JENNINGS AMERICAN LEGION HOSPITAL, INC.

FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORT

FOR THE YEARS ENDED NOVEMBER 30, 2020 and 2019



LESTER, MILLER & WELLS

A CORPORATION OF CERTIFIED PUBLIC ACCOUNTANTS

JENNINGS AMERICAN LEGION HOSPITAL, INC. YEARS ENDED NOVEMBER 30, 2020 AND 2019

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A CORPORATION OF CERTIFIED PUBLIC ACCOUNTANTS

3600 Bayou Rapides Road • Alexandria, LA 71303-3653 Mailing Address: Post Office Box 8758 • Alexandria, LA 71306-1758 Telephone: (318) 487-1450 • Facsimile: (318) 445-1184

3639 Ambassador Caffery Parkway, Suite 330 • Lafayette, LA 70503-5107 Telephone: (337) 484-1020 • Facsimile: (337) 484-1029

Members: American Institute of Certified Public Accountants • Society of Louisiana Certified Public Accountants

John S. Wells, CPA
Robert G. Miller, CPA
Paul A. Delaney, CPA
Mary L. Carroll, CPA
Joey L. Breaux, CPA
Jason P. LeBianc, CPA
Karlie P. Brister, CPA
Brenda J. Lloyd, CPA
Timothy J. Deshotel, CPA
Andrew J. Wynn, CPA
Retired 2015
Bobby G. Lester, CPA

INDEPENDENT AUDITORS' REPORT

To the Board of Directors Jennings American Legion Hospital, Inc. Jennings, Louisiana

We have audited the accompanying financial statements of Jennings American Legion Hospital, Inc. (the "Hospital", a nonprofit health care entity), which comprise the statements of financial position as of November 30, 2020 and 2019, and the related statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

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 of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Board of Directors Jennings American Legion Hospital, Inc. Jennings, Louisiana Page Two

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Hospital as of November 30, 2020 and 2019, and the results of its operations, changes in its net assets, and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary information listed in the table of contents is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Certified Public Accountants Alexandria, Louisiana

June 25, 2021



JENNINGS AMERICAN LEGION HOSPITAL, INC. STATEMENTS OF FINANCIAL POSITION NOVEMBER 30,

ASSETS		2020	<u>2019</u>
Current assets Cash and cash equivalents (Note 3) Net accounts receivable (Note 5) Estimated third-party payor settlements Inventories Prepaid expenses Total current assets	\$	18,436,202 7,686,376 4,506,906 1,652,335 1,016,638 33,298,457	\$ 4,126,703 5,236,884 3,287,145 1,661,135 728,481 15,040,348
Non-current assets Nondepreciable property and equipment (Note 7) Depreciable property and equipment, net (Note 7) Notes receivable (Note 6) Investments (Note 8) Assets limited as to use (Note 9) Other assets	*	1,628,565 11,432,931 165,962 2,489,425 2,049,185 66,194	\$ 1,826,380 11,660,238 452,996 2,452,414 1,640,059 66,194
Total assets	\$	51,130,719	\$ 33,138,629

JENNINGS AMERICAN LEGION HOSPITAL, INC. STATEMENTS OF FINANCIAL POSITION (Continued) NOVEMBER 30,

LIABILITIES AND NET ASSETS		2020	2019
Current liabilities			
Accounts payable	\$	1,845,745	\$ 1,245,808
Accrued salary and payroll taxes	188	896,730	761,430
Accrued vacation payable (Note 10)		890,562	906,515
Estimated third-party payor settlements		236,692	423,841
Current portion of Medicare advance payments (Note 21)		1,666,869	-0-
Current portion of long-term debt (Note 11)		1,423,284	422,237
Deferred grant revenue (Note 20)		6,946,959	
Total current liabilities		13,906,841	3,759,831
Medicare advance payments (Note 21)		3,874,506	-0-
Long-term debt (Note 11)		4,796,852	<u>1,354,374</u>
Total liabilities		22,578,199	5,114,205
Net assets Without donor restrictions			
Designated by board for reserves (Note 9)		2,049,185	1,640,059
Undesignated		26,503,335	26,384,365
Total without donor restrictions		28,552,520	28,024,424
With donor restrictions		-0-	-0-
Total net assets		28,552,520	28,024,424
Total liabilities and net assets	\$	51,130,719	\$ 33,138,629

JENNINGS AMERICAN LEGION HOSPITAL, INC. STATEMENTS OF OPERATIONS YEARS ENDED NOVEMBER 30,

	2020	2019
Revenue, gains, and other support without donor restrictions Patient service revenue (net of contractual allowances and discounts) Provision for bad debts Net patient service revenue (Note 12)	\$ 47,173,774 (4,222,327) 42,951,447	\$ 48,118,827 (2,779,618) 45,339,209
Operating grant revenue Other operating revenue	4,810,722 5,299,195	-0- 3,867,102
Total revenue, gains, and other support	53,061,364	49,206,311
Operating expenses Salaries Benefits and payroll taxes Medical supplies and drugs Professional fees Interest expense Insurance Depreciation and amortization Other operating expenses Total operating expenses	23,637,582 4,406,939 9,472,208 4,323,289 85,124 773,530 1,931,164 7,726,774 52,356,610	21,278,788 4,020,104 7,068,429 4,182,683 105,200 658,772 1,928,310 6,697,022 45,939,308
Excess of revenues, gains, and other support	704,754	3,267,003
Other changes in net assets without donor restrictions Gain (loss) on sale of assets Interest income	(390,223) 213,565	(860) 95,664
Increase in net assets without donor restrictions	\$ 528,096	\$ 3,361,807

JENNINGS AMERICAN LEGION HOSPITAL, INC. STATEMENTS OF CHANGES IN NET ASSETS YEARS ENDED NOVEMBER 30,

	2020	2019
Net assets without donor restrictions Increase in net assets without donor restrictions	\$ 528,096	\$ 3,361,807
Change in net assets without donor restrictions	528,096	3,361,807
Net assets without donor restrictions, beginning of year	28,024,424	24,662,617
Net assets without donor restrictions, end of year	\$ 28,552,520	\$ 28,024,424

