

**ST. TAMMANY PARISH HOSPITAL
SERVICE DISTRICT NO. 2**

d/b/a SLIDELL MEMORIAL HOSPITAL

Financial Statements

December 31, 2025 and 2024

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ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL

Management's Discussion and Analysis

This section of St. Tammany Parish Hospital Service District No. 2's (Slidell Memorial Hospital, or SMH, or the Hospital) annual financial report presents background information and management's analysis of the Hospital's financial performance during the fiscal year that ended on December 31, 2025. This should be read in conjunction with the financial statements in this report.

Executive Summary

In 2025, Slidell Memorial Hospital continued to make strategic investments in physician alignment, service growth, and quality improvement to position the facility for the future. Management and the Board of Commissioners are committed to a strategy of improving quality and cost through reducing variation in medical practice patterns and increasing access to primary care in the marketplace. Fiscal year 2025 proved to be a year of growth showing a positive change in net position in 2025, as the Hospital kept with the Mission: We serve, heal, lead, educate, and innovate.

SMH signed a 20-year Joint Operating Agreement (JOA) with Ochsner Health System (OHS), effective January 1, 2016. The JOA creates collaboration between SMH and OHS to achieve more effective and efficient operations by maximizing the utility of our combined assets. The two organizations retain ownership and ultimate control of their assets, but contractual, clinical, and financial integration align incentives to become dispassionate about the location of services. The JOA is managed by a consolidated management team in order to establish a single culture and an enterprise mindset in decision making. The JOA creates a Strategy and Oversight Committee (SOC) with equal representation from SMH's Board of Commissioners and from OHS. The SOC represents the group through which the two organizations will collaborate on matters such as service delivery within the division, where those services are delivered, physician recruitment, and other strategic objectives. The JOA not only creates opportunity for significant cost reduction, but with critical mass in some services, the JOA becomes a quality improvement and growth strategy as well.

Effective July 1, 2023, the JOA was amended for a period continuing until December 31, 2038, automatically renewing for subsequent 5-year terms. The amendment also changed the financial relationship between the parties to be addressed by the Strategic Partnership Agreement.

Effective July 1, 2023, the Organization entered into a Strategic Partnership Agreement with Ochsner Clinic Foundation for Ochsner to provide administrative services to support the Organization with operations and the delivery of health care services. Additionally, Ochsner Medical Center - Northshore was leased to Slidell Memorial and is now operated as a satellite hospital of Slidell Memorial called Slidell Memorial Hospital East, together as the Hospital. All data concerning the operations and performance of the Hospital includes data from Slidell Memorial Main and East, effective July 1, 2023. Ochsner is reimbursed for certain costs that it incurs in providing services to the Organization and also receives administrative service fees.

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Management's Discussion and Analysis

SMH Regional Cancer Center provides a comprehensive, disciplinary coordinated care model with services ranging from an appearance center, library, laboratory, pharmacy, outpatient chemotherapy and infusion service, and radiation oncology. The board-certified medical oncologists are providing care to the region. The provision of services allows patients to remain close to home with the support of family and the community. SMH's cancer program has been accredited by the American College of Surgeons Commission on Cancer since 1992. The Radiation Oncology Department has been accredited by the American College of Radiation Oncology since 2012.

Slidell Memorial Hospital is no different than most other community hospitals in the United States in struggling with the transformation of the healthcare delivery system from fee-for-service to fee-for-value. Without significant capital on the balance sheet, it is precarious to under-shoot or over-shoot the unknown glide-path of change. Moving too fast will erode revenues while increasing expenses associated with infrastructure to manage for value. Moving too slow will expose the organization on the backside of the conversion to risk of massive market share loss to early adopters of the transition to managing population utilization and cost. The revised JOA and new Strategic Partnership Agreement with OHS further enhances the ability to align incentives and our commitment to improving quality, improving access, lowering costs, and growing local services.

Financial Highlights

Net patient service revenue decreased by 1% from the prior year. Acute admissions and adjusted patient days were up 2% and 1%, respectively, from prior year. Compared to prior year, emergency room visits were down 5%, and surgeries and outpatient imaging visits remained the same. The operations at the Cancer Center transitioned to Ochsner during the year which included infusion therapy and radiation center visits. Payor mix stayed relatively the same as prior year.

In 2025, there was no change in operating expenses before depreciation and amortization from the prior year. The Hospital maintained a consistent level of expenses to meet patient needs.

