MANAGEMENT'S DISCUSSION AND ANALYSIS AND BASIC FINANCIAL STATEMENTS

Hospital Service District No. 1 of the Parish of Tangipahoa, State of Louisiana Years Ended June 30, 2006 and 2005

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_11-15-06

Management's Discussion and Analysis and Basic Financial Statements

Years Ended June 30, 2006 and 2005

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Report of Independent Auditors

The Board of Commissioners Hospital Service District No. 1 of the Parish of Tangipahoa, State of Louisiana

We have audited the accompanying basic financial statements of Hospital Service District No. 1 of the Parish of Tangipahoa, State of Louisiana (d/b/a North Oaks Health System) (the Hospital), as of and for the years ended June 30, 2006 and 2005, as listed in the table of contents. These financial statements are the responsibility of the Hospital's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. We were not engaged to perform an audit of the Hospital's internal control over financial reporting. Our audits included consideration of internal control over financial reporting. Our audits included consideration of internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Hospital at June 30, 2006 and 2005, and the changes in its financial position and its cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States.

In accordance with *Government Auditing Standards*, we have also issued our report dated October 6, 2006, on our consideration of the Hospital's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts, grants, agreements, and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing and not to provide an opinion on the internal control over financial reporting or compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be considered in assessing the results of our audits.

Ernst & Young LLP

Management's discussion and analysis on pages 3 through 15 is not a required part of the basic financial statements but is supplementary information required by the Governmental Accounting Standards Board. We have applied certain limited procedures, which consisted principally of inquiries of management regarding the methods of measurement and presentation of the supplementary information. However, we did not audit the information and express no opinion on it.

Ernst + Young LLP

October 6, 2006

Management's Discussion and Analysis

June 30, 2006

This section of the annual financial report of Hospital Service District No. 1 of the Parish of Tangipahoa, State of Louisiana (the Hospital), presents background information and management's analysis of the Hospital's financial performance. Please read it in conjunction with the financial statements in this report.

Required Financial Statements

The basic financial statements of the Hospital report information about the Hospital using Government Accounting Standards Board (GASB) accounting principles. These statements offer short-term and long-term financial information about its activities. The balance sheets include all of the Hospital's assets and liabilities and provide information about the nature and amounts of investments in resources (assets) and the obligations to Hospital creditors (liabilities). It also provides the basis for computing rate of return, evaluating the capital structure of the Hospital, and assessing the liquidity and financial flexibility of the Hospital. All of the current year's revenues and expenses are accounted for in the statements of revenue, expenses, and changes in net assets. This statement measures changes in the Hospital's operations over the past years and can be used to determine whether the Hospital has been able to recover all of its costs through its patient service revenue and other revenue sources. The final required financial statement is the statement of cash flows. The primary purpose of this statement is to provide information about the Hospital's cash from operations, investing, and financing activities and to provide answers to questions such as where did cash come from, what was cash used for, and what was the change in cash balance during the reporting period.

Financial Analysis of the Hospital

The balance sheets and the statements of revenue, expenses, and changes in net assets report information about the Hospital's activities. These two statements report the net assets of the Hospital and changes in them. Increases or decreases in the Hospital's net assets are one indicator of whether its financial health is improving or deteriorating. However, other nonfinancial factors, such as changes in the health care industry, changes in Medicare and Medicaid regulations, and changes in managed care contracting, should also be considered.

Financial Highlights for the Year Ended June 30, 2006

• The Hospital's total assets increased by approximately \$18,074,000, or approximately 8%, primarily due to cash generated by operating and investing activities used to increase capital assets.

Management's Discussion and Analysis (continued)

- During the year, the Hospital's total operating revenue increased approximately \$19,614,000, or 12%, to \$183,336,000 from the prior year while expenses increased \$16,190,000, or 10%, to \$174,194,000. The Hospital had income from operations of \$9,143,000, which is approximately 5% of total operating revenue. This compares to the prior fiscal year's income from operations of approximately \$5,719,000, or 3% of operating revenue.
- The Hospital received approximately \$1,877,000 and \$2,700,000 in 2006 and 2005, respectively, in intergovernmental transfer funds that were offset against Medicaid contractual adjustments, resulting in an increase in net patient service revenue.
- During the fiscal year, the Hospital made capital investments for a total of approximately \$12,559,000. The following is a list of significant items:

Capital Investments	2006 Cost
Heart Health Center Renovation	\$3,339,000
Rehab Campus Renovation	2,424,000
North Access Road	1,017,000
Medical Center Expansion	1,003,000
Orthopedic Clinic Renovation	232,000
Patient Room Renovations	260,900

The source of the funding for these projects was derived from operations and receipts from 2003 bond issuances.

Financial Highlights for the Year Ended June 30, 2005

- The Hospital's total assets increased by approximately \$8,542,000, or approximately 4%, primarily due to cash generated by operating and investing activities used to increase capital assets.
- During the year, the Hospital's total operating revenue increased approximately \$14,201,000, or 9%, to \$163,723,000 from the prior year while expenses increased \$13,129,000, or 9%, to \$158,006,000. The Hospital had income from operations of \$5,717,000, which is approximately 3.5% of total operating revenue. This compares to the prior fiscal year's income from operations of approximately \$4,645,000, or 3.1% of operating revenue.

Management's Discussion and Analysis (continued)

- The Hospital received approximately \$2,700,000 and \$2,000,000 in 2005 and 2004, respectively, in intergovernmental transfer funds that were offset against Medicaid contractual adjustments, resulting in an increase in net patient service revenue.
- During the fiscal year, the Hospital made capital investments for a total of approximately \$12,331,000. The following is a list of significant items:

Capital Investments	2005 Cost
Outpatient Diagnostic Center	\$6,582,600
Medical Center Expansion	715,500
Rehab Campus Renovation	524,700
Cardiac Monitors and Computers	514,200
Hospital Roofing	508,200
Nurse Call System	300,200
Walker Clinic Office Suites	358,900
Patient Room Renovations	290,900

The source of the funding for these projects was derived from operations and receipts from 2003 bond issuances.

Management's Discussion and Analysis (continued)

Net Assets

A summary of the Hospital's balance sheets are presented in Table 1 below:

TABLE 1 Condensed Balance Sheets

June 30			
_	2006	2005	2004
\$, ,		. , ,
	91,990,172	88,957,902	87,071,022
	112,842,361	104,499,476	97,162,907
S			
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\$	27,557,396	\$ 21,137,775	\$ 19,576,484
	<u>94,444,972</u>		
	122,002,368	117,044,889	117,153,336
	20,751,211	16,714,883	16,050,260
	8,459,015	8,575,318	8,134,464
	105,163,016	95,966,360	
\$		\$ 238,301,450	\$ 229,759,609
	<u>\$</u> \$	\$ 51,543,077 91,990,172 <u>112,842,361</u> <u>\$ 256,375,610</u> \$ 27,557,396 <u>94,444,972</u> 122,002,368 20,751,211 8,459,015	2006 2005 \$ 51,543,077 \$ 44,844,072 91,990,172 \$ 88,957,902 112,842,361 104,499,476 \$ 256,375,610 \$ 238,301,450 \$ 27,557,396 \$ 21,137,775 94,444,972 95,907,114 122,002,368 117,044,889 20,751,211 16,714,883 8,459,015 8,575,318 105,163,016 95,966,360

As can be seen in Table 1, total assets increased by approximately \$18,074,000 and \$8,542,000 to approximately \$256,376,000 during 2006 and 2005, respectively. The change in total assets is primarily due to increases in property, plant, and equipment exceeding depreciation expense for the year, and increases in investments, which were funded by the excess of revenues over expenses during fiscal year 2006 and 2005.

Management's Discussion and Analysis (continued)

Summary of Revenue, Expenses, and Changes in Net Assets

The following table presents a summary of the Hospital's revenues and expenses for each of the fiscal years ended June 30, 2006, 2005, and 2004:

TABLE 2 Condensed Statements of Revenue, Expenses, and Changes in Net Assets

	Years Ended June 30		
	2006	2005	2004
Revenue:			
Net patient service revenue	\$ 179,947,561	\$ 160,806,228	\$ 147,044,877
Other	3,388,898	2,916,594	2,476,735
Total operating revenue	183,336,459	163,722,822	149,521,612
Expenses:			
Salaries and employee benefits	107,822,713	98,817,255	90,729,290
Supplies, contract services,			
equipment, and fees	40,718,452	35,169,684	31,708,469
Other operating expenses	9,889,588	9,113,793	8,712,624
Depreciation	11,023,424	10,344,497	9,147,406
Interest	4,739,462	4,558,484	4,579,343
Total operating expenses	174,193,639	158,003,713	144,877,132
Operating income	9,142,820	5,719,109	4,644,480
Investment income	3,973,861	2,921,906	1,121,544
Other		9,273	
Excess of revenue and investment			
income over expenses	13,116,681	8,650,288	5,766,024
Net assets – beginning of year	121,256,561	112,606,273	106,840,249
Net assets – end of year	\$ 134,373,242	\$ 121,256,561	\$ 112,606,273

Sources of Revenue

Operating Revenue

During fiscal years 2006, 2005, and 2004, the Hospital derived the majority, approximately 98%, of its total revenue from patient service revenue. Patient service revenue includes revenue from the Medicare and Medicaid programs and patients, or their third-party payors. Reimbursement

Management's Discussion and Analysis (continued)

for the Medicare and Medicaid programs and the third-party payors is based upon established rates and contracts. The difference between the billed charges and the established contract is recognized as a contractual allowance.