JENNINGS AMERICAN LEGION HOSPITAL, INC. STATEMENTS OF CASH FLOWS YEARS ENDED NOVEMBER 30,

	<u>2020</u>	2019
Cash flows from operating activities: Cash received from patients and third-party payors Other receipts from operations Cash payments to employees and for employee- related cost Cash payments for other operating expenses	\$ 39,282,194 22,598,251 (27,925,174) (22,247,493)	\$ 44,359,778 3,867,102 (25,185,026) (18,803,625)
Net cash provided (used) by operating activities	11,707,778	4,238,229
Cash flows from investing activities: Purchases of property and equipment Loan to physicians Proceeds from investments Increase in assets limited to use Decrease (increase) in other assets Interest income	(1,896,266) 287,034 (37,011) (409,126) -0- 213,565	(1,090,552) 105,894 277,877 (13,992) 4,819 95,664
Net cash provided (used) by investing activities	_(1,841,804)	(620,290)
Cash flows from financing activities: Proceeds from capital leases Proceeds from notes payable Principal payments on long-term debt Line of credit activity, net	657,299 4,240,800 (454,574) 	15,057 -0- (406,209) (74,687)
Net cash provided (used) by financing activities	4,443,525	(465,839)
Net increase (decrease) in cash and cash equivalents	14,309,499	3,152,100
Beginning cash and cash equivalents	4,126,703	974,603
Ending cash and cash equivalents	\$ 18,436,202	\$ 4,126,703

JENNINGS AMERICAN LEGION HOSPITAL, INC. STATEMENTS OF CASH FLOWS (Continued) YEARS ENDED NOVEMBER 30,

Minimum Programme and Programme State (1997)		2020	2019
Noncash investing and financing transactions: Property and equipment purchases accrued but not yet paid Capital lease incurred for property and equipment	\$ \$	-0- 657,299	\$ 86,430 15,057
Supplemental disclosures of cash flow information: Cash paid during the period for interest	\$	85,124	\$ 105,200
Reconciliation of income from operations to net cash provided (used) by operating activities: Change in net assets Adjustments to reconcile change in net assets to	\$	704,754	\$ 3,267,003
net cash provided by operating activities: Depreciation and amortization (Increase) decrease in:		1,931,164	1,928,310
Net accounts receivable Estimated third-party payor settlements Inventories Prepaid expenses Increase (decrease) in:		(2,449,492) (1,219,761) 8,800 (288,157)	(1,564,813) 585,382 (668,909) 56,809
Accounts payable Accrued salary and payroll taxes Accrued vacation payable Estimated third-party payor settlements Medicare advance payments Deferred grant revenue		599,938 135,300 (15,953) (187,149) 5,541,375 6,946,959	99,505 (1,331) 115,197 421,076 -0- -0-
Net cash provided (used) by operating activities	\$	11,707,778	\$ 4,238,229

NOTE 1 - ORGANIZATION AND OPERATIONS

Organization

Jennings American Legion Hospital, Inc. (the Hospital) was chartered by the state of Louisiana in 1952. The Hospital is a nonprofit corporation which has received exemption from income taxes as an organization described under section 501(c)(3) of the Internal Revenue Code, as amended.

Nature of Business

Located in Jennings, Louisiana, the Hospital provides inpatient acute hospital services, outpatient, skilled nursing (through "swing-beds"), and emergency services primarily for residents of southwestern Louisiana. The Hospital also operates rural health clinics and physician clinics in the area. Admitting physicians are primarily practitioners in the local area.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Hospital uses the accrual basis of accounting in accordance with the American Hospital Association recommendations.

Cash and Cash Equivalents

Cash and cash equivalents consist primarily of deposits in checking and money market accounts and certificates of deposit with original maturities of ninety (90) days or less. Certificates of deposit with original maturities over ninety (90) days to one (1) year are classified as short-term investments. Certificates of deposit with original maturities of over one (1) year are classified as long-term investments. Cash and cash equivalents and short-term investments are stated at cost, which approximates market value. The caption "cash and cash equivalents" does not include amounts whose use is limited or temporary cash investments.

Concentrations of Credit Risk

The Hospital provides medical care to patients and grants credit to patients even though they may lack adequate insurance or may be covered under contractual arrangements that do not pay full charges. As a result, the Hospital is exposed to certain credit risks. The Hospital manages such risk by regularly reviewing its accounts and contracts, and by providing appropriate allowances. As discussed in Notes 5 and 12, substantial numbers of patients are insured through third-party payor agreements, predominately Medicare and Medicaid. The Hospital's estimate of collectability is based on an analysis of aged accounts receivable to establish an allowance for uncollectible accounts and allowances for contractual adjustments based upon agreements between the Hospital and third-party payors.

As described in Note 3, the Hospital has deposits in major financial institutions that exceeded the Federal Depository Insurance Corporation (FDIC) limits. These financial institutions have a strong credit rating and management believes that credit risk related to these deposits is minimal.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Significant Concentration of Economic Dependence

The Hospital has an economic dependence on a small number of staff physicians. These physicians admit over 90% of the Hospital's patients. The Hospital also has an economic dependence on Medicare and Medicaid as sources of payments as shown in the table in Note 12. Changes in federal or state legislation or interpretations of rules have a significant impact on the Hospital.

Net Patient Service Revenues

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.

Patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Patient Accounts Receivable

Patient accounts receivable are carried at a net amount determined by the original charge for the services provided, less an estimate for contractual adjustments or discounts provided to the third-party payors, less any payments received and less an estimated allowance for doubtful accounts. Management determines the allowance for doubtful accounts by utilizing a historical experience applied to an aging of accounts. Patient account receivables are written off as bad debt expense when deemed uncollectible. Recoveries of receivables previously written off as bad debt expenses are recorded as a reduction of bad debt expense when received

Inventories

Inventories are stated at the lower of cost determined by the first-in, first-out method, or net realizable value.

Income Taxes

The Hospital is exempt from federal income tax under Section 501(c)(3) of the 1954 Internal Revenue code.

Contributions

Unconditional promises to give cash and other assets are reported at fair value at the date the contribution is received. The gifts are reported as net assets with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of operations and change in net assets without donor restrictions as net assets reclassed from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reported as net assets without donor restrictions in the accompanying financial statements.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Property and Equipment

Property and equipment are recorded at cost for purchased assets or at fair market value on the date of any donation. The Hospital uses straight-line method over their estimated useful lives of determining depreciation for financial reporting and third-party reimbursement.

Land improvements5 to 50 yearsBuildings and improvements3 to 50 yearsFurniture and equipment3 to 25 years

Expenditures for additions, major renewals and betterments over \$2,000 are capitalized and expenditures for maintenance and repairs are charged to operations as incurred.

The cost of assets retired or otherwise disposed of and the related accumulated depreciation are eliminated from the accounts in the year of disposal. Gains or losses resulting from property disposal are credited or charged to operations currently.

Net Assets

The Hospital classifies net assets into two classifications:

Net assets without donor restrictions: Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose. These assets may be used at the discretion of the Hospital's management and the board of directors.