The Hospital's total net position increased by \$17.5 million in 2025. The assets and deferred outflows of resources of the Hospital exceeded liabilities and deferred inflows of resources at the close of the 2025 fiscal year by \$188.5 million. Of this amount, \$96.6 million (unrestricted net position) may be used to meet ongoing obligations to the Hospital's patients and creditors, and \$80.0 million is net investment in capital assets.

Overview of the Financial Statements

This annual report consists of four components - management's discussion and analysis (this section), the independent auditor's report, the financial statements, and supplementary information.

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL

Management's Discussion and Analysis

The financial statements of Slidell Memorial Hospital report the financial position of the Hospital and the results of its operations and its cash flows. The financial statements are prepared on the accrual basis of accounting. These statements offer short-term and long-term financial information about the Hospital's activities.

The *statements of net position* include all the Hospital's assets, deferred outflows, and liabilities and provide information about the nature and amounts of investments in resources (assets) and the obligations to the Hospital's creditors (liabilities) for both the current year and the prior year. They also provide the basis for evaluating the capital structure of the Hospital and assessing the liquidity and financial flexibility of the Hospital.

The current year's revenues and expenses are accounted for in the *statements of revenues, expenses, and changes in net position*. This statement measures the performance of the Hospital's operations over the past two years and can be used to determine whether the Hospital has been able to recover all its costs through its patient service revenue and other revenue sources.

The primary purpose of the *statements of cash flows* is to provide information about the Hospital's cash from operations, investing, and financing activities. The cash flow statement outlines where the cash comes from, what the cash is used for, and the change in the cash balance during the reporting period.

The annual report also includes notes to financial statements that are essential to gain a full understanding of the data provided in the financial statements. The notes to the financial statements can be found immediately following the basic financial statements in this report.

Financial Analysis of the Hospital

The *statements of net position* and the *statements of revenue, expenses, and changes in net position* report information about the Hospital's activities. These two statements report the net position of the Hospital and changes in them. Increases or improvements, as well as decreases or declines in net position, are one indicator of the financial state of the Hospital. Other non-financial factors that should also be considered include changes in economic conditions (including uninsured and working poor) and population growth.

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
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Management's Discussion and Analysis

Net Position

A summary of the Hospital's statements of net position is presented in the following table:

	Fiscal Year 2025	Fiscal Year 2024	Fiscal Year 2023, Restated
	(In Thousands)		
Current and Other Assets	\$ 209,397	\$ 155,180	\$ 186,867
Capital and ROU Assets, Net	203,749	201,610	193,377
Deferred Outflows of Resources	328	372	424
Total Assets and Deferred Outflows of Resources	\$ 413,474	\$ 357,162	\$ 380,668
Long-Term Debt Outstanding	\$ 148,143	\$ 124,134	\$ 132,197
Other Liabilities	60,335	56,084	91,173
Deferred Inflows of Resources	16,457	5,872	3,967
Total Liabilities and Deferred Inflows of Resources	\$ 224,935	\$ 186,090	\$ 227,337
Net Investment in Capital Assets	\$ 79,985	\$ 69,339	\$ 64,148
Restricted	12,000	9,045	8,743
Unrestricted	96,554	92,688	80,440
Total Net Position	\$ 188,539	\$ 171,072	\$ 153,331

December 31, 2025

Current and other assets increased \$54.2 million due to current year increase in directed payments receivable at year end and cash resulting from the issuance of bonds. Capital and right-of-use assets increased \$2.1 million in 2025 reflecting the expansion of the Hospital's infrastructure.

December 31, 2024

Current and other assets decreased \$31.7 million due to current year increase in expense payments and pay down of liabilities. Capital and right-of-use assets increased \$8.2 million in 2024 reflecting the expansion of the Hospital's infrastructure.

December 31, 2023

Current and other assets increased \$31.4 million due to increased patient accounts receivables. Capital and right-of-use assets increased \$86.7 million in 2023 reflecting the effect of new lease agreements.