Table 3 presents the relative percentages of gross charges billed for patient services by payor for the 2006, 2005, and 2004 fiscal years.

	Years Ended June 30		
	2006	2005	2004
Managed care	20%	19%	18%
Medicare	44	48	49
Medicare HMO	3	1	1
Medicaid	21	20	20
Commercial insurance	5	6	7
Self-pay and other	7	6	5
Total patient revenues	100%	100%	100%

TABLE 3Payor Mix by Percentage

Other Revenue

The following table summarizes other revenue:

TABLE 4Other Revenue

	Years Ended June 30		
	2006	2005	2004
Cafeteria	\$ 1,202,054	\$ 1,085,738	\$ 1,010,057
Day care	641,103	551,670	520,496
Gift shop	328,060	257,817	274,382
Rental income	527,157	433,855	378,119
X-ray school income	110,359	152,057	136,832
Premier purchasing rebates	309,273	233,381	27,535
Miscellaneous	270,892	202,076	129,314
Total other revenue	\$ 3,388,898	\$ 2,916,594	\$ 2,476,735

Management's Discussion and Analysis (continued)

Investment Income

The Hospital holds designated and restricted funds that are invested primarily in money market funds and securities issued by the U.S. Treasury and other federal agencies. These investments had a total return of \$3,973,861, \$2,921,906, and \$1,121,544 during fiscal years 2006, 2005, and 2004, respectively.

Operating and Financial Performance

Overall activity at the Hospital, as measured by patient discharges, improved 5.0% to 16,059 discharges in 2006 from 15,288 discharges in 2005. Patient days increased 7.3% over the prior year from 79,914 in 2005 to 85,744 in 2006. The average length of stay for all patients (excluding newborns) increased to 5.3 days in 2006 from 5.2 days in 2005.

Overall activity at the Hospital, as measured by patient discharges, improved 3.4% to 15,288 discharges in 2005 from 14,786 discharges in 2004. Patient days decreased 2.8% over the prior year from 82,200 in 2004 to 79,914 in 2005. The average length of stay for all patients (excluding newborns) decreased to 5.2 days in 2005 from 5.6 days in 2004.

Management's Discussion and Analysis (continued)