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Hospital or by the passage of time. Other donor restrictions are perpetual in nature, where by the donor has stipulated the funds be maintained in perpetuity.

Donor restricted contributions are reported as an increase in net assets with donor restrictions. When a restriction expires, net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions in the statement of operations. When both restricted and unrestricted resources are available for use, it is the Hospital's policy to use restricted resources first, then unrestricted resources as they are needed.

Performance Indicator

The performance indicator is an increase (decrease) in net assets, which represents the Hospital's operating income. The performance indicator excludes, when present, receipt of donor restricted contributions, net assets released from restrictions for property acquisitions, unrealized gains and losses on certain investments held by the Hospital, and other changes not required to be included within the performance indicator.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Revenue and Expenses

The Hospital's statements of revenues, expenses and changes in net assets distinguish between operating and nonoperating revenues and expenses. Operating revenues result from exchange transactions associated with providing health care services – the Hospital's principal activity. Nonexchange revenues are reported as nonoperating revenues. Operating expenses are all expenses incurred to provide health care services, other than financing costs.

Functional Expenses

The cost of providing program and other activities have been summarized on a functional basis in Note 14. Accordingly, certain costs have been allocated among program services, supporting services and fund-raising services. Such allocations are determined by management on an equitable basis. The expenses that are allocated include the following:

Expense Method of allocation Salaries Time and effort Benefits and payroll taxes Full time equivalent Medical supplies and drugs Time and effort Professional fees Time and effort Interest expense Time and effort Insurance Time and effort Depreciation and amortization Square footage Time and effort Other operating expenses

Advertising Costs

Advertising costs are expensed as incurred. The advertising costs included in other expenses for the years ended November 30, 2020 and 2019, were \$30,715 and \$41,378, respectively.

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.

Risk Management

The Hospital is exposed to various risks of loss from torts; theft of, damage to, and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters; medical malpractice; and employee health, dental, and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters. Settled claims have not exceeded this commercial coverage in any of the three preceding years.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Environmental Matters

The Hospital is subject to laws and regulations relating to the protection of the environment. The Hospital's policy is to accrue environmental and cleanup related costs of a non-capital nature when it is both probable that a liability has been incurred and when the amount can be reasonably estimated. Although it is not possible to quantify, with any degree of certainty, the potential financial impact of the Hospital's continuing compliance efforts, management believes any future remediation or other compliance related costs will not have a material adverse effect on the financial condition or reported results of operations of the Hospital. At November 30, 2020 and 2019, management is not aware of any liability resulting from environmental matters.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Reclassifications

Certain amounts in the prior year financial statements have been reclassified to conform to the current year classification.

Recently Issued Accounting Standards

In May 2014, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update 2014-09, Revenue from Contracts with Customers (Topic 606). This guidance is intended to clarify the principles for recognizing revenue and to develop a common revenue standard for accounting principles generally accepted in the United States of America. The principle of the new guidance is that an entity should recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. This guidance requires improved disclosures to help users better understand the nature, amount, timing, and uncertainty of revenue that is recognized. Most industry-specific guidance will be removed from the Codification. In June 2020, the FASB issued Accounting Standard Update 2020-05, Revenue from Contracts with Customers (Topic 606) and Leases (Topic 842): Effective Dates for Certain Entities, postponing the effective date of Update 2014-09 for annual reporting periods beginning after December 15, 2019. The new standard may be applied retrospectively as of the date of initial application. Management is currently assessing the impact the adoption of this standard will have on the financial statements.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

In February 2016, the FASB issued Accounting Standards Update 2016-02, Leases (Topic 842), to increase transparency and comparability among organizations by recognizing lease assets and lease liabilities on the balance sheet. Differing from previous GAAP, lessees will be required to recognize lease assets and lease liabilities for those leases classified as operating leases under previous GAAP. The new guidance maintains two classifications of leases, finance leases and operating leases; however, substantially all leases will be required to be recognized on the balance sheet. Accounting by lessors is largely unchanged from previous GAAP. Both qualitative and quantitative disclosures will be required to supplement the amounts recorded in the financial statements. In June 2020, the FASB issued Accounting Standard Update 2020-05, Revenue from Contracts with Customers (Topic 606) and Leases (Topic 842): Effective Dates for Certain Entities, postponing the effective date of Update 2016-02 for annual reporting periods beginning after December 15, 2021. The new guidance must be adopted using a modified retrospective approach, which includes numerous, optional practical expedients. Management is currently assessing the impact the adoption of this standard will have on the financial statements.

NOTE 3 - CASH AND CASH EQUIVALENTS

The following is a summary of cash and cash equivalents which are classified as current assets:

		<u>2020</u>	2019
Checking and savings	\$	8,117,081	\$ 3,315,401
Money market account Petty cash		10,315,046 4.075	808,227 3,075
1 otty odosi	-	7,010	0,070
Total cash and cash equivalents	\$	18,436,202	\$ 4,126,703

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. The Hospital's deposits were not entirely insured or entirely collateralized by securities held by the pledging bank's trust department in the Hospital's name. As of November 30, 2020 and 2019, the Hospital had deposits of \$9,385,958 and \$679,376 respectively that were unsecured.

NOTE 4 - LIQUIDITY AND AVAILABILITY

The following represents the Hospital's financial assets at November 30:

		2020		2019
Financial assets at year end:				
Cash and cash equivalents	\$	18,436,202	\$	4,126,703
Net accounts receivable		7,686,376		5,236,884
Investments		2,489,425		2,452,414
Assets limited as to use		2,049,185		1,640,059
Financial assets available to meet general expenditures over the next twelve months	¢.	30,661,188	\$	13,456,060
expenditures over the next twelve months	Ψ _	30,001,100	Ψ	13,430,000

To manage liquidity, the Hospital structures its financial assets to be available as its general expenditures and liabilities come due. The Hospital has certain board designated assets whose use is limited; however, these amounts could be made available if necessary and have been included above. As part of the Hospital's liquidity management, excess cash is invested in certificates of deposit and money market accounts to generate a return on cash and provide liquidity. As of November 30, 2020, the Hospital has committed lines of credit in the amount of \$2,561,899, which the Hospital could draw upon in the event of an anticipated liquidity need.

NOTE 5 - ACCOUNTS RECEIVABLE

Accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, the Hospital analyzes its past history and identifies the trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third-party coverage, the Hospital analyzes contractually due amounts and provides an allowance for contractual adjustments and a provision for bad debts, if necessary. For receivables associated with self-pay patients and for aged third-party payors, the Hospital records a significant provision for bad debts in the period of service on the basis of its past experience and on the age of the receivables balance. The aged balance indicates that third-party claims have reached an age where the probability of payment is low and the self-pay patients are unable or unlikely to pay the portion of their bill for which they are financially responsible.