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
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Management's Discussion and Analysis

Summary of Revenues, Expenses, and Changes in Net Position

The following table presents a summary of the Hospital's historical revenues and expenses for each of the fiscal years ended December 31, 2025, 2024, and 2023:

	Fiscal Year 2025	Fiscal Year 2024	Fiscal Year 2023, Restated
	(In Thousands)		
Net Patient Service Revenue	\$ 362,170	\$ 365,246	\$ 311,533
Other Operating Revenue	34,636	33,326	30,975
Total Operating Revenues	396,806	398,572	342,508
Operating Expenses Excluding Depreciation and Amortization	370,947	372,637	326,136
Depreciation and Amortization Expense	17,915	16,517	13,705
Total Operating Expenses	388,862	389,154	339,841
Operating Net Income (Loss)	7,944	9,418	2,667
Non-Operating Revenues (Expenses)			
Interest Income	5,750	6,711	5,810
Interest Expense	(6,143)	(6,026)	(3,676)
Federal grants	2,143	1,539	-
Property Tax Revenue	7,224	5,617	6,238
Other Non-Operating Revenue	549	482	1,077
Change in Net Position	17,467	17,741	12,116
Total Net Position - Beginning of Year	171,072	153,331	141,215
Total Net Position - End of Year	\$ 188,539	\$ 171,072	\$ 153,331

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
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Management's Discussion and Analysis

The following table represents the relative percentage of gross charges billed for patient services by payer for the fiscal years ended December 31, 2025, 2024, and 2023:

	Fiscal Year 2025	Fiscal Year 2024	Fiscal Year 2023
Medicare and Medicare HMO	57%	57%	57%
Medicaid	12%	13%	14%
Managed Care and Commercial Insurance	29%	28%	28%
Uninsured Patients	2%	2%	1%
Total Gross Charges	100%	100%	100%

Operating and Financial Performance

The following summarizes the Hospital's statements of revenues, expenses, and changes in net position between 2025, 2024, and 2023:

- During 2025, the Hospital had 13,414 acute inpatient admissions. This is an increase of 2% from fiscal year 2024. In 2024, the Hospital had 13,147 acute inpatient admissions. This is an increase of 27.6% from fiscal year 2023.
- Emergency Room visits were 59,474 and 62,683 in 2025 and 2024, respectively, representing a decrease of 5% in 2025 over 2024 and an increase of 25.3% in 2024 over 2023.
- Cardiac catheterization patient volume decreased 15% from fiscal year 2024. There was a decrease of 46% from fiscal year 2023.
- During 2025, net patient service revenue decreased \$3 million, or 1%, from 2024. During 2024, net patient service revenue increased \$53.7 million, or 17%, from 2023. This increase is a result of increased volume.
- During 2025, salaries, wages, and benefits increased 2% from prior year due to increased wages in the current year. In 2024, salaries, wages, and benefits decreased 17% from prior year due to decreased workforce resulting from the partnership with Ochsner.
- During 2025, supplies and materials decreased approximately 5% compared to 2024, primarily due to inpatient and outpatient volume decreases. In 2024, supplies and materials increased 40%, primarily due to inpatient and outpatient volume increases.
- In 2025, purchased services decreased 4% from the prior year, due to decreased purchased services from Ochsner. In 2024, purchased services decreased 68% from the prior year, due to decreased purchased services from Ochsner.
- In 2025, other direct expenses increased 1% from prior year, as a result of increased administrative service fees to Ochsner. In 2024, other direct expenses increased 43% from prior year, as a result of increased administrative service fees to Ochsner.

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
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Management's Discussion and Analysis

Performance Against Budget - Current Year

	FY 2025 Budget	FY 2025 Actual	Favorable (Unfavorable) Variance
(In Thousands)			
Revenues			
Net Patient Service Revenue	\$ 394,226	\$ 362,170	\$ (32,056)
Other Operating Revenue	29,765	34,636	4,871
Total Revenues	423,991	396,806	(27,185)
Operating Expenses			
Salaries, Wages, and Benefits	94,144	89,298	4,846
Supplies and Materials	93,357	89,041	4,316
Other Direct Expenses	208,594	192,440	16,154
Professional Fees	-	168	(168)
Total Operating Expenses before Depreciation and Amortization	396,095	370,947	25,148
EBIDA	27,896	25,859	(2,037)
Interest Income	6,302	5,750	(552)
Interest Expense	(5,210)	(6,143)	(933)
Depreciation and Amortization	(19,007)	(17,915)	1,092
Federal Grants	-	2,143	2,143
Property Tax Revenue	5,600	7,224	1,624
Other Non-Operating Revenue	370	549	179
Excess of Revenues Over Expenses	15,951	17,467	1,516
Increase in Net Position	\$ 15,951	\$ 17,467	\$ 1,516

- Net patient service revenue was under budgeted revenue for 2025 by 8%, as a result of decreases in outpatient volume.
- Operating expenses before depreciation and amortization were under budget for 2025 by 6%, as a result of decreased inpatient and outpatient volume.