TABLE 5Patient and Hospital Statistical Data

2006 2005 2004 Admissions:		Years Ended June 30		
Adult and pediatric 13,544 12,875 12,419 Newborn and NICU 1,702 1,478 1,441 Psychiatric care 534 404 403 CMR services 445 587 622 Patient days:		2006	2005	2004
Newborn and NICU 1,702 1,478 1,441 Psychiatric care 534 404 403 CMR services 445 587 622 Patient days:	Admissions:			
Psychiatric care534404403CMR services445587622Patient days: 445 587622Adult and pediatric $35,977$ $35,426$ $36,740$ Medicare (included in adult and pediatric) $14,217$ $13,083$ $12,725$ Newborn and NICU $7,678$ $5,885$ $6,468$ Psychiatric care $5,239$ $5,062$ $5,583$ CMR services $4,662$ $5,654$ $6,836$ Operating room patients $9,908$ $9,367$ $9,151$ Outpatient registrations $90,679$ $79,321$ $71,386$ Emergency room visits $72,188$ $68,462$ $69,422$ Average daily census: 14 14 15 CMR services 13 16 19 Average length of stay (excluding newborn): 4.1 4.0 4.0 Psychiatric care $9,9$ 12.4 13.9 CMR services 10.5 $9,7$ 10.7 Psychiatric care $9,9$ 12.4 13.9 CMR services 10.5 $9,7$ 10.7 Psychiatric care $9,9$ 12.4 13.9 CMR services 10.5 $9,7$ 10.7 Percentage of total patient days: 4.1 4.0 4.0 Medicaid 20.9% 20.7% 20.1% Home health visits 912 $7,447$ $8,613$ Family medicine clinic visits $35,792$ $29,691$ $25,466$	Adult and pediatric	13,544	12,875	12,419
CMR services 445 587 622 Patient days: Adult and pediatric 68,165 63,313 63,313 Medicare (included in adult and pediatric) 35,977 35,426 36,740 Medicaid (included in adult and pediatric) 14,217 13,083 12,725 Newborn and NICU 7,678 5,885 6,468 Psychiatric care 5,239 5,062 5,583 CMR services 4,662 5,654 6,836 Operating room patients 9,908 9,367 9,151 Outpatient registrations 90,679 79,321 71,386 Emergency room visits 72,188 68,462 69,422 Average daily census: Adult and pediatric 187 174 173 Average length of stay (excluding newborn): All patients 5.3 5.2 5.6 Medicare patients 6.4 6.2 6.6 6.4 6.2 6.6 Medicaid patients 4.1 4.0 4.0 4.0 9.9 12.4 13.9	Newborn and NICU	1,702	1,478	1,441
Patient days: 68,165 63,313 63,313 Medicare (included in adult and pediatric) 35,977 35,426 36,740 Medicaid (included in adult and pediatric) 14,217 13,083 12,725 Newborn and NICU 7,678 5,885 6,468 Psychiatric care 5,239 5,062 5,583 CMR services 4,662 5,654 6,836 Operating room patients 9,908 9,367 9,151 Outpatient registrations 90,679 79,321 71,386 Emergency room visits 72,188 68,462 69,422 Average daily census: 72,188 68,462 69,422 Adult and pediatric 187 174 173 Psychiatric care 14 14 15 CMR services 13 16 19 Average length of stay (excluding newborn): 4.1 4.0 4.0 Psychiatric care 9.9 12.4 13.9 CMR services CMR services 10.5 9.7 10.7 Percentage of total patient days: Medicare 52.8% <	Psychiatric care	534	404	403
Adult and pediatric $68,165$ $63,313$ $63,313$ Medicare (included in adult and pediatric) $35,977$ $35,426$ $36,740$ Medicaid (included in adult and pediatric) $14,217$ $13,083$ $12,725$ Newborn and NICU $7,678$ $5,885$ $6,468$ Psychiatric care $5,239$ $5,062$ $5,583$ CMR services $4,662$ $5,654$ $6,836$ Operating room patients $9,908$ $9,367$ $9,151$ Outpatient registrations $90,679$ $79,321$ $71,386$ Emergency room visits $72,188$ $68,462$ $69,422$ Average daily census: 14 14 15 CMR services 13 16 19 Average length of stay (excluding newborn): 4.1 4.0 4.0 Psychiatric care 9.9 12.4 13.9 CMR services 9.9 12.4 13.9 CMR services 10.5 9.7 10.7 Percentage of total patient days: 4.1 4.0 4.0 Medicare 52.8% 56.0% 58.0% Medicaid 20.9% 20.7% 20.1% Home health visits 912 $7,447$ $8,613$ Family medicine clinic visits $35,792$ $29,691$ $25,466$	CMR services	445	587	622
Medicare (included in adult and pediatric) $35,977$ $35,426$ $36,740$ Medicaid (included in adult and pediatric) $14,217$ $13,083$ $12,725$ Newborn and NICU $7,678$ $5,885$ $6,468$ Psychiatric care $5,239$ $5,062$ $5,583$ CMR services $4,662$ $5,654$ $6,836$ Operating room patients $9,908$ $9,367$ $9,151$ Outpatient registrations $90,679$ $79,321$ $71,386$ Emergency room visits $72,188$ $68,462$ $69,422$ Average daily census: 14 14 15 CMR services 13 16 19 Average length of stay (excluding newborn): 4.1 4.0 4.0 All patients 5.3 5.2 5.6 Medicaid patients 4.1 4.0 4.0 Psychiatric care 9.9 12.4 13.9 CMR services 10.5 9.7 10.7 Percentage of total patient days: $Wedicare$ 52.8% 56.0% Medicare 52.8% 56.0% 58.0% Medicaid 20.9% 20.7% 20.1% Home health visits 912 $7,447$ $8,613$ Family medicine clinic visits $35,792$ $29,691$ $25,466$	Patient days:			
Medicaid (included in adult and pediatric) $14,217$ $13,083$ $12,725$ Newborn and NICU $7,678$ $5,885$ $6,468$ Psychiatric care $5,239$ $5,062$ $5,583$ CMR services $4,662$ $5,654$ $6,836$ Operating room patients $9,908$ $9,367$ $9,151$ Outpatient registrations $90,679$ $79,321$ $71,386$ Emergency room visits $72,188$ $68,462$ $69,422$ Average daily census: $72,188$ $68,462$ $69,422$ Average daily census: 14 14 15 CMR services 13 16 19 Average length of stay (excluding newborn): $75,3$ 5.2 5.6 Medicare patients 6.4 6.2 6.6 Medicaid patients 4.1 4.0 4.0 Psychiatric care 9.9 12.4 13.9 CMR services 10.5 9.7 10.7 Percentage of total patient days: $Medicare$ 52.8% 56.0% Medicare 52.8% 56.0% 58.0% Medicaid 20.9% 20.7% 20.1% Home health visits 912 $7,447$ $8,613$ Family medicine clinic visits $35,792$ $29,691$ $25,466$	Adult and pediatric	68,165	63,313	63,313
Newborn and NICU7,6785,8856,468Psychiatric care5,2395,0625,583CMR services4,6625,6546,836Operating room patients9,9089,3679,151Outpatient registrations90,67979,32171,386Emergency room visits72,18868,46269,422Average daily census:714173Adult and pediatric187174173Psychiatric care141415CMR services131619Average length of stay (excluding newborn):5.35.25.6Medicare patients6.46.26.6Medicaid patients4.14.04.0Psychiatric care9.912.413.9CMR services10.59.710.7Percentage of total patient days:Medicare 52.8% 56.0% 58.0% Medicare 52.8% 56.0% 58.0% Medicaid 20.9% 20.7% 20.1% Home health visits 912 $7,447$ $8,613$ Family medicine clinic visits $35,792$ $29,691$ $25,466$	Medicare (included in adult and pediatric)	35,977	35,426	36,740
Psychiatric care $5,239$ $5,062$ $5,583$ CMR services $4,662$ $5,654$ $6,836$ Operating room patients $9,908$ $9,367$ $9,151$ Outpatient registrations $90,679$ $79,321$ $71,386$ Emergency room visits $72,188$ $68,462$ $69,422$ Average daily census: 187 174 173 Adult and pediatric 187 174 173 Psychiatric care 14 14 15 CMR services 13 16 19 Average length of stay (excluding newborn): 4.1 4.0 4.0 All patients 6.4 6.2 6.6 Medicaid patients 4.1 4.0 4.0 Psychiatric care 9.9 12.4 13.9 CMR services 10.5 9.7 10.7 Percentage of total patient days: $Medicare$ 52.8% 56.0% Medicare 52.8% 56.0% 58.0% Medicaid 20.9% 20.7% 20.1% Home health visits 912 $7,447$ $8,613$ Family medicine clinic visits $35,792$ $29,691$ $25,466$	Medicaid (included in adult and pediatric)	14,217	13,083	12,725
CMR services 4,662 5,654 6,836 Operating room patients 9,908 9,367 9,151 Outpatient registrations 90,679 79,321 71,386 Emergency room visits 72,188 68,462 69,422 Average daily census: 4dult and pediatric 187 174 173 Psychiatric care 14 14 15 CMR services 13 16 19 Average length of stay (excluding newborn): 13 16 19 14 14.0 4.0 All patients 5.3 5.2 5.6 6.6 6.4 6.2 6.6 Medicare patients 4.1 4.0 4.0 4.0 9.9 12.4 13.9 13.9 CMR services 10.5 9.7 10.7 Percentage of total patient days: Medicare 52.8% 56.0% 58.0% 58.0% Medicaid 20.9% 20.7% 20.1% 10.1% 11% 13.3 16 13.9 10.7 Percentage of total patient days: 4.1 4.0 4.0 20.9% 20.7%	Newborn and NICU	7,678	5,885	6,468
Operating room patients 9,908 9,367 9,151 Outpatient registrations 90,679 79,321 71,386 Emergency room visits 72,188 68,462 69,422 Average daily census: 187 174 173 Adult and pediatric 187 174 173 Psychiatric care 14 14 15 CMR services 13 16 19 Average length of stay (excluding newborn): 5.3 5.2 5.6 Medicare patients 6.4 6.2 6.6 Medicaid patients 4.1 4.0 4.0 Psychiatric care 9.9 12.4 13.9 CMR services 10.5 9.7 10.7 Percentage of total patient days: Medicare 52.8% 56.0% 58.0% Medicaid 20.9% 20.7% 20.1% Home health visits 912 7,447 8,613 Family medicine clinic visits 35,792 29,691 25,466	Psychiatric care	5,239	5,062	5,583
Outpatient registrations 90,679 79,321 71,386 Emergency room visits 72,188 68,462 69,422 Average daily census: 187 174 173 Adult and pediatric 187 174 173 Psychiatric care 14 14 15 CMR services 13 16 19 Average length of stay (excluding newborn): 13 5.3 5.2 5.6 Medicare patients 6.4 6.2 6.6 Medicaid patients 4.1 4.0 4.0 Psychiatric care 9.9 12.4 13.9 CMR services 10.5 9.7 10.7 Percentage of total patient days: Medicare 52.8% 56.0% 58.0% Medicaid 20.9% 20.7% 20.1% Home health visits 912 7,447 8,613 Family medicine clinic visits 35,792 29,691 25,466	CMR services	4,662	5,654	6,836
Emergency room visits 72,188 68,462 69,422 Average daily census: 187 174 173 Adult and pediatric 187 174 173 Psychiatric care 14 14 15 CMR services 13 16 19 Average length of stay (excluding newborn): 13 5.3 5.2 5.6 Medicare patients 6.4 6.2 6.6 Medicaid patients 4.1 4.0 4.0 Psychiatric care 9.9 12.4 13.9 CMR services 10.5 9.7 10.7 Percentage of total patient days: Medicaid 20.9% 20.7% 20.1% Home health visits 912 7,447 8,613 Family medicine clinic visits 35,792 29,691 25,466	Operating room patients	9,908	9,367	9,151
Average daily census: 187 174 173 Adult and pediatric 14 14 15 Psychiatric care 14 14 15 CMR services 13 16 19 Average length of stay (excluding newborn): 13 16 19 Average length of stay (excluding newborn): 5.3 5.2 5.6 Medicare patients 6.4 6.2 6.6 Medicaid patients 4.1 4.0 4.0 Psychiatric care 9.9 12.4 13.9 CMR services 10.5 9.7 10.7 Percentage of total patient days: Medicare 52.8% 56.0% 58.0% Medicaid 20.9% 20.7% 20.1% Home health visits 912 7,447 8,613 Family medicine clinic visits 35,792 29,691 25,466	Outpatient registrations	90,679	79,32 1	71,386
Adult and pediatric187174173Psychiatric care141415CMR services131619Average length of stay (excluding newborn):131619All patients5.35.25.6Medicare patients6.46.26.6Medicaid patients4.14.04.0Psychiatric care9.912.413.9CMR services10.59.710.7Percentage of total patient days:52.8%56.0%58.0%Medicaid20.9%20.7%20.1%Home health visits9127,4478,613Family medicine clinic visits35,79229,69125,466	Emergency room visits	72,188	68,462	69,422
Psychiatric care 14 14 15 CMR services 13 16 19 Average length of stay (excluding newborn): 13 16 19 All patients 5.3 5.2 5.6 Medicare patients 6.4 6.2 6.6 Medicaid patients 4.1 4.0 4.0 Psychiatric care 9.9 12.4 13.9 CMR services 10.5 9.7 10.7 Percentage of total patient days: Medicare 52.8% 56.0% 58.0% Medicaid 20.9% 20.7% 20.1% Home health visits 912 7,447 8,613 Family medicine clinic visits 35,792 29,691 25,466	Average daily census:			
CMR services 13 16 19 Average length of stay (excluding newborn): All patients 5.3 5.2 5.6 Medicare patients 6.4 6.2 6.6 Medicaid patients 4.1 4.0 4.0 Psychiatric care 9.9 12.4 13.9 CMR services 10.5 9.7 10.7 Percentage of total patient days: Medicaid 20.9% 20.7% 20.1% Home health visits 912 7,447 8,613 Family medicine clinic visits 35,792 29,691 25,466	Adult and pediatric	187	174	173
Average length of stay (excluding newborn): All patients 5.3 5.2 5.6 Medicare patients 6.4 6.2 6.6 Medicaid patients 4.1 4.0 4.0 Psychiatric care 9.9 12.4 13.9 CMR services 10.5 9.7 10.7 Percentage of total patient days: Medicare 52.8% 56.0% 58.0% Medicaid 20.9% 20.7% 20.1% Home health visits 912 7,447 8,613 Family medicine clinic visits 35,792 29,691 25,466	Psychiatric care			
All patients 5.3 5.2 5.6 Medicare patients 6.4 6.2 6.6 Medicaid patients 4.1 4.0 4.0 Psychiatric care 9.9 12.4 13.9 CMR services 10.5 9.7 10.7 Percentage of total patient days: Medicare 52.8% 56.0% 58.0% Medicaid 20.9% 20.7% 20.1% Home health visits 912 7,447 8,613 Family medicine clinic visits 35,792 29,691 25,466	CMR services	13	16	19
Medicare patients 6.4 6.2 6.6 Medicaid patients 4.1 4.0 4.0 Psychiatric care 9.9 12.4 13.9 CMR services 10.5 9.7 10.7 Percentage of total patient days: Medicare 52.8% 56.0% 58.0% Medicaid 20.9% 20.7% 20.1% Home health visits 912 7,447 8,613 Family medicine clinic visits 35,792 29,691 25,466	Average length of stay (excluding newborn):			
Medicaid patients 4.1 4.0 4.0 Psychiatric care 9.9 12.4 13.9 CMR services 10.5 9.7 10.7 Percentage of total patient days: Medicare 52.8% 56.0% 58.0% Medicaid 20.9% 20.7% 20.1% Home health visits 912 7,447 8,613 Family medicine clinic visits 35,792 29,691 25,466	All patients			
Psychiatric care 9.9 12.4 13.9 CMR services 10.5 9.7 10.7 Percentage of total patient days: 52.8% 56.0% 58.0% Medicare 52.8% 56.0% 58.0% Medicaid 20.9% 20.7% 20.1% Home health visits 912 7,447 8,613 Family medicine clinic visits 35,792 29,691 25,466	-			
CMR services 10.5 9.7 10.7 Percentage of total patient days: Medicare 52.8% 56.0% 58.0% Medicaid 20.9% 20.7% 20.1% Home health visits 912 7,447 8,613 Family medicine clinic visits 35,792 29,691 25,466	A			
Percentage of total patient days: 52.8% 56.0% 58.0% Medicare 20.9% 20.7% 20.1% Home health visits 912 7,447 8,613 Family medicine clinic visits 35,792 29,691 25,466				
Medicare52.8%56.0%58.0%Medicaid20.9%20.7%20.1%Home health visits9127,4478,613Family medicine clinic visits35,79229,69125,466		10.5	9.7	10.7
Medicaid20.9%20.7%20.1%Home health visits9127,4478,613Family medicine clinic visits35,79229,69125,466				
Home health visits 912 7,447 8,613 Family medicine clinic visits 35,792 29,691 25,466				
Family medicine clinic visits 35,792 29,691 25,466				
				•
Full-time equivalents (FTEs) 1,825 1,799 1,743	•	•	•	•
	Full-time equivalents (FTEs)	1,825	1,799	1,743

