

10710
④

Affidavit and Revenue Certification

Springhill Medical Services, INC.
Webster Parish
Springhill, Louisiana

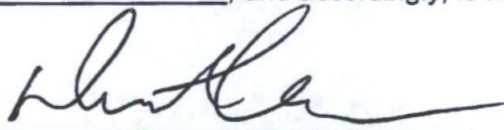
**ANNUAL SWORN FINANCIAL STATEMENTS AND
CERTIFICATION OF REVENUES \$75,000 OR LESS (if applicable)**

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 Services, Inc. as of 12/31/2016, 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 \$75,000 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.

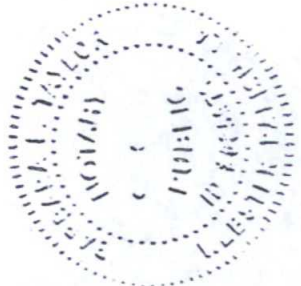


Officer's Signature

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



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 <u>APR 19 2017</u>

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

Springhill Medical Services, Inc.
(Agency Name)

Statement of Cash Receipts and Disbursements
For the Year Ended 12/31/2016
(Year-End)

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
RECEIPTS (Provide Brief Description):			
1. 2016 HHS HPP Grant (thru LHA)	\$ 2,505.38	\$ 0	\$ 2,505.38
2. From Hospital General Fund	307.42	0	307.42
3.			
4.			
5.			
6. Total receipts (add lines 1 - 5)	<u>\$ 2,812.80</u>	<u>\$ 0</u>	<u>\$ 2,812.80</u>
DISBURSEMENTS (Provide Brief Description):			
7. PAPR System, CBRN, Universal Lilon	\$ 1,409.87	\$ 0	\$ 1,409.87
8. PAPR Cartridge, Olive/Magenta (3 ea)	798.63	0	798.63
9. Men's Rubber Knee Boots w/Steel Toes (2 pairs)	73.54	0	73.54
10. Lithium Battery Packs (2ea)	530.76	0	530.76
11.			
12.			
13. Total Disbursements (add lines 7 - 12)	<u>\$ 2,812.80</u>	<u>\$ 0</u>	<u>\$ 2,812.80</u>
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

Springhill Medical Services, Inc. (Agency Name)

Balance Sheet, on 12/31/2016
(Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
1.	\$ 0	\$ 0	\$ 0
2.		0	
3.		0	
4.		0	
5.		0	
6. Total Assets (add lines 1 - 5)	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
LIABILITIES AND FUND BALANCE (at year-end):			
7.	\$ 0	\$ 0	\$ 0
8.			
9.			
10.			
11. Total Liabilities (add lines 7 - 10)	0	0	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>

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

Please return the completed form within 90 days of your entity's year-end to Louisiana Legislative Auditor – Local Government Services; Post Office Box 94397, Baton Rouge, LA 70804-9397 - Updated 8/3/16

Springhill Medical Services, Inc. (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 12/31/2016 (Year-End)

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

Purpose	Dollar Amount
1. Salary – Contracted w/Benefits	1. 167,643.31
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. 167,643.31

_____ 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.)

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

Please return the completed form within 90 days of your entity's year-end to Louisiana Legislative Auditor – Local Government Services; Post Office Box 94397, Baton Rouge, LA 70804-9397 - Updated 8/3/16