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
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Management's Discussion and Analysis

Performance Against Budget - Prior Year

	FY 2024 Budget	FY 2024 Actual	Favorable (Unfavorable) Variance
(In Thousands)			
Revenues			
Net Patient Service Revenue	\$ 344,047	\$ 365,246	\$ 21,199
Other Operating Revenue	14,187	33,326	19,139
Total Revenues	358,234	398,572	40,338
Operating Expenses			
Salaries, Wages, and Benefits	72,367	87,671	(15,304)
Supplies and Other	242,308	277,109	(34,801)
Professional and Contractual Services	18,817	7,857	10,960
Total Operating Expenses before Depreciation and Amortization	333,492	372,637	(39,145)
EBIDA	24,742	25,935	1,193
Interest Income	4,948	6,711	1,763
Interest Expense	(5,006)	(6,026)	(1,020)
Depreciation and Amortization	(16,355)	(16,517)	(162)
Property Tax Revenue	5,600	5,617	17
Other Expenses, Net	(241)	2,021	2,262
Excess of Revenues Over Expenses	13,688	17,741	4,053
Increase in Net Position	\$ 13,688	\$ 17,741	\$ 4,053

- Net patient service revenue was over budgeted revenue for 2024 by 6%, as a result of increases in outpatient volume.
- Operating expenses before depreciation and amortization were over budget for 2024 by 12%, as a result of increased administrative service fees to Ochsner and increased inpatient and outpatient volume.

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL

Management's Discussion and Analysis

Capital Assets - Current Year

	Fiscal Year 2025	Fiscal Year 2024	Dollar Change	Percent Change
(In Thousands)				
Land and Land Improvements	\$ 10,717	\$ 9,326	\$ 1,391	15%
Building and Leasehold Improvements	193,764	183,937	9,827	5%
Equipment	116,207	111,364	4,843	4%
Construction in Progress	1,802	1,400	402	29%
Vehicles	145	-	145	100%
Software	98	98	-	0%
Subtotal	322,733	306,125	16,608	5%
Less: Accumulated Depreciation	(191,138)	(182,709)	(8,429)	5%
Net Capital Assets	\$ 131,595	\$ 123,416	\$ 8,179	7%

Capital Assets - Prior Year

	Fiscal Year 2024	Fiscal Year 2023	Dollar Change	Percent Change
(In Thousands)				
Land and Land Improvements	\$ 9,326	\$ 9,289	\$ 37	0%
Building and Leasehold Improvements	183,937	144,189	39,748	28%
Equipment	111,364	99,642	11,722	12%
Construction in Progress	1,400	27,554	(26,154)	-95%
Software	98	-	98	100%
Subtotal	306,125	280,674	25,451	9%
Less: Accumulated Depreciation	(182,709)	(172,512)	(10,197)	6%
Net Capital Assets	\$ 123,416	\$ 108,162	\$ 15,254	14%

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
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Management's Discussion and Analysis

Community Outreach – Unaudited

The Hospital also sponsors or participates in numerous activities to benefit the community. Many of these activities are sponsored with the knowledge that they will not be self-supporting or financially viable. Annually, the Hospital sponsors several health fairs and programs regarding such issues as diabetes, breast cancer, smoking cessation, nutrition, exercise, cardiology, women's health, parenting skills, development topics, etc., to provide the community access to health-related information. Also, the Hospital provides health screenings at no cost, or a reduced cost, to the community. These include prostate cancer, cholesterol, colorectal, skin cancer, glucose, and thyroid screenings.

During 2025, the SMH Community Outreach Center held 140 free or low-cost health education programs with 1,072 attendees. Also, during 2025, SMH performed free or low-cost health screens for 1,296 people. The total lives touched through community outreach programs, classes, and events was 54,587.

During 2024, the SMH Community Outreach Center held 144 free or low-cost health education programs with 1,300 attendees. Also, during 2024, SMH performed free or low-cost health screens for 5,250 people. The total lives touched through community outreach programs, classes, and events was 53,979.

The Hospital encourages its employees to volunteer for charitable organizations and to participate in fundraising activities and, in some cases, pays employees to perform public services such as health screenings and health works educational events.