Management's Discussion and Analysis (continued)

The following summarizes the Hospital's statements of revenue, expenses, and changes in net assets between 2006 and 2005:

Increases in net patient service revenue primarily were due to volume increases as depicted on the proceeding page, Table 5, Patient and Hospital Statistical Data. Net patient services revenue represents gross patient revenue net of allowances.

Allowances increased over prior year as described in the table below:

TABLE 6 Allowance Summary

	Years Ended June 30		
	2006	2005	2004
Allowances:			
Provision for bad debts	\$ 30,418,200	\$ 20,309,252	\$ 15,206,451
Charity care	4,284,919	7,165,974	6,292,764
Other adjustments	1,800,486	2,170,208	1,671,108
Blue Cross, Louisiana State			
Employees Group benefits, and			
other contractual allowances	71,106,062	50,914,319	36,335,296
Medicaid contractual allowances	104,673,346	82,505,251	61,389,482
Medicare contractual allowances	186,804,452	170,006,762	134,735,524
	\$399,087,465	\$333,071,766	\$255,630,625

Excluded from net patient service revenue are charges forgone for patient services falling under the Hospital's charity care policy. Based on established rates, gross charges of \$4,285,000 were forgone during 2006, compared to \$7,166,000 in 2005, or a 40% decrease from the prior fiscal year. The reduction in charity care in fiscal year 2006 was mainly due to the DHH 1115 waiver payment which provided relief for hospital uncompensated care cost after Hurricane Katrina.

Salaries expense increased \$7,089,500, or 9%, to \$87,368,100 in 2006 from \$80,278,600 in 2005. As a percentage of net patient service revenue, salary expense was approximately 49% and 50% for the fiscal years ended June 30, 2006 and 2005, respectively. This decrease was primarily due to an increase in net patient service revenue.

Employee benefit expense increased \$1,916,000, or 10%, from prior year. Employee benefit expense remained consistent at 23% of salaries expense each year.

Management's Discussion and Analysis (continued)

Supplies expense increased \$4,342,000, or 17%, from prior year. As a percentage of net patient service revenue, supplies expense was approximately 17% and 16% for the fiscal years ended June 30, 2006 and 2005, respectively. The increase in supplies expense was primarily due to volume increases and cost increases of medical supplies.

Contract services, equipment, and fees increased \$1,206,500, or 12%, from prior year. This increase was primarily a result of the costs associated with additional maintenance and service contracts.

Other operating expenses increased approximately \$776,000 from prior year, which represents 9% of operating revenue, consistent with the prior-year percentage.

Depreciation expense increased approximately \$679,000, or 7%, from prior year. This increase is due to major building additions being placed in service.

Interest expense increased approximately \$181,000, or 4%, from prior year. This increase is primarily due to increased interest rates on 2003B variable bonds.

Total operating expenses increased by \$16,190,000 for the year ended June 30, 2006, for the reasons discussed above.

Investment income consists of interest earnings on funds designated by the board of commissioners and funds held by trustee under bond resolution. Additionally, the realized and net unrealized gain or loss on the fair market value adjustments is also included in this amount. Total investment income increased from the prior year due primarily to changes in interest rates earned on investments.

The following summarizes the Hospital's statements of revenue, expenses, and changes in net assets between 2005 and 2004:

Excluded from net patient service revenue are charges forgone for patient services falling under the Hospital's charity care policy. Based on established rates, gross charges of \$7,166,000 were forgone during 2005, compared to \$6,292,800 in 2004, or a 14% increase from the prior fiscal year.

Salaries expense increased \$4,859,400, or 6%, to \$80,278,600 in 2005 from \$75,419,200 in 2004. As a percentage of net patient service revenue, salary expense was approximately 50% and 51% for the fiscal years ended June 30, 2005 and 2004, respectively. This decrease was primarily due to an increase in net patient service revenue.

Management's Discussion and Analysis (continued)

Employee benefit expense increased \$3,228,500, or 21%, from prior year. Employee benefit expense represented 23% and 20% of salaries expense in the current and prior fiscal years, respectively. This increase was primarily due to improved employee retirement, life insurance, health insurance, and disability benefits.

Supplies expense increased \$1,943,000, or 8%, from prior year. As a percentage of net patient service revenue, supplies expense remained consistent at 16% each year. The increase in supplies expense was primarily due to volume increases and cost increases of medical supplies.

Contract services, equipment, and fees increased \$1,518,000, or 18%, from prior year. This increase was primarily a result of the costs associated with additional maintenance and professional service contracts.

Other operating expenses increased approximately \$403,000 from prior year, which represents 6% of operating revenue, consistent with the prior-year percentage.

Depreciation expense increased approximately \$1,197,000, or 13%, from prior year. This increase is due to major building additions being placed in service.

Interest expense remained relatively flat compared to the prior year.

Total operating expenses increased by \$13,129,000 for the year ended June 30, 2005, for the reasons discussed above.

Investment income consists of interest earnings on funds designated by the board of commissioners and funds held by trustee under bond resolution. Additionally, the realized and net unrealized gain or loss on the fair market value adjustments is also included in this amount. Total investment income increased from the prior year due primarily to changes in interest rates earned on investments.