The difference between the standard rates and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts or allowance for contractual adjustments.

NOTE 5 - ACCOUNTS RECEIVABLE (Continued)

A summary of accounts receivable at November 30 is presented below:

		2020		2019
Patients Other	\$	10,280,056 685,064	\$ -	6,572,935 1,103,027
Total Estimated allowances for uncollectibles	82	10,965,120 (3,278,744)		7,675,962 (2,439,078)
Net accounts receivable	\$	7,686,376	\$ =	5,236,884

The following is a summary of the mix of receivables from patients and third-party payors at November 30:

	<u>2020</u>	2019
Medicare	22%	24%
Medicaid	28%	25%
Blue Cross	13%	17%
Other third-party payors	27%	17%
Patients	<u>10</u> %	<u>17</u> %
Total	100%	100%

The Medicare, Medicaid and third-party payors are shown net of contractual allowances.

NOTE 6 - NOTES RECEIVABLE

Notes receivable is made up of loans made to physicians to cover sign-on incentives, guarantees and benefits. These notes are amortized according to their respective agreements based upon the physicians' fulfillment of years of service to the Hospital. Amortization of these receivables is expensed in the year earned as physician recruitment expense.

NOTE 7 - PROPERTY AND EQUIPMENT

The following is a summary of capital assets, and related accumulated depreciation at November 30:

		<u>2019</u>		Additions		Deductions		Transfers		2020
Nondepreciable property and equipment										
Land	\$	1,526,338	\$	-0-	\$	-0-	\$	-0-	\$	1,526,338
Construction in progress		300,042		256,347				(454,162)		102,227
Total nondepreciable property and equipment	\$	1,826,380	\$	256,347	\$	-0-	\$	(454,162)	\$	1,628,565
Depreciable property and equipment										
Land improvements	\$	703,905	\$	-0-	\$	-0-	\$	-0-	\$	703,905
Buildings and fixtures		28,584,820		14,052		-0-		-0-		28,598,872
Equipment held under capital lease		1,958,401		657,297		-0-		-0-		2,615,698
Equipment Total depreciable		19,106,329		972,365		1,710,012		454,162		18,822,844
property and equipment		50,353,455		1.643.714		1,710,012		454,162		50,741,319
Less accumulated depreciation		38,693,217		1,931,164		1,315,993		-0-		39,308,388
Total depreciable										
property and equipment, net	\$	11,660,238	\$	(287,450)	\$	394,019	\$	454,162	\$	11,432,931
		2018		Additions		Deductions		<u>Transfers</u>		2019
Nondepreciable property and equipment										
Land	\$	1,526,338	\$	-0-	\$	-0-	\$	-0-	\$	1,526,338
Construction in progress	Ψ.	77	Ψ	572,782	Ψ	2,644	Ψ	(270,173)	Ψ	300,042
Total nondepreciable										
property and equipment	\$	1,526,415	\$	572,782	\$	2,644	\$	(270,173)	\$	1,826,380
Depreciable property and equipment										
Land improvements	\$	703,905	\$	-0-	\$	-0-	\$	-0-	\$	703,905
Buildings and fixtures		28,370,282		21,991		9,000		201,547		28,584,820
Equipment held under capital lease		1,943,344		15,057		-0-		-0-		1,958,401
Equipment		18,603,185		634,514		199,996		68,626		19,106,329
Total depreciable property and equipment		49,620,716		671,562		208,996		270,173		50,353,455
Less accumulated depreciation		36,821,895		1,928,310		56,988		-0-		38,693,217
Total depreciable	,	20,020,1000								
property and equipment , net	\$	12,798,821	\$	(1,256,748)	\$	152,008	\$	270,173	\$	11,660,238

Accumulated amortization for equipment under capital lease obligations was \$963,177 and \$817,521 at November 30, 2020 and 2019, respectively.

NOTE 8 - INVESTMENTS

The following summarizes the Hospital's investments at November 30:

		2020	2019
Certificates of deposit Certificates of deposit account registry service (CDARS) Marketable equity securities	\$	386,664 2,034,361 68,400	\$ 380,526 2,003,488 68,400
Total investments	\$ _	2,489,425	\$ 2,452,414

Investments, with the exception of marketable equity securities, are stated at cost that approximates market value. The Hospital records registered marketable equity securities under the provisions of the FASB Statement No. 115. These securities are recorded at fair value and unrealized gains are recognized as a component of fund equity. Fair values are based upon quoted market prices as of the fiscal year end. These securities are considered a Level 1 investment under the fair value hierarchy established by generally accepted accounting principles. The hierarchy is based on the valuation inputs used to measure the fair value of the asset. Level 1 inputs are quoted prices in active markets for identical assets; Level 2 inputs are significant other observable inputs; Level 3 inputs are significant unobservable inputs.

NOTE 9 - ASSETS LIMITED AS TO USE

Assets limited to use include assets whose use has been designated by the board of directors for liquid reserves. The board of directors retain control of these assets and may use the funds at their discretion. These assets consist of cash held in money market accounts and CDARS. Assets limited as to use as of November 30, 2020 and 2019 were \$2,049,185 and \$1,640,059, respectively.

NOTE 10 - COMPENSATED ABSENCES

Employees of the Hospital are entitled to paid days off and sick days depending on length of service. The Hospital accrued \$890,562 and \$906,515 of vacation pay at November 30, 2020 and 2019. It is impracticable to estimate the amount of compensation for future unvested sick pay and, accordingly, no liability has been recorded in the accompanying financial statements. The Hospital's policy is to recognize the cost of unvested sick pay when actually paid to employees.