Economic Factors and Next Year's Budget

The Hospital's Board and Management considered many factors when setting the fiscal year 2025 budget. Management will continue to recruit physicians in the primary care and specialty areas in order to provide care to the community. In addition, the broad economy is significantly important in setting the 2025 budget, which takes into account market forces and environmental factors such as:

- The effect of general weakness in the broad economy signaling changes in employment, employment-related benefits, and ultimately managed care tightness on utilization and rates.
- Continuing federal budget deficit related cuts threatening critical programs that ensure services in the local community such as the 340B drug program.
- The State of Louisiana continues to face deficits that place Medicaid rates and other reimbursement methods at risk.
- SMH will continue investment in physician alignment and information systems that will be a key part of long-term success, if not survivability of hospitals, in an era of pay for performance, bundled payment, and/or accountable care organizations.
- The industry will continue to face growing utilization of costly technology without adequate reimbursement.

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Management's Discussion and Analysis

- The industry will continue to face the growing number of high-cost drugs, such as chemotherapy agents and new genetic custom specialty drugs, without adequate reimbursement.
- The industry will continue to face increased compliance costs due to pay for performance, HIPAA, and other regulations.

Contacting the Hospital's Financial Manager

This financial report is designed to provide our citizens, customers, and creditors with a general overview of the Hospital's finances. If you have any questions about this report or need additional financial information, please contact the Chief Financial Officer, Slidell Memorial Hospital, 1001 Gause Blvd., Slidell, LA 70458.



Independent Auditor's Report

To the Board of Commissioners
St. Tammany Parish Hospital Service District No. 2
d/b/a Slidell Memorial Hospital
Slidell, Louisiana

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of the St. Tammany Parish Hospital Service District No. 2 d/b/a Slidell Memorial Hospital (the Organization) as of and for the year ended December 31, 2025, and the related notes to the financial statements, which collectively comprise the Organization's basic financial statements as listed in the table of contents.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the St. Tammany Parish Hospital Service District No. 2 d/b/a Slidell Memorial Hospital, as of December 31, 2025, and the respective changes in its financial position and its cash flows for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Organization, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Other Matter

The financial statements of the Organization, as of and for the year ended December 31, 2024, were audited by other auditors, whose report, dated June 21, 2025, expressed an unmodified opinion on those statements.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditor's Responsibility for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinions. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 Organization's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Required Supplementary Information

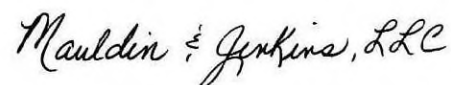
Accounting principles generally accepted in the United States of America require that the management's discussion and analysis on pages i through xi be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements that collectively comprise the Organization's basic financial statements. The schedule of compensation paid to board of commissioners is presented for the purposes of additional analysis and is not a required part of the basic 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 basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of compensation paid to board of commissioners is fairly stated, in all material respects, in relation to the basic financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated June 24, 2026 on our consideration of the Organization's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, grant agreements, and other matters. The purpose of that report is solely 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 effectiveness of the Organization's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control over financial reporting and compliance.



Covington, LA
June 24, 2026

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL
Statements of Net Position
December 31, 2025 and 2024

	2025	2024
Assets and Deferred Outflows of Resources		
Current Assets		
Cash and Cash Equivalents	\$ 90,243,577	\$ 80,758,286
Patient Accounts Receivable, Net of Allowances for Uncollectible Accounts of \$9,850,383 and \$10,191,030 in 2025 and 2024, Respectively	28,135,111	34,096,157
Assets Whose Use is Limited, Required for Current Liabilities	5,022,359	4,484,125
Inventories	2,192,043	3,422,584
Prepaid Expenses and Other Receivables	28,571,299	11,496,966
Total Current Assets	154,164,389	134,258,118
Assets Whose Use is Limited or Restricted		
Under Agreements for Capital Improvements and Debt Service	39,260,067	3,860,625
By Board for Master Facility Project	666,506	10,984,361
By State Department of Workers' Compensation	700,000	700,000
By Board Direction	290,736	221,723
Total Assets Whose Use is Limited or Restricted	40,917,309	15,766,709
Capital Assets		
Land and Improvements	10,716,653	9,325,803
Buildings and Improvements	193,763,967	183,936,661
Equipment	116,206,985	111,363,563
Software	98,295	98,295
Vehicles	144,971	-
Construction in Progress	1,801,546	1,399,685
Less: Accumulated Depreciation	(191,137,679)	(182,707,532)
Capital Assets, Net	131,594,738	123,416,475
Right-of-Use Assets, Net of Amortization	72,153,704	78,193,144
Long-Term Lease Receivable	12,362,420	3,750,490
Other Assets, Net	1,953,737	1,404,862
Total Assets	413,146,297	356,789,798
Deferred Outflows of Resources	327,898	371,962
Total Assets and Deferred Outflows of Resources	\$ 413,474,195	\$ 357,161,760

The accompanying notes are an integral part of these financial statements.

