet, on 12/31/2014

	<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	\$ 0	\$ 0	\$ 0
2. Investments (fair value) on hand			
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)		0	
5. Other (brief description)			
6. Total Assets (add lines 1 - 5)	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):			
8.	\$ 0	\$ 0	\$ 0
9.			
10.			
11. Total Liabilities (add lines 7 - 10)		0	
12. Fund balance (amount from Line 16 on Statement A)	0	0	0
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

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Statement C

Springhill Medical Services, Inc.

Schedule of Compensation, Benefits and Other Payments to Agency Head or Chief Executive Officer

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

Purpose	Amount
Salary – Contracted w/Benefits	\$171,303.32
Benefits-insurance	
Benefits-retirement	
Benefits-other (describe)	
Benefits-other (describe)	
Benefits-other (describe)	
Car allowance	
Vehicle provided by government (enter amount reported on W-2)	
Per diem	
Reimbursements	
Travel	
Registration fees	
Conference travel	
Housing	
Unvouchered expenses (example: travel advances, etc.)	
Special meals	
Other	