Management's Discussion and Analysis (continued)

Capital Assets

During fiscal years 2006 and 2005, the Hospital invested \$12,559,000 and \$12,331,000, respectively, in a broad range of property, plant, and equipment included in Table 7 below.

	June 30		
	2006	2005	2004
Land	\$ 4,076,858	\$ 4,214,358	\$ 4,119,404
Building and equipment	194,547,958	187,883,509	168,050,183
Subtotal	198,624,816	192,097,867	172,169,587
Less accumulated depreciation	115,522,224	105,060,169	95,597,010
Construction in progress	8,887,580	1,920,204	10,498,445
Net property, plant, and equipment	\$ 91,990,172	\$ 88,957,902	\$ 87,071,022

TABLE 7Property, Plant, and Equipment

Net property, plant, and equipment has increased as the Hospital has enhanced existing facilities and equipment and is in the process of building new space to accommodate inpatient services.

In Table 8, the Hospital's fiscal year 2007 capital budget projects spending up to \$28,390,000 for capital projects. These projects will be financed from operations and bond proceeds from previous fundings. More information about the Hospital's capital assets is presented in the notes to the basic financial statements.

TABLE 8Fiscal Year 2007 Capital Budget

Equipment purchases	\$ 4,929,800
Hospital renovations	1,345,000
NOMC expansion	2,184,100
NORH renovations	4,983,000
Access road	2,421,000
Women's Service Building	4,467,900
Hospital Information Systems Project	1,368,000
Resource Center Building	6,691,200
Total	\$ 28,390,000

Management's Discussion and Analysis (continued)

Long-Term Debt (Excluding Capital Leases)

In July 2003, \$70,000,000 of Hospital Revenue bonds were sold, and in August 2003, an additional \$20,000,000 of bonds were sold. The net proceeds of these sales are being used to fund additions, renovations, and improvements to the Hospital's facilities. Additionally, approximately \$47,500,000 of the Series 1994 bonds was repaid by the 2003 issues. Further, in June 2004, \$5,000,000 of Hospital Refunding Bonds were sold. The net proceeds of these sales were used to repay additional amounts of Series 1994 Bonds.

At June 30, 2006, the Hospital had \$93,011,000 in short-term and long-term debt. Total debt has decreased by \$1,642,000 in fiscal year 2006, which was due to principal payments. More detailed information about the Hospital's long-term liabilities is presented in the notes to basic financial statements. Total debt outstanding represents approximately 36% of the Hospital's total assets at June 30, 2006, as compared to 40% at June 30, 2005.

At June 30, 2005, the Hospital had \$94,652,000 in short-term and long-term debt. Total debt has decreased by \$1,703,000 in fiscal year 2005, which was due to principal payments. More detailed information about the Hospital's long-term liabilities is presented in the notes to basic financial statements. Total debt outstanding represents approximately 40% of the Hospital's total assets at June 30, 2005, as compared to 42% at June 30, 2004.

Contacting the Hospital's Financial Officer

This financial report is designed to provide our citizens, customers, and creditors with a general overview of the Hospital's finances and to demonstrate the Hospital's accountability for the money it receives. If you have questions about this report or need additional financial information, contact Hospital administration.

Balance Sheets

	June 30		
	2006	2005	
Assets			
Current assets:			
Cash and cash equivalents	\$ 5,423,671	\$ 3,671,791	
Short-term investments	2,000,000	1,000,000	
Patient accounts receivable, net of allowance for uncollectibles of \$10,942,000 in 2006 and \$5,326,000	27.186.062	21,420,772	
in 2005	35,156,263	31,430,773	
Current portion of designated cash and investments	2,382,481	2,353,621	
Inventories	2,771,580	2,637,435	
Prepaid expenses and other current assets	3,809,082	3,750,452	
Total current assets	51,543,077	44,844,072	
Designated cash and investments:			
Under bond indenture agreement held by trustee By board for plant and equipment additions and	30,211,652	30,967,099	
replacements	75,515,006	66,184,836	
By board for self-insurance claims	1,540,378	1,599,173	
-	107,267,036	98,751,108	
Less current portion	2,382,481	2,353,621	
Noncurrent designated cash and investments	104,884,555	96,397,487	
Property, plant, and equipment:			
Land	4,076,858	4,214,358	
Buildings and equipment	194,547,958	187,883,509	
Construction in progress	8,887,580	1,920,204	
	207,512,396	194,018,071	
Less accumulated depreciation	115,522,224	105,060,169	
Property, plant, and equipment, net	91,990,172	88,957,902	
Unamortized financing costs, net	4,385,438	4,761,207	
Note receivable	380,748	402,410	
Deferred compensation plan investments	3,191,620	2,938,372	
Total assets	\$256,375,610	\$238,301,450	

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	June 30			
	2006	2005		
Liabilities and net assets				
Current liabilities:				
Accounts payable	\$ 9,674,444	\$ 7,479,130		
Accrued salaries and payroll-related costs	5,732,376	4,783,506		
Accrued interest payable	1,612,668	1,598,068		
Accrued self-insurance claims	3,418,918	3,871,408		
Estimated third-party payor settlements - Medicare and				
Medicaid	5,361,635	1,722,126		
Current portion of capital lease obligations	16,963	-		
Current portion of long-term debt	1,740,392	1,683,537		
Total current liabilities	27,557,396	21,137,775		
Capital lease obligations, excluding current portion	84,543			
Long-term debt, net of unamortized bond premium of \$178,000 in 2006 and \$190,000 in 2005, excluding				
current portion	91,168,809	92,968,742		
Deferred compensation plan obligations	3,191,620	2,938,372		
Total liabilities	122,002,368	117,044,889		
Net assets:				
Invested in capital assets, net of related debt	20,751,211	16,714,883		
Restricted net assets	8,459,015	8,575,318		
Unrestricted net assets	105,163,016	95,966,360		
Total net assets	134,373,242	121,256,561		

Total liabilities and net assets	\$256,375,610	\$238,301,450

See accompanying notes.

Statements of Revenue, Expenses, and Changes in Net Assets

	Years Ended June 30			
	2006	2005		
Revenue:				
Net patient service revenue	\$ 179,947,561	\$ 160,806,228		
Other	3,388,898	2,916,594		
Total operating revenue	183,336,459	163,722,822		
Expenses:				
Salaries	87,368,079	80,278,609		
Employee benefits	20,454,634	18,538,646		
Supplies	29,703,648	25,361,424		
Contract services, equipment, and fees	11,014,804	9,808,260		
Other operating expenses	9,889,588	9,113,793		
Depreciation	11,023,424	10,344,497		
Interest	4,739,462	4,558,484		
Total operating expenses	174,193,639	158,003,713		
Operating revenue in excess of operating expenses Investment income (loss):	9,142,820	5,719,109		
Investment income	4,333,751	2,752,472		
Unrealized gain (loss) on investments	(356,132)	169,434		
Realized loss on investments	(3,758)			
Total investment income	3,973,861	2,921,906		
Other		9,273		
Excess of revenue and income over expenses	13,116,681	8,650,288		
Net assets at beginning of year	121,256,561	112,606,273		
Net assets at end of year	\$ 134,373,242	\$ 121,256, <u>561</u>		

See accompanying notes.

Statements of Cash Flows

	Years Ended June 30 2006 2005			
Operating activities				
Cash collected from patients and third-party payors	\$ 183,597,922	\$ 169,178,437		
Cash payments to employees and for employee-related				
costs	(107,326,333)	(98,053,882)		
Cash payments for supplies, services, and other operating				
expenses	(48,583,839)	(46,428,937)		
Net cash provided by operating activities	27,687,750	24,695,618		
Capital and related financing activities				
Purchases of property, plant, and equipment	(14,208,689)	(12,330,687)		
Proceeds from disposals of assets	165,441	79,074		
Principal payments on long-term debt incurred for capital	,			
purposes	(1,665,392)	(1,646,746)		
Principal payments on capital lease obligations	(31,815)	(117,699)		
Interest payments on long-term debt and capital lease				
obligations	(4,361,095)	(4,100,333)		
Debt financing costs	-	56,115		
Proceeds from issuance of long-term debt	67,637	72,595		
Net cash used in capital and related financing activities	(20,033,913)	(17,987,681)		
Investing activities				
Investment income	3,973,861	2,921,906		
Change in short-term investments	(1,000,000)	(1,000,000)		
Purchases of designated cash and investments	(60,016,985)	(29,958,083)		
Proceeds from sales and maturities of designated cash and				
investments	51,141,167	22,198,825		
Net cash used in investing activities	(5,901,957)	(5,837,352)		
Net change in cash	1,751,880	870,585		
Cash and cash equivalents at beginning of year	3,671,791	2,801,206		
Cash and cash equivalents at end of year	\$ 5,423,671	\$ 3,671,791		