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL
Statements of Net Position (Continued)
December 31, 2025 and 2024

	2025	2024
Liabilities, Deferred Inflows of Resources, and Net Position		
Current Liabilities		
Trade Accounts Payable	\$ 387,909	\$ 2,979,215
Accrued Employee Compensation	5,091,049	5,758,371
Accrued Vacation	2,343,341	2,452,576
Accrued Interest and Other Expenses	43,582,183	36,384,859
Current Portion of Lease Obligation	3,911,034	3,566,990
Amounts Due Within One Year on Bonds Payable	3,150,000	3,085,000
Amounts Due Within One Year on Hospital Indebtedness	1,869,000	1,857,000
Total Current Liabilities	60,334,516	56,084,011
Hospital Indebtedness, Less Amounts Due Within One Year	3,114,000	4,983,000
Lease Obligation, Less Amounts Due Within One Year	75,044,670	78,961,807
Bonds Payable, Less Amounts Due Within One Year	69,985,095	40,189,110
Total Liabilities	208,478,281	180,217,928
Deferred Inflows of Resources	16,456,528	5,872,160
Net Position		
Net Investment in Capital Assets	79,985,292	69,338,674
Restricted for:		
Debt Service	11,299,675	8,344,750
Workers' Compensation	700,000	700,000
Unrestricted	96,554,419	92,688,248
Total Net Position	188,539,386	171,071,672
Total Liabilities, Deferred Inflows of Resources, and Net Position	\$ 413,474,195	\$ 357,161,760

The accompanying notes are an integral part of these financial statements.

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL
Statements of Revenues, Expenses, and Changes in Net Position
For the Years Ended December 31, 2025 and 2024

	2025	2024
Revenues		
Net Patient Service Revenue, Net of Provision for Bad Debts of \$15,506,017 and \$16,005,026 in 2025 and 2024, Respectively	\$ 362,169,669	\$ 365,245,861
Other Revenue	34,636,479	33,326,211
Total Revenues	396,806,148	398,572,072
Operating Expenses		
Salaries and Wages	78,223,111	76,505,833
Employee Benefits	11,075,403	11,165,577
Supplies and Materials	89,040,616	94,108,366
Other Direct Expenses	185,015,278	183,000,357
Professional Fees	167,669	133,042
Purchased Services	7,425,257	7,723,642
Depreciation and Amortization	17,915,029	16,516,837
Total Operating Expenses	388,862,363	389,153,654
Income from Operations	7,943,785	9,418,418
Non-Operating Revenues (Expenses)		
Interest Income	5,750,116	6,711,292
Interest Expense	(6,142,920)	(6,025,552)
Federal Grants	2,143,434	1,538,893
Property Tax Revenue	7,224,424	5,616,406
Other Non-Operating Revenue	548,875	481,019
Total Non-Operating Revenues, Net	9,523,929	8,322,058
Change in Net Position	17,467,714	17,740,476
Net Position, Beginning of Year	171,071,672	153,331,196
Net Position, End of Year	\$ 188,539,386	\$ 171,071,672

The accompanying notes are an integral part of these financial statements.

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL
Statements of Cash Flows
For the Years Ended December 31, 2025 and 2024

	2025	2024
Cash Flows from Operating Activities		
Cash Received from Patient Services	\$ 377,921,980	\$ 394,484,477
Cash Paid to or on Behalf of Employees	(84,036,985)	(114,899,568)
Cash Paid for Supplies and Services	(281,748,185)	(285,222,827)
Cash Received from Federal and State Programs	9,228,863	3,788,268
Net Cash Provided by (Used in) Operating Activities	21,365,673	(1,849,650)
Cash Flows from Capital and Related Financing Activities		
Purchase of Capital Assets	(20,479,750)	(25,461,705)
Proceeds from Sale of Capital Assets	456,064	-
Bond Premium	1,922,783	-
Proceeds from Issuance of Bonds	31,500,000	-
Principal Payments on Long-Term Debt	(4,942,000)	(5,725,000)
Payments on Lease Liabilities	(3,658,199)	(2,637,497)
Dedicated Property Tax Revenue Received	7,032,888	5,317,906
Interest Payments	(6,575,654)	(6,406,436)
Net Cash Provided by (Used in) Capital and Related Financing Activities	5,256,132	(34,912,732)
Cash Flows from Non-Capital Financing Activities		
Federal Grant Proceeds	2,143,434	1,538,893
Net Cash Provided by Non-Capital Financing Activities	2,143,434	1,538,893
Cash Flows from Investing Activities		
Interest Earned on Investments	6,217,350	6,362,990
Net Cash Provided by Investing Activities	6,217,350	6,362,990
Change in Cash and Cash Equivalents	34,982,589	(28,860,499)
Cash and Cash Equivalents, Beginning of Year	93,780,623	122,641,122
Cash and Cash Equivalents, End of Year	\$ 128,763,212	\$ 93,780,623
Reconciliation to Statement of Net Position		
Cash and Cash Equivalents	\$ 90,243,577	\$ 80,758,286
Cash and Cash Equivalents Included in Assets Whose Use is Limited, Required for Current Liabilities	4,579,645	1,816,253
Cash and Cash Equivalents Included in Assets Whose Use is Limited or Restricted	33,939,990	11,206,084
Total Cash and Cash Equivalents	\$ 128,763,212	\$ 93,780,623