NOTE 11 - LONG-TERM DEBT

A summary of long-term debt, including capital leases, at November 30, follows:

	2019	Additions	Payments	2020	Due Within One Year
Life insurance Note payable SBA PPP loan Capital lease payable Line of credit	\$ 66,194 746,960 -0- 963,457 -0-	\$ -0- -0- 4,240,800 657,299 1,000,000	\$ -0- 43,929 -0- 410,645 _1,000,000	\$ 66,194 703,031 4,240,800 1,210,111 -0-	\$ -0- 48,145 888,518 486,621 -0-
Total	\$ 1,776,611	\$ 5,898,099	\$ 1,454,574	\$ 6,220,136	\$ 1,423,284
	2018	Additions	Payments	2019	Due Within One Year
Life insurance Annuity Note payable Capital lease payable Line of credit	\$ 66,194 5,625 790,697 1,305,247 74,687	\$ -0- -0- -0- 15,057 -0-	\$ -0- 5,625 43,737 356,847 74,687	\$ 66,194 -0- 746,960 963,457 -0-	\$ -0- -0- 45,790 376,447 -0-
Total	\$ 2,242,450	\$ 15,057	\$ 480,896	\$ 1,776,611	\$ 422,237

The following are the terms and due dates of the Hospital's long-term debt at November 30, 2020 and 2019:

- **Note payable** from 2017 at 4.75% interest, with monthly payments of \$6,738 until fiscal year 2022, collateralized by property with a cost of \$1,065,000.
- Capital lease payable at varying rates of imputed interest with 0% up to 8.28%, with monthly payments into fiscal year 2025. Capital leases are collateralized by equipment with a cost of \$2,363,668 at November 30, 2020. The book value of the equipment was \$963,177 and \$1,140,491 at November 30, 2020 and 2019, respectively.
- Line of credit is with a local banking institution, drawn upon in fiscal year 2020. The line of credit allows for a maximum withdrawal of \$2,651,899 with a fixed interest rate based of 4%, payable monthly.
- Small Business Administration (SBA) Paycheck Protection Program (PPP) loan used to pay for employee payroll expenses. The loan repayment originally commenced six months after the loan date, April 9, 2020; however, a 10-month deferment was granted commencing after the Hospital's 24-week covered period. The Hospital applied for loan forgiveness through the SBA. If the loan is not forgiven, then it will be repaid in monthly installments, including principal and interest at 1%.

NOTE 11 - LONG-TERM DEBT (Continued)

Scheduled principal and interest payments on long-term debt are as follows:

	Long-T	ern	n Debt	Capital Le	ase	Payable
Year Ending November 30:	Principal		Interest	Principal		Interest
2021	\$ 936,663	\$	98,999	\$ 486,621	\$	49,012
2022	3,496,938		82,388	406,379		24,676
2023	508,369		648	212,194		7,587
2024	-0-		-0-	56,322		3,004
2025	-0-			50,456		848
Totals	\$ 4,941,970	\$	182,035	\$ 1,211,972	\$	85,127

The assets and liabilities under notes payable are recorded at the fair value of the asset. The assets are depreciated over their estimated useful lives. Depreciation of assets under capital lease and notes payable is included in depreciation expense.

NOTE 12 - NET PATIENT SERVICE REVENUE

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows.

<u>Medicare</u> - Inpatient acute care services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. Certain outpatient services related to Medicare beneficiaries were paid based on a set fee per diagnosis. The Hospital qualified for a Medicare low volume add-on for inpatient payments. These payments are effective for discharges occurring October 1, 2015 until September 30, 2022, if not extended by Congress. The additional payments received under the Medicare low volume add-on were approximately \$828,000 and \$880,000 for the years ended November 30, 2020 and 2019. Swing bed services are reimbursed based on a prospectively determined rate per patient day.

The Hospital is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare fiscal intermediary. The Hospital's Medicare cost reports have been examined by the Medicare fiscal intermediary through November 30, 2017.

<u>Medicaid</u> - Inpatient services are reimbursed based on a prospectively determined per diem rate. Some outpatient services rendered to Medicaid program beneficiaries are reimbursed under a cost reimbursement methodology, while others are paid prospectively based on a fee schedule. The Hospital is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicaid fiscal intermediary. The Hospital's Medicaid cost reports have been examined by the Medicaid fiscal intermediary through November 30, 2014.

NOTE 12 - NET PATIENT SERVICE REVENUE (Continued)

Beginning in 2015, the Hospital contracted with Louisiana Medicaid managed care organizations (MCO) which paid supplemental payments to maintain access to and provide inpatient and outpatient hospital services to MCO patients. These payments supplement per claim payments by the MCO in the amount of \$2,078,453 for 2020 and \$2,152,441 for 2019, which are included in patient service revenues as Medicaid revenue.

<u>Commercial</u> - The Hospital also has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. Payment methods under these agreements include prospectively determined rates per discharge, discounts from established charges and prospectively determined per diem rates. Blue Cross Blue Shield "BCBS" was the largest commercial payor. BCBS charges are 14.88% and 14.69% of total charges for the years ended November 30, 2020 and 2019, respectively.

The Hospital's previous reimbursements are also subject to secondary review by Medicare and Medicaid representatives. These representatives have several initiatives in progress. No material liabilities have been identified to date under these review programs; however, the potential exists for future claims. These will be recognized in the year the amounts are determined, if any.

The following is a summary of the Hospital's net patient revenue for the years ended November 30:

	2020	2019
Gross charges Less charges associated with charity patients	\$ 122,555,835 \$ (694,880)	126,338,733 (895,709)
Gross patient service revenue Less deductions from revenue:	121,860,955	125,443,024
Contractual adjustments Policy and other discounts	(73,721,650) (965,531)	(76,464,727) (859,470)
Patient service revenue (net of contractual adjustments and discounts)	47,173,774	48,118,827
Less provision for bad debts	(4,222,327)	(2,779,618)
Net patient service revenue	\$ 42,951,447 \$	45,339,209

NOTE 12 - NET PATIENT SERVICE REVENUE (Continued)

The Hospital receives a substantial portion of its revenue from the Medicare and Medicaid programs at discounted rates. The following is a summary of Medicare and Medicaid patient revenue for the years ended November 30:

	2020	2019
Medicare and Medicaid patient charges Contractual adjustments	\$ 77,586,916 (50,797,977)	\$ 86,148,971 (57,124,555)
Program patient service revenue	\$ 26,788,939	\$ 29,024,416
Percent of total gross charges	<u>63</u> %	<u>68</u> %
Percent of total net patient revenue	<u>62</u> %	<u>64</u> %

The Hospital experiences differences between the amounts initially recorded on its cost settlements with Medicare and Medicaid and the finalized amounts. These adjustments resulted in an increase of \$236,692 and a decrease of \$518,688 in 2020 and 2019, respectively, of net patient service revenue.

NOTE 13 - CONTINGENCIES

The Hospital evaluates contingencies based upon the best available evidence. The Hospital believes that no allowances for loss contingencies are considered necessary. To the extent that resolution of contingencies results in amounts which vary from the Hospital's estimates, future earnings will be charged or credited. The principal contingencies are described below:

Governmental Third-Party Reimbursement Programs (Note 12) - The Hospital is contingently liable for retroactive adjustments made by the Medicare and Medicaid programs as the result of their examinations as well as retroactive changes in interpretations applying statutes, regulations and general instructions of those programs. The amount of such adjustments cannot be determined.