Statements of Cash Flows (continued)

	Years Ended June 30			
		2006		2005
Reconciliation of income from operations to net cash provided by operating activities				
Operating revenue in excess of operating expenses Adjustments to reconcile operating revenue in excess of operating expenses to net cash provided by operating activities:	\$	9,142,820	\$	5,719,109
Depreciation		11,023,424		10,344,497
Unrealized loss (gain) on investments		356,132		(169,434)
Realized gain on sale of investments		3,758		-
Bad debt expense		30,418,200		20,309,252
Net loss on disposals of assets		(12,446)		20,236
Amortization of financing costs		375,769		377,573
Amortization of premium on long-term debt Interest expense on long-term debt and capital lease		(12,002)		(12,061)
obligations		4,375,695		4,192,972
Other		_		9,273
Changes in operating assets and liabilities:				
Patient accounts receivable		(34,143,690)		(18,237,168)
Inventories, prepaid expenses, and other assets		(171,113)		(1,201,256)
Estimated third-party payor settlements		3,639,509		3,523,456
Accounts payable, accrued salaries, payroll-related costs,				
and other accrued expenses		2,691,694		(180,831)
Net cash provided by operating activities	\$	27,687,750	\$	24,695,618

See accompanying notes.

Notes to Basic Financial Statements

June 30, 2006

1. Organization and Significant Accounting Policies

Organization

Hospital Service District No. 1 of the Parish of Tangipahoa, State of Louisiana (the Hospital or the District), is a nonprofit public corporation organized under powers granted to parish police juries or councils by Chapter 10, Title 46, of the Louisiana Revised Statutes of 1950, as amended. The District is a political subdivision of the state of Louisiana. All corporate powers are vested in the board of commissioners appointed by the Tangipahoa Parish Council. The District owns and operates North Oaks Medical Center, a 269-bed acute-care hospital, and North Oaks Rehabilitation Hospital, a 27-bed hospital that provides rehabilitation services. The hospitals are located on two campuses in the city of Hammond, Louisiana. As a political subdivision of the state of Louisiana, the Hospital is exempt from federal income taxes under Section 115 of the Internal Revenue Code and from state income taxes.

Basis of Accounting

The Hospital reports in accordance with accounting principles generally accepted in the United States as specified by the American Institute of Certified Public Accountants' *Audits of Providers of Health Care Services* and, as a governmental entity, also reports in accordance with accounting principles promulgated by the Governmental Accounting Standards Board (GASB).

The Hospital uses the accrual basis of accounting for proprietary funds. Under GASB Statement No. 20, Accounting and Financial Reporting for Proprietary Funds and Other Governmental Activities That Use Proprietary Fund Accounting, the Hospital has elected not to apply Financial Accounting Standards Board pronouncements issued after November 30, 1989.

Cash and Cash Equivalents

Cash and cash equivalents include investments in money market funds and highly liquid investments with maturities of three months or less when purchased, excluding amounts whose use is limited by board of commissioners' designation or under trust agreements.

Investments

All investments are stated at fair value based on quoted market prices. Changes in the difference between the cost and the fair market value of the investments are included in investment income.

Investment income is reported as nonoperating income.

Notes to Basic Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Inventories

Inventories are valued at the latest invoice price, which approximates market.

Property, Plant, and Equipment

The Hospital records all property, plant, and equipment acquisitions at cost except for assets donated to the Hospital. Donated assets are recorded at appraised value at the date of donation. The Hospital provides for depreciation of its plant and equipment using the straight-line method based on the estimated useful lives of the assets as suggested by the American Hospital Association. Equipment recorded under capital lease obligations is included in buildings and equipment, and the associated amortization of these assets is included in depreciation expense.

Unamortized Financing Costs

The Hospital defers costs incurred in connection with the issuance of the bonds and amortizes such costs using the effective interest method over the life of the bond issue. The amortization is included in interest expense. Additionally, the difference between the reacquisition price of the Series 1994 Bonds and the net carrying amount were deferred. Approximately \$4,500,000 has been included in the unamortized financing costs and is being amortized as a component of interest expense over the original life of the Series 1994 Bonds.

Self-Insurance Claims

Accrued self-insurance claims represent the Hospital's best estimate of incurred but unpaid expenses for professional liability, workers' compensation, and employee health claims.

Notes to Basic Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Net Assets

The Hospital's net assets are classified into three components: invested in capital assets, net of related debt; restricted; and unrestricted. These components are defined as follows:

- Invested in capital assets, net of related debt—This component reports capital assets, including restricted capital assets, net of accumulated depreciation, and reduced by the outstanding balances of any bonds, mortgages, notes, or other borrowings that are attributable to the acquisition, construction, or improvement of those assets. If there are significant unspent related debt proceeds at year-end, the portion of the debt attributable to the unspent proceeds should not be included in this component of net assets. Rather, that portion of debt should be included in the same net asset component as the unspent proceeds. At June 30, 2006 and 2005, approximately \$21,772,000 and \$22,409,000, respectively, of unspent bond proceeds was included in unrestricted net assets.
- Restricted—This component reports those net assets with externally imposed constraints on their use by creditors (such as through debt covenants), grantors, contributors, or laws or regulations of other governments or constraints imposed by law through constitutional provisions or enabling legislation.
- Unrestricted—This component reports net assets that do not meet the definition of either of the other two components, "restricted" or "invested in capital assets, net of related debt."

Statements of Revenue, Expenses, and Changes in Net Assets

For purposes of display, transactions deemed by management to be ongoing, major, or central to the provision of health care services are included in operating revenue or expenses. All peripheral transactions are reported as a component of nonoperating income.

Net Patient Service Revenue and Related Receivables

The Hospital has entered into agreements with third-party payors, including government programs, health insurance companies, and managed care health plans, under which the Hospital is paid based upon established charges, the cost of providing services, predetermined rates per diagnosis, fixed per diem rates, or discounts from established charges.

Notes to Basic Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

Net patient service revenue is reported at the estimated amounts realizable from patients, thirdparty payors, and others for services rendered. Settlements under reimbursement agreements with third-party payors are estimated and recorded in the period the related services are rendered and are adjusted in future periods as final settlements are determined. These adjustments resulted in an increase to net patient service revenue of \$375,000 in 2006 and a decrease of \$2,200,000 in 2005.

Charity Care

The Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue. Records of charges foregone for services and supplies furnished under the charity care policy are maintained to identify and monitor the level of charity care provided.

Medicare and Medicaid Reimbursement

The Hospital is reimbursed under the Medicare Prospective Payment System (PPS), which reimburses the Hospital a predetermined amount for Medicare inpatient acute services rendered based, for the most part, on the Diagnosis Related Group (DRG) assigned to the patient. Medicaid inpatient services are paid on a prospective per diem basis.

The Hospital is reimbursed for Medicare outpatient services under the Ambulatory Payment Classification (APC) based on fixed rates per outpatient procedure.

Medicaid outpatient services such as laboratory, outpatient surgery, and rehabilitation are reimbursed under fee schedule payment methodology, while other outpatient services are reimbursed based on 83% of total cost.

Medicare bad debts, Medicare DSH payments, and Medicaid non-fee schedule outpatient services were reimbursed on a tentative basis during the year, which is subject to a retroactive payment adjustment determined in accordance with appropriate Medicare or Medicaid program regulations. It is at least reasonably possible that the recorded estimates will change by material amounts in the near term. Retroactive cost settlements are accrued on an estimated basis in the period the related services are rendered and adjusted as necessary in future periods as final settlements are determined. Medicare and Medicaid settlements have been determined following the principles of reimbursement applicable to each program and have been recorded in the accounts of the Hospital.

Notes to Basic Financial Statements (continued)

1. Organization and Significant Accounting Policies (continued)

During the years ended June 30, 2006 and 2005, approximately 68% and 69%, respectively, of the Hospital's gross patient revenue was derived from Medicare and Medicaid program beneficiaries.

Income Taxes

The Hospital is exempt from federal income taxation as a political subdivision of the state of Louisiana and, accordingly, the accompanying financial statements do not include any provision for income taxes.

Use of Estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Reclassifications

The prior year financial statements have been reclassified to conform to their current year presentation.