The accompanying notes are an integral part of these financial statements.

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL
Statements of Cash Flows (Continued)
For the Years Ended December 31, 2025 and 2024

	2025	2024
Reconciliation of Operating Income to Net Cash		
Provided by (Used in) Operating Activities		
Operating Income	\$ 7,943,785	\$ 9,418,418
Adjustments to Reconcile Operating Income		
to Net Cash Provided by (Used in) Operating Activities		
Depreciation and Amortization	17,915,029	16,516,837
Loss (Gain) on Disposal of Capital Assets	54,940	(118,810)
Provisions for Bad Debts	15,506,017	16,005,026
Changes in Operating Assets and Liabilities		
Patient Accounts Receivable	(9,544,971)	(19,465,052)
Inventories and Other Operating Assets	(13,871,354)	8,971,018
Accounts Payable and Accrued Expenses	3,362,227	(33,177,087)
Net Cash Provided by (Used in)		
Operating Activities	\$ 21,365,673	\$ (1,849,650)
Non-Cash Investing, Capital and Financing Activities		
Recognition of Right-of-Use Assets and Lease Liabilities	\$ 85,106	\$ -
Reduction of Lease Receivables and Deferred Inflows		
of Resources Due to Lease Terminations	\$ 1,918,645	\$ -
Recognition of Lease Receivables and Deferred		
Inflows of Resources	\$ 15,626,380	\$ 4,308,904

The accompanying notes are an integral part of these financial statements.

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL

Notes to Financial Statements

Note 1. Organization and Summary of Significant Accounting Policies

Organization and Nature of Operations

Slidell Memorial Hospital (the Hospital) is a non-profit corporation organized as St. Tammany Parish Hospital Service District No. 2 (the District), a political subdivision of the State of Louisiana as established in Act 180 of the 1984 Regular Session of the Legislature, as amended, and is exempt from federal and state income taxes. The governing authority of the District is the St. Tammany Parish Hospital Service District No. 2 Board of Commissioners (the Board), which is appointed by a cross-section of representatives of city, parish, and state government bodies. The Board is authorized to oversee the assets and govern the operations of the District. The District operates a full service acute care community hospital located in Slidell, Louisiana.

Reporting Entity

The basic financial statements present the Hospital operations, collectively referred to as the Organization. There are no other organizations or agencies whose financial statements should be included and presented with these financial statements.

Basis of Accounting

The financial statements of the Organization have been prepared on the accrual basis of accounting using the economic resources measurement focus. Revenues, expenses, gains, losses, assets, and liabilities from exchange and exchange-like transactions are recognized when the exchange transaction takes place, while those from government-mandated non-exchange transactions (principally, government grants) are recognized when all applicable eligibility requirements are met. Operating revenues and expenses include exchange transactions and program-specific, government-mandated non-exchange transactions. Government-mandated non-exchange transactions that are not program specific, investment income, and interest on capital assets-related debt are included in nonoperating revenues and expenses. The Organization first applies restricted net position when an expense or outlay is incurred for purposes for which both restricted and unrestricted net position is available. All significant inter-entity accounts have been eliminated in the accompanying financial statements.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America 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.

The determination of the allowance for uncollectible accounts receivable and amounts estimated to be recovered from third-party payors are particularly sensitive estimates and are subject to change.

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL

Notes to Financial Statements

Note 1. Organization and Summary of Significant Accounting Policies (Continued)

Cash and Cash Equivalents

Cash and cash equivalents are recorded at cost or amortized cost. The Organization reports short-term, highly liquid investments whose use is not limited (that are both readily convertible to known amounts of cash and mature within three months or less from date of purchase) as cash equivalents.

