

Springhill Medical Services, Inc.

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 12/31/2019. 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

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

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 12/31/2019, 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 12/31/2019, 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, 2022.



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 <u>6/1/2022</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 12/31/2019

(Year-End)

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
RECEIPTS (Provide Brief Description):			
1 LHA Research & Education	\$	\$ 4,050.00	\$ 4,050.00
2.			
3.			
4.			
5.			
6. Total receipts (add lines 1 - 5)	<u>\$ 0</u>	<u>\$ 4,050.00</u>	<u>\$ 4,050.00</u>
DISBURSEMENTS (Provide Brief Description):			
7. Employee Education thru Care Learning	\$	\$ 4,050.00	\$ 4,050.00
9.			
10.			
11.			
12.			
13. Total Disbursements (add lines 7 - 12)	<u>\$ 0</u>	<u>\$ 4,050.00</u>	<u>\$ 4,050.00</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

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Springhill Medical Services, Inc.

Balance Sheet, on 12/31/2019
(Year-End)

	<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. Accounts Receivable			
3. Inventories and Prepaid Expenses			
4. Plant and Equipment-Net of Depreciation			
5. Investments			
6. Total Assets (add lines 1 - 5)	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
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			
9. Capital Leases/Interest Payable/Deferred Revenue			
10. Notes Payable			
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>

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Springhill Medical Services, Inc.**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 12/31/2019

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

Purpose	Dollar Amount
1. Salary	1. 176,841.91
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. 176,841.91

_____ 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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