Notes to Basic Financial Statements (continued)

2. Cash, Investments, and Designated Cash and Investments

At June 30, designated cash and investments balances were as follows:

	Maturity	Fair Value
2006 Securities type:		
U.S. backed government obligations	2006-2010	\$ 20,353,150
Cash and cash equivalents, certificates of deposit, and accrued interest receivable		ŇA 227 889
accided interest receivable	-	<u>94,337,558</u> <u>\$ 114,690,708</u>
2005		
Securities type:		
U.S. backed government obligations Cash and cash equivalents, certificates of deposit, and	2006-2010	\$ 9,563,247
accrued interest receivable		93,859,652
		\$ 103,422,899

Louisiana statutes authorize the Hospital to invest in obligations of the U.S. Treasury and other federal agencies, time deposits with state banks and national banks having their principal offices in the state of Louisiana, guaranteed investment contracts issued by highly rated financial institutions, and certain investments with qualifying mutual or trust fund institutions. The composition of asset allocation and specific allocation of funds is outlined below, and the result is that maturity terms are staggered.

Notes to Basic Financial Statements (continued)

2. Cash, Investments, and Designated Cash and Investments (continued)

	Desired % of	
	Range of Overall	Maximum % of Overall
	Portfolio	Portfolio
Type of Investment:		
Certificates of Deposit	0% to 100%	100%
Direct U.S. Treasury obligations (T-Bills, T-Notes)	0% to 100%	100%
Treasury Funds	0% to 100%	100%
Bonds of Notes – issued or guaranteed by federal agencies, or government instrumentalities (which		
are federally sponsored)	0% to 25%	25%
Mutual Funds (100% Government-Backed)	0% to 25%	25%
Term of Investments:		
0 to 6 months	0% to 100%	100%
6 months to 1 year	0% to 100%	1 00%
1 year to 5.5 years	0% to 70%	70%
5.5 years to 10 years	0% to 30%	30%
Greater than 10 years, but less than 20 years	0% to 30%	30%

During the years ended June 30, 2006 and 2005, the Hospital invested primarily in securities issued by the U.S. Treasury and other federal agencies.

Credit Risk – Investments

Obligations of the U.S. government or explicitly guaranteed by the U.S. government are not considered to have credit risk and do not require disclosure of credit quality. The Hospital had investments in obligations of the U.S. government or explicitly guaranteed by the U.S. government with a fair value of \$20,353,150 at June 30, 2006.

Notes to Basic Financial Statements (continued)

2. Cash, Investments, and Designated Cash and Investments (continued)

Concentration of Credit Risk

Per GASB 40, concentration of credit risk is defined as the risk of loss attributed to the magnitude of a government's investment in a single issuer. GASB 40 further defines an at-risk investment to be one that represents more than five percent (5%) of the fair value of the total investment portfolio and requires disclosure of such at-risk investments. GASB 40 specifically excludes investments issued or explicitly guaranteed by the U.S. government and investments in mutual funds, external investment pools, and other pooled investments from the disclosure requirement. At June 30, 2006, the Hospital had no investments requiring concentration of credit risk disclosure.

Custodial Credit Risk - Deposits

Custodial credit risk for deposits is the risk that in the event of a bank failure, the Hospital's deposits may not be returned to it. Louisiana state statutes require that all of the deposits of the Hospital be protected by insurance or collateral. The fair value of the collateral pledged must equal 100% of the deposits not covered by insurance. As of June 30, 2006, \$66,275,000 of the Hospital's bank balances of \$66,775,000 were collateralized with securities held by the pledging financial institutions to cover any exposure to credit risk as uninsured.

Custodial Credit Risk - Investments

Custodial credit risk for investments is the risk that, in the event of the failure of the counterparty, the Hospital will not be able to recover the value of its investments or collateral securities that are in the possession of an outside party. As of June 30, 2006, the Hospital was not exposed to custodial credit risk for its investments as all were registered in the name of the Hospital.

Interest Rate Risk – Investments

Interest rate risk is the risk that changes in market interest rates will adversely affect the fair value of an investment. Generally, the longer the maturity of an investment, the greater the sensitivity of its fair value to changes in market interest rates.

Notes to Basic Financial Statements (continued)

2. Cash, Investments, and Designated Cash and Investments (continued)

Interest rate risk inherent in the portfolio is measured by monitoring the segmented time distribution of the investments in the portfolio. The table below summarizes the Hospital's segmented time distribution investment maturities in years by investment type as of June 30, 2006.

			Years	
Investment Type	Fair Value	<1	1-5	> 5
Federal National Mortgage Association	\$ 2,395,440	\$ –	\$ 2,395,440	\$ –
Federal Home Loan Bank	11,995,870	8,975,970	3,019,900	—
Federal Home Loan Mortgage Corporation	5,961,840		5,961,840	
Total	\$ 20,353,150	\$ 8,975,970	\$ <u>11,</u> 377,180	\$ -

3. Concentration of Credit Risk

The Hospital grants credit without collateral to its patients, most of whom are local residents and who are insured under third-party payor agreements. The mix of receivables from patients and third-party payors at June 30, 2006 and 2005, was as follows:

	2006	2005
Medicare 65	3%	1%
Medicare	18	25
Medicaid	9	10
Managed care payors	26	21
Other third-party payors	14	18
Patients	30	25
	100%	100%

Notes to Basic Financial Statements (continued)

4. Designated Cash and Investments

The terms of the Hospital's Revenue Bonds (see Note 9) require funds to be maintained on deposit in certain accounts with the trustee. The funds on deposit in the accounts are required to be invested by the trustee in accordance with the terms of the related bond resolutions. As of June 30, 2006 and 2005, the funds were deposited as follows:

2006	2005
\$ 718,632	\$ 690,597
1,732,766	1,681,967
21,771,746	22,409,261
5,988,508	6,185,275
\$ 30,211,652	\$30,967,100
	\$ 718,632 1,732,766 21,771,746 5,988,508

The Hospital's board of commissioners has designated Hospital funds to be used for future plant and equipment additions, separate and apart from the expansion program (see Note 13), and to fund self-insurance claims. These funds were invested in certificates of deposit, U.S. government obligations, and money market funds at June 30, 2006 and 2005.

5. Note Receivable

The Hospital entered into an agreement with the Cancer, Radiation, and Research Foundation (the Foundation) for the purpose of constructing a facility that provides radiation oncology treatments on an outpatient basis. Under the terms of the agreement, the Hospital loaned funds to the Foundation to construct the facility on the Hospital campus. The note receivable is payable over 30 years and bears an annual interest rate of 5.5%. The note receivable balance was \$380,700 at June 30, 2006 and \$402,400 at June 30, 2005.

The Hospital holds a mortgage on the facility (excluding equipment, furniture, and fixtures) to collateralize the note receivable. In addition, the Hospital agreed to lease the land upon which the facility is located to the Foundation for a nominal annual rental fee. The initial lease term is for 30 years with three successive ten-year renewal options.

Notes to Basic Financial Statements (continued)

6. Property, Plant, and Equipment

The Hospital's investment in property, plant, and equipment consisted of the following as of June 30, 2006:

		Beginning Balance Additions Retirements Transfers								ding lance
		(In Thousands)								
Land and land improvements	\$	4,214	\$	_	\$	138	\$	_	\$	4,076
Buildings and fixed equipment	1	17,736		85		_		1,809	11	9,630
Equipment		70,147		5,347		577		1	7	4,918
Construction in progress		1,920		8,778		_	(1,810)		8,888
	1	94,017		14,210		715		-	20	7,512
Less accumulated depreciation	1	05,060		11,004		542		_		5,522
Property, plant, and equipment, net	\$	88,957	\$	3,206	\$	173	\$	-	_	1,990

The Hospital's investment in property, plant, and equipment consisted of the following as of June 30, 2005:

		Beginning Balance Additions Retirements Transfers (In Thousands)								nding Alance
Land and land improvements	\$	4,119	\$	101	\$	6	\$	_	\$	4,214
Buildings and fixed equipment	1	06,041		317		535	11	1,913	1	17,736
Equipment		62,009		7,410		440	1	1,168		70,147
Construction in progress		10,499		4,502		-	(13	3,081)		1,920
	1	82,668		12,330		981		-	1	94,017
Less accumulated depreciation		95,597		10,344		881		_	1	05,060
Property, plant, and equipment, net	\$	87,071	\$	1,986	\$	100	\$	_	\$	88,957

7. Employee Retirement Plan

The Hospital has a defined contribution plan that covers all full-time employees who elect to participate after they have met certain eligibility requirements. Under the plan, the Hospital is required to contribute a specified percentage of eligible employees' salaries based on years of service. Participants may contribute up to the maximum level allowed by the Internal Revenue Code or 25% of gross salary, whichever is less. The participants vest immediately in all participant contributions and vest 100% over a five-year cliff vesting schedule in all Hospital

Notes to Basic Financial Statements (continued)

7. Employee Retirement Plan (continued)

contributions. The retirement benefits received by the participants will depend upon the accumulated value of their accounts at distribution upon termination, attaining age 59½, severe financial hardship, or death.