Further, in order to continue receiving reimbursement from the Medicare program, the Hospital entered into an agreement with a government agent allowing the agent access to the Hospital's Medicare patient medical records for purposes of making medical necessity and appropriate level of care determinations. The agent has the ability to deny reimbursement for Medicare patient claims which have already been paid to the Hospital.

The healthcare 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 healthcare program participating requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Recently, government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by healthcare providers.

NOTE 13 - CONTINGENCIES (Continued)

Violations of these laws and regulations could result in expulsion from government healthcare 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 statutes 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.

Professional Liability Risk - The Hospital participates in the Louisiana Patient's Compensation Fund ("PCF") established by the State of Louisiana to provide medical professional liability coverage to health care providers. The fund provides for \$400,000 in coverage per occurrence above the first \$100,000 per occurrence for which the Hospital is at risk. The fund places no limitation on the number of occurrences covered. In connection with the establishment of the PCF, the State of Louisiana enacted legislation limiting the amount of healthcare provider settlement for professional liability to \$100,000 per occurrence and limited the PCF's exposure to \$400,000 per occurrence.

The Hospital's membership in the Louisiana Hospital Association Trust Fund provides additional coverage for professional medical malpractice and general liability. The trust fund bills members in advance, based upon an estimate of their exposure. At policy year-end, premiums are redetermined utilizing actual losses of all participating hospitals. The trust fund income and expenses are prorated to member hospitals. The Hospital has included these allocations of income as reductions of insurance expense and prepaid insurance. Refunded cash allocations from the trust fund reduce prepaid expenses.

As with many rural hospitals, most Hospital admissions are from a limited number of local physicians. Should any of these local physicians stop referring patients to the Hospital, the financial impact, which cannot reasonably be determined, could be significant.

The Hospital is involved in litigation and regulatory investigations arising in the course of business. After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on the Hospital's future financial position or results from operations.

In March 2020, the World Health Organization made the assessment that the outbreak of a novel coronavirus (COVID-19) can be characterized as a global pandemic. As a result, uncertainties have arisen that may have a significant impact on the operating activities and results of the Hospital. The occurrence and extent of such an impact will depend on future developments, including the duration and spread of the virus, government quarantine measures, voluntary and precautionary restriction on travel or meetings, the effects on the financial markets, and the effects on the economy overall, all of which are uncertain. The Hospital received \$11,757,681 in Provider Relief Funds, as described in Note 20, to prevent, prepare for and respond to the coronavirus and as reimbursement to the Hospital for eligible expenses and lost revenues. The Hospital applied and received a Payroll Protection Program (PPP) loan, discussed in Note 11, in order to continue paying employee salaries during the COVID-19 pandemic.

NOTE 14 - FUNCTIONAL EXPENSES

The Hospital provides general health care services primarily to residents within its geographical location. Expenses related to providing these services for the years ended November 30 are as follows:

	-		2020	
		Program	General and	
	_	Services	Administrative	Total
Salaries	\$	21,797,486	\$ 1,840,096	\$ 23,637,582
Benefits and payroll taxes		3,975,296	431,643	4,406,939
Medical supplies and drugs		9,464,099	8,109	9,472,208
Professional fees		4,301,939	21,350	4,323,289
Interest expense		85,124	-0-	85,124
Insurance		581,507	192,023	773,530
Depreciation and amortization		1,732,237	198,927	1,931,164
Other operating expenses	_	4,604,612	3,122,162	7,726,774
Total Expenses	\$ _	46,542,300	\$ 5,814,310	\$ 52,356,610
			2019	
		Program	General and	
	_	Services	Administrative	Total
Salaries	\$	19,473,580	\$ 1,805,208	\$ 21,278,788
Benefits and payroll taxes		3,585,347	434,757	4,020,104
Medical supplies and drugs		7,068,165	264	7,068,429
Professional fees		4,161,883	20,800	4,182,683
Interest expense		105,200	-0-	105,200
Insurance		487,220	171,552	658,772
Depreciation and amortization		1,717,619	210,691	1,928,310
Other operating expenses	_	4,166,718	2,530,304	6,697,022
Total Expenses	\$ _	40,765,732	\$ 5,173,576	\$ 45,939,308

NOTE 15 - EMPLOYEE BENEFITS

The Hospital offers its employees a cafeteria plan under IRC section 125 and purchased annuities under reduced salary agreements under IRC section 403(b). The Hospital has a safe harbor 401k plan; the Hospital matches the first 3% of the employees' contributions of deferred compensation, plus 50% of the next 2%. The 401k matching contribution expense for the years ended November 30, 2020 and 2019 was \$640,438 and \$566,590, respectively.

NOTE 16 - EMPLOYEE MEDICAL BENEFIT PLAN

The Hospital is self-insured to provide group medical and drug coverage for its employees. The Hospital entered into an agreement on July 1, 2017, with a third-party administrator to administer the plan. The third-party administrator is Gilsbar, LLC. The plan year runs from July 1 through June 30. The Hospital funds its losses based on actual claims. A stop-loss insurance contract executed with an insurance carrier covers individual claims in excess of \$100,000 or aggregate claims exceeding \$2,172,802 per plan year. A liability is accrued for self-insured employee health claims, including both claims reported and claims incurred but not yet reported. The accrual is estimated based on consideration of prior claims' experience, recently settled claims, and frequency of claims. It is reasonably possible that the Hospital's estimate will change by a material amount in the near term.

The following is a summary of changes in the Hospital's claims liability for the years ended November 30:

		2020	2019
Beginning of the year Plus: Claims incurred and changes in estimate,	\$	298,744	\$ 389,407
net of reinsurance Less: Claims paid	_	1,964,042 (2,038,405)	1,801,357 (1,892,020)
End of the year	\$ =	224,381	\$ 298,744

NOTE 17 - OPERATING LEASES

The Hospital is committed under various noncancelable operating leases, all of which are for equipment or buildings. Total lease expense for November 30, 2020 and 2019, respectively, for all noncancelable operating leases was \$641,808 and \$495,150. Future minimum lease payments are as follows:

Year Ending November 30,	-	Amount
2021	\$	603,768
2022		518,941
2023		353,033
2024		346,000
2025		341,838
Thereafter	-	841,962
Total minimum lease payments	\$ _	3,005,542

NOTE 18 - CHARITY CARE

The Hospital provides charity care to patients who are financially unable to pay for part or all of the healthcare services they receive. The patient will either qualify for 100% of the charity care or owe a reduced "sliding scale" amount based on the patient's level of income in comparison to the Federal Poverty Guidelines based on a 200% scale. Accordingly, the Hospital does not report the amount it expects not to collect in net operating revenues or in the allowance for doubtful accounts. The Hospital determines the costs associated with providing charity care by aggregating the applicable direct and indirect costs, including wages and related benefits, supplies and other operating expenses. The amount of charges foregone for services and supplies furnished under the Hospital's charity care policy aggregated \$694,880 and \$895,709 for the years ended November 30, 2020 and 2019, respectively, at costs of \$247,794 and \$325,859.

NOTE 19 - INCOME TAXES

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Hospital and recognize a tax liability if the organization has taken an uncertain position that more likely than not would be sustained upon examination by the Internal Revenue Service. Management has concluded that there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Hospital is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any periods in progress. Hospital management believes it is no longer subject to income tax examinations for periods ending prior to December 1, 2015.

NOTE 20 - PROVIDER RELIEF FUNDS

The Hospital received \$11,757,681 in Provider Relief Funds (the funds) via the Coronavirus Aid Relief and Economic Security (CARES) Act during the fiscal year ending November 30, 2020. The funds were issued by the U.S. Department of Health & Human Services (HHS) in response to the coronavirus pandemic to be utilized for healthcare related expenses and lost revenues attributable to coronavirus. The Hospital recognized \$4,810,722 as operating grant revenue in the fiscal year ending November 30, 2020, based on the information available as of November 30, 2020. The unrecognized amount is reported in deferred revenue in the accompanying statement of net position. The Hospital will submit a report of healthcare related expenses and lost revenues attributable to coronavirus. Funds received in excess of the reported expenses and lost revenues, if any, will be owed to HHS. As a result, the amount recorded in the financial statements compared to the Hospital's Provider Relief Fund reporting could differ. This difference could be materially different from current estimates.

NOTE 21 - MEDICARE ADVANCE PAYMENTS

During April 2020, the Hospital received \$5,541,375 from the Centers for Medicare & Medicaid (CMS) under the Accelerated and Advance Payment (AAP) Program. Repayment begins one year after payment was issued at 25 percent of Medicare payments otherwise owed to the Hospital. After eleven months, the recoupment rate will increase to 50 percent for another six months. If the Hospital is unable to repay the total amount of the AAP during this time period (29 months), CMS will require repayment of the remaining outstanding balance with an interest rate of four percent.

NOTE 22 - COMMITMENTS

The Hospital entered into an agreement to purchase equipment, which totaled \$1,100,239 as of November 30, 2020. The Hospital has not made payments for this commitment as of November 30, 2020.

NOTE 23 - LETTER OF INTENT

Jennings American Legion Hospital, Inc. and Lafayette General Health System, Inc. (LGHS) signed a letter of intent to explore a merger. Pursuant to such agreement, LGHS will assume management and operations of the Hospital. LGHS will enter into a multi-year lease of the facilities and equipment with the local American Legion Post. The agreement is expected to be executed in early 2022; however, the agreement is subject to negotiation, due diligence review and various other contingencies and approvals.

NOTE 24 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through the date that the financial statements were available to be issued, June 25, 2021, and determined that no material events occurred that require disclosure. No subsequent events occurring after that date have been evaluated for inclusion in these financial statements.

SUPPLEMENTARY INFORMATION

JENNINGS AMERICAN LEGION HOSPITAL, INC. SCHEDULES OF NET PATIENT SERVICE REVENUE YEARS ENDED NOVEMBER 30,

		<u>2020</u>		<u>2019</u>
Routine Services:				
Adults and pediatric	\$	15,156,491	\$	16,842,918
Intensive care unit	*	2,979,737	•	2,268,174
Swing bed		154,800		379,020
Nursery		1,096,923		1,089,215
•				
Total Routine Services		19,387,951		20,579,327
Other Professional Services:				
Operating room		16,473,001		21,395,480
Anesthesia		1,725,350		2,297,869
Radiology		7,917,766		8,329,140
Radioisotope		677,194		1,051,255
MRI		1,144,978		1,669,849
Laboratory		15,406,496		15,191,214
Cardiac cath lab		9,176,632		10,764,018
Respiratory care		5,943,694		4,692,272
Physical therapy		345,994		315,822
EKG		39,693		94,651
Implantable devices		3,035,761		3,775,011
Pharmacy		14,865,970		14,131,981
Dialysis		448,500		403,700
Cardiac rehab		79,797		283,876
Emergency room		11,689,779		11,205,565
Outpatient clinic		617,290		208,069
OB Jennings clinic		4,589,291		4,607,927
Eunice clinic		2,716,641		1,434,920
Southwest surgery clinic		504,522		815,880
Lake Arthur clinic		897,071		884,490
Family medicine clinic		4,872,464		2,206,417
Total Other Professional Services		103,167,884		105,759,406
Gross Charges	\$	122,555,835	\$	126,338,733

JENNINGS AMERICAN LEGION HOSPITAL, INC. SCHEDULES OF NET PATIENT SERVICE REVENUE (Continued) YEARS ENDED NOVEMBER 30,

	<u>2020</u>	2019
Less charges associated with charity patients	\$(694,880) \$	(895,709)
Gross Patient Service Revenue	121,860,955	125,443,024
Less deductions from revenue: Contractual adjustments - Medicare and Medicaid Contractual adjustments - Other Medicaid managed care supplemental payments Physician supplemental payments Policy and other discounts	(51,382,902) (25,002,126) 2,078,453 584,925 (965,531)	(58,938,270) (21,492,613) 2,152,441 1,813,715 (859,470)
Patient service revenue (net of contractual adjustments and discounts)	47,173,774	48,118,827
Less provision for bad debts	(4,222,327)	(2,779,618)
Net Patient Service Revenue	\$ 42,951,447 \$	45,339,209

JENNINGS AMERICAN LEGION HOSPITAL, INC. SCHEDULES OF OTHER OPERATING REVENUE YEARS ENDED NOVEMBER 30,

		2020	2019
Cafeteria sales	\$	114,863	\$ 122,295
Physician office rentals		72,039	72,058
Medical records abstract fees		815	1,044
Outpatient pharmacy revenue		4,611,483	3,167,806
Dietary rehab revenue		101,172	112,505
Contributions		103,903	10,000
Miscellaneous revenue	_	294,920	381,394
Total other operating revenue	\$ _	5,299,195	\$ 3,867,102