Retirement expense, included in employee benefit expense, was approximately \$2,055,000 in 2006 and \$1,675,000 in 2005, representing the required contributions in both years.

The Hospital also sponsors two deferred compensation plans covering substantially all employees. These plans were established under Section 457 of the Internal Revenue Code. The Hospital reports the plan assets and a corresponding liability in the accompanying financial statements. Accordingly, the Hospital has recorded an asset and a corresponding liability of \$3,191,620 and \$2,938,372 for the fair market value of the plans' combined assets as of June 30, 2006 and 2005, respectively.

8. Risk Management

The Hospital participates in the State of Louisiana Patient Compensation Fund (the Fund). The Fund provides malpractice coverage to the Hospital for claims in excess of \$100,000, up to \$500,000. According to current state law, medical malpractice liability (exclusive of future medical care awards) is limited to \$500,000 per occurrence. Hospital management has no reason to believe that the Hospital will be prevented from continuing its participation in the Fund.

The Hospital is involved in litigation arising in the ordinary course of business. Claims alleging general and malpractice liability have been asserted against the Hospital and are currently in various states of litigation. The Hospital has accrued \$1,469,000 and \$1,627,000 as of June 30, 2006 and 2005, respectively, for the estimated losses and expenses related to general and professional liability claims for which the Hospital is self-insured. Claims have been filed alleging damages in excess of the amount accrued for estimated malpractice costs. It is the opinion of management that estimated malpractice costs accrued are adequate to provide for probable losses resulting from pending or threatened litigation. Additional claims may be asserted against the Hospital arising from services provided to patients. The Hospital is unable to determine the ultimate cost of the resolution of such potential claims; however, an accrual has been made based on estimates for these claims.

Notes to Basic Financial Statements (continued)

8. Risk Management (continued)

The Hospital has commercial insurance that provides coverage for workers' compensation and employee health claims in excess of certain self-insured limits. The Hospital had accrued \$1,950,000 and \$2,244,000 at June 30, 2006 and 2005, respectively, for such claims.

The following table summarizes the changes in the self-insurance liability:

	Current-Year			
 Year Ended June 30	Beginning of Fiscal Year Liability	Claims and Changes in Estimates	Claim Payments	Balance at Fiscal Year-End
2006	\$3,871,000	\$ 10,790,000	\$ 11,242,000	\$ 3,419,000
2005	\$3,877,000	\$ 10,579,000	\$ 10,585,000	\$ 3,871,000

9. Long-Term Debt

The Hospital's long-term debt consisted of the following:

	June 30	
	2006	2005
Hospital Revenue Bonds, Series 1994	s –	\$ 350,000
Hospital Revenue Bonds, Series 2003A	68,350,000	69,030,000
Hospital Revenue Bonds, Series 2003B	20,000,000	20,000,000
Hospital Revenue Bonds, Series 2004	4,310,000	4,920,000
Other	172,519	162,089
Total	92,832,519	94,462,089
Plus: unamortized bond premium on 2004 and 2003		
bonds	178,188	190,190
	93,010,707	94,652,279
Less: current portion	1,757,355	1,683,537
Long-term debt, less current maturities	\$91,253,352	\$92,968,742

Notes to Basic Financial Statements (continued)

9. Long-Term Debt (continued)

On July 5, 1994, the District issued \$61,535,000 of Hospital Revenue Bonds, Series 1994 (the Series 1994 Bonds). The Series 1994 Bonds originally consisted of \$16,190,000 of serial bonds and \$45,345,000 of term bonds. Portions of the 1994 bonds were repaid in 2004. Payments of the scheduled principal and interest on the 1994 Revenue Bonds are insured by AMBAC Indemnity Corporation.

On July 2, 2003, the District issued \$70,000,000 of Hospital Revenue and Refunding Bonds, Series 2003A. Approximately \$50,000,000 of the Series 2003A Bond proceeds was used to repay a portion of the Series 1994 Bonds. The Series 2003A Bonds originally consisted of \$24,080,000 of serial bonds and \$45,920,000 of term bonds. The serial bonds mature annually in amounts ranging from \$700,000 in 2007 to \$2,895,000 in 2018 and bear interest at rates ranging from 2.75% to 5.375%. The term bonds consist of \$24,095,000 due February 1, 2025, bearing interest at 5% and \$21,825,000 due February 1, 2030, bearing interest at 5%. Under the terms of the bond indenture, the Hospital is required to maintain, among other provisions, a certain debt service coverage ratio and minimum level of days cash on hand. The Hospital was in compliance with these provisions of the bond indenture at June 30, 2006.

On August 28, 2003, the District issued \$20,000,000 of Hospital Revenue Bonds, Series 2003B. These serial bonds mature annually in amounts ranging from \$2,625,000 in 2030 to \$5,920,000 in 2033 at variable interest rates not to exceed 12%. Under the terms of the bond indenture, the Hospital is required to maintain, among other provisions, a certain debt service coverage ratio and minimum level of days cash on hand. The Hospital was in compliance with these provisions of the bond indenture at June 30, 2006.

On June 30, 2004, the District issued \$5,000,000 of Hospital Revenue Refunding Bonds, Series 2004. The net proceeds of these bonds were used to repay additional amounts of the Series 1994 Bonds. These serial bonds mature annually in amounts ranging from \$1,015,000 in 2007 to \$1,145,000 in 2010, bearing interest at 3.34%.

Notes to Basic Financial Statements (continued)

9. Long-Term Debt (continued)

The estimated debt service requirements on the Hospital Revenue Bonds at June 30, 2006, were as follows:

	Principal	Interest
2007	\$ 1,720,000	\$ 3,743,999
2008	1,765,000	3,690,529
2009	1,840,000	3,618,857
2010	1,915,000	3,544,675
2011	2,035,000	3,479,482
2012 - 2016	11,820,000	15,748,476
2017 - 2021	15,220,000	12,344,364
2022 - 2026	19,440,000	8,137,000
2027 - 2031	25,160,000	2,816,759
2032 - 2033	11,745,000	133,174
	\$ 92,660,000	\$ 57,257,315

10. Operating Lease Obligations

The Hospital has entered into various cancelable operating leases for equipment. Operating lease expense was approximately \$673,000 and \$591,000 for the years ended June 30, 2006 and 2005, respectively.

11. Charity Care

The Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, such amounts are not recorded as revenue. The Hospital maintains records to identify and monitor the level of charity care it provides. These records reflect the amount of charges foregone, \$4,285,000 in 2006 and \$7,166,000 in 2005, for services and supplies furnished under its charity care policy.

Notes to Basic Financial Statements (continued)

12. Governmental Regulations

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government health care program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by health care providers in recent years. Violations of these laws and regulations could result in expulsion from government health care programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. Management believes that the Hospital is in compliance with fraud and abuse, as well as other applicable government laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as regulatory actions unknown or unasserted at this time.

13. Commitments

The Hospital has various commitments totaling approximately \$9,962,000 at June 30, 2006, and \$5,520,000 at June 30, 2005. These commitments include expansion of North Oaks Medical Center, renovation of North Oaks Rehabilitation Hospital, and various capital equipment purchases.

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Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of the Financial Statements in Accordance With *Government Auditing Standards*

The Board of Commissioners Hospital Service District No. 1 of the Parish of Tangipahoa, State of Louisiana

We have audited the financial statements of Hospital Service District No. 1 of the Parish of Tangipahoa, State of Louisiana (d/b/a North Oaks Health System) (the Hospital), as of and for the year ended June 30, 2006, and have issued our report thereon dated October 6, 2006. We conducted our audit in accordance with auditing standards generally accepted in the United States and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered the Hospital's internal control over financial reporting in order to determine our auditing procedures for the purpose of expressing our opinion on the financial statements and not to provide assurance on the internal control over financial reporting. Our consideration of the internal control over financial reporting would not necessarily disclose all matters in the internal control that might be material weaknesses. A material weakness is a reportable condition in which the design or operation of one or more of the internal control components does not reduce to a relatively low level the risk that misstatements caused by errors or fraud in amounts that would be material in relation to the financial statements being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions. We noted no matters involving the internal control over financial reporting and its operation that we consider to be material weaknesses.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Hospital's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, and contracts, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance that are required to be reported under *Government Auditing Standards*.

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This report is intended solely for the information and use of the board of commissioners, management, and the Office of Legislative Auditor, State of Louisiana, and is not intended to be and should not be used by anyone other than these specified parties. However, this report is a matter of public record and its distribution is not limited.

Ernst + Young ILP

October 6, 2006