JENNINGS AMERICAN LEGION HOSPITAL, INC. SCHEDULES OF SALARIES AND BENEFITS YEARS ENDED NOVEMBER 30,

		2020		2019
Personnel	\$	167,475	\$	149,059
Administration	Ψ	2,476,265	Ψ	2,433,138
Plant operations and maintenance		211,597		212,857
Housekeeping		588,052		556,264
Dietary		411,230		423,776
Purchasing		113,032		95,791
Nursing administration		824,366		760,430
Medical records		261,439		280,033
Social services		380,838		366,076
Nursing services, acute care		4,353,111		4,068,671
Nursing services, intensive care unit		1,005,266		952,986
Nursing services, nursery		462,253		462,364
Operating room		803,416		965,749
Anesthesiology		36,600		36,500
Radiology		855,402		842,075
Radioisotope		102,505		98,651
MRI		88,253		89,067
Laboratory		1,147,939		1,116,027
Cardiac cath lab		355,255		389,760
Respiratory care		687,643		677,746
Cardiac rehab		117,053		129,767
Emergency room		1,899,772		1,718,046
Outpatient clinic		494,568		453,160
OB Jennings clinic		1,786,598		1,867,791
Eunice clinic		1,118,385		539,527
Southwest surgery clinic		277,174		342,717
Lake Arthur clinic		344,514		380,682
Family medicine clinic	,	2,267,581		870,078
Total salaries	-	23,637,582		21,278,788
Payroll taxes		1,575,535		1,423,174
Health insurance		1,974,086		1,811,010
Pension plan		640,438		566,590
Other	di di	216,880		219,330
Total benefits	D	4,406,939		4,020,104
Total salaries and benefits	\$	28,044,521	\$	25,298,892

JENNINGS AMERICAN LEGION HOSPITAL, INC. SCHEDULES OF MEDICAL SUPPLIES AND DRUGS YEARS ENDED NOVEMBER 30,

		2020	2019
Nursing services, acute care	\$	362,154	\$ 233,695
Nursing services, intensive care unit		57,235	62,958
Nursing services, nursery		24,862	23,474
Obstetrics		67,852	53,595
Operating room		778,096	1,235,521
Anesthesiology		70,660	80,164
Radiology		62,545	77,725
Radioisotope		90,231	122,935
MRI		5,868	7,384
Laboratory		1,357,479	795,931
Cardiac cath lab		550,363	641,170
Respiratory care		85,853	62,690
Central supply		331,666	(363,155)
Implantable devices		533,363	453,326
Pharmacy		2,017,681	1,381,398
Outpatient pharmacy		2,208,906	1,607,572
Cardiac rehab		113	513
Emergency room		133,350	127,654
Outpatient clinic		52,653	52,386
OB Jennings clinic		85,342	93,592
Eunice clinic		185,177	52,620
Southwest surgery clinic		932	368
Lake Arthur clinic		40,183	49,392
Family medicine clinic		212,808	94,774
Administrative support departments	- <u>-</u>	156,836	120,747
Total medical supplies and drugs	\$ _	9,472,208	\$ 7,068,429

JENNINGS AMERICAN LEGION HOSPITAL, INC. SCHEDULES OF PROFESSIONAL FEES YEARS ENDED NOVEMBER 30,

		2020		2019
Administration	\$	200,287	\$	419,467
Nursing service		174,768		55,614
Intensive care unit		-0-		305
Nursery		59,588		91,536
Operating room		144,866		20,713
Anesthesiology		221,278		10,561
Radiology		19,067		9,088
Laboratory		610,263		478,307
Cardiac cath lab		611,199		622,411
Respiratory therapy		-0-		301
Physical therapy		146,735		125,870
Pharmacy		787,816		1,204,135
Dialysis		108,882		110,009
Cardiac rehab		200		350
Emergency room		1,073,070		840,316
OB Jennings clinic		40,438		64,835
Eunice clinic		35,275		27,241
Southwest surgery clinic		699		8,658
Lake Arthur clinic		16,222		26,000
Family medicine clinic		70,942		65,937
VA clinic		1,694	-	1,029
Total professional fees	\$_	4,323,289	\$	4,182,683

JENNINGS AMERICAN LEGION HOSPITAL, INC. SCHEDULES OF OTHER OPERATING EXPENSES YEARS ENDED NOVEMBER 30,

		2020	2019
Purchased services	\$	1,480,189	\$ 1,025,855
Legal and accounting		69,354	70,195
Supplies		708,437	667,251
Sales tax		740,335	670,405
Repairs and maintenance		1,678,822	1,679,948
Utilities		584,188	621,965
Telephone		63,729	60,136
Travel		55,188	57,608
Rentals		964,864	584,629
Education		12,639	20,854
Dues and subscriptions		266,150	212,094
Recruitment		311,843	315,635
Advertising		30,715	41,378
Scholarships		18,726	11,473
Miscellaneous	_	741,595	657,596
Total other operating expenses	\$_	7,726,774	\$ 6,697,022

JENNINGS AMERICAN LEGION HOSPITAL, INC. SCHEDULE OF PER DIEM AMOUNTS PAID TO BOARD MEMBERS YEARS ENDED NOVEMBER 30,

	2020	2019
Christopher Achee, MD Richard Arceneaux Joel Bailey, MD Krystal Baker, MD Lawrence Benoit Carl Benoit Kevin Berken Julie Berry Ella Dartez Samuel Doucet Richard Edwards, MD Amanda Lacomb, MD Dale Landry Darrell Landry John Louviere, Jr. Arthur Matte Glen McFarlain	\$ 2020 12,750 11,550 5,300 -0- 3,100 5,500 5,500 5,500 5,400 2,000 500 3,300 11,550 4,900 -0- 11,550 5,500	\$ 2019 12,600 12,600 5,000 1,000 6,000 6,000 6,000 -0- 5,600 -0- 12,600 5,800 5,300 12,600 6,000
Horace Naquin, Jr.	5,500	6,000
Richard Oustalet Ronnie Petree James Richert, Jr. Aldes Rozas, MD Michael Sanchez	5,500 5,500 5,500 3,300 5,500	6,000 6,000 6,000 5,700 500
John Segura, MD	\$ 5,400 130,100	\$ 6,000 145,200

JENNINGS AMERICAN LEGION HOSPITAL, INC. SCHEDULE OF COMPENSATION, BENEFITS AND OTHER PAYMENTS TO CHIEF EXECUTIVE OFFICER YEAR ENDED NOVEMBER 30, 2020

Agency Head Name:

Dana Williams

Position:

Chief Executive Officer

Time Period:

December 1, 2019 through November 30, 2020

Purpose	<u>Amount</u>
Salary \$	283,255
Health insurance	20,455
Retirement	9,802
Car allowance	-0-
Vehicle provided by government	-0-
Per diem	-0-
Reimbursements	-0-
Travel	12,000
Registration fees	-O-
Conference travel	-0-
Continuing professional education fees	-0-
Housing	-0-
Unvouchered expenses	-0-
Special meals	-0-
Cell Phone	812