Inventories

Inventories, which consist primarily of drugs and supplies, are valued at the lower of cost (first-in, first-out method) or market.

Capital Assets

Land, buildings, and equipment acquisitions are recorded at historical cost except for assets donated to the Organization. Donated assets are recorded at fair value on the date of donation. Depreciation of buildings and equipment is computed using the straight-line method in amounts sufficient to amortize the cost of these assets over their estimated useful lives.

Assets Whose Use is Limited or Restricted

Assets whose use is limited or restricted consist of cash reported at cost or amortized cost and investments reported at fair value with gains and losses included in the statements of revenues, expenses, and changes in net position.

Impairment of Long-Lived Assets

The Organization reviews long-lived assets, consisting of property and equipment and cost in excess of net assets acquired, for impairment and determines whether an event or change in facts and circumstances indicates that their carrying amount may not be recoverable. The Organization determines recoverability of the assets by comparing the carrying value of the asset to net future undiscounted cash flows that the asset is expected to generate. The impairment recognized is the amount by which the carrying amount exceeds the fair market value of the asset. There were no asset impairments recorded during 2025 and 2024.

Right-of-Use Assets

Right-of-use lease assets are initially measured at an amount equal to the initial measurement of the related lease liability plus any lease payments made prior to the lease term, less lease incentives, and plus ancillary charges necessary to place the lease into service. The right-of-use lease assets are amortized on a straight-line basis over the life of the related lease.

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL

Notes to Financial Statements

Note 1. Organization and Summary of Significant Accounting Policies (Continued)

Deferred Inflows of Resources

The deferred inflows of resources associated with leases are recorded in an amount equal to the corresponding lease receivable plus certain additional amounts received from the lessee at or before the commencement of the lease term that relate to future periods, less any lease incentives paid to, or on behalf of, the lessee at or before the commencement of the lease term. The inflow is recognized in a systematic and rational manner over the term of the lease.

Joint Venture Agreement

During August of 2018, the Organization entered into a joint venture agreement with St. Tammany Parish Hospital, Ochsner Clinic Foundation, and Hospital Holdings Corporation to join a newly established entity, NSR Louisiana, LLC, that will provide inpatient rehabilitation services at a facility located in Lacombe, Louisiana. Under the terms of the agreement, the Organization will have a 30% ownership interest in NSR Louisiana, LLC. The Organization's ownership interest of \$1,953,737 and \$1,404,862 as of December 31, 2025 and 2024, respectively, is included in other assets, net on the statements of net position. The Organization's share of the change in equity interest is recorded within other non-operating income on the statements of revenues, expenses, and changes in net position.

Net Patient Service Revenue and Related Receivables

Net patient service revenue and the related accounts receivable are reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered. The Organization provides care 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 Organization is exposed to certain credit risks. The Organization manages such risk by regularly reviewing its accounts and contracts, and by providing appropriate allowances. Provisions for bad debts are reported as offsets to net patient service revenues consistent with reporting practices for governmental entities.

The Hospital is reimbursed under the Medicare Prospective Payment System for acute care inpatient services provided to Medicare beneficiaries and is paid a predetermined amount for these services based, for the most part, on the Diagnosis Related Group (DRG) assigned to the patient. In addition, the Hospital is paid prospectively for Medicare inpatient capital costs based on the federal specific rate. The Hospital qualifies as a disproportionate share provider under the Medicare regulations. As such, the Hospital receives an additional payment for Medicare inpatients served. Except for Medicare disproportionate share reimbursement and Medicare bad debts, there is no retroactive settlement for inpatient costs under the Medicare inpatient prospective payment methodology.

The Hospital is paid a prospective per diem rate for Medicaid inpatients. The per diem rate is based on a peer grouping methodology, which assigns a per diem rate to each hospital in the peer group.

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL

Notes to Financial Statements

Note 1. Organization and Summary of Significant Accounting Policies (Continued)

Medicare and Medicaid Reimbursement Programs

Medicare outpatient services (excluding clinical lab and outpatient therapy) are reimbursed by the Outpatient Prospective Payment System (OPPS), which establishes a number of Ambulatory Payment Classifications (APC) for outpatient procedures in which the Hospital is paid a predetermined amount per procedure. Medicaid outpatient services (excluding ambulatory surgery, therapy, and clinical lab) were reimbursed at 85.84% of the lower of cost or charges as of December 31, 2025 and 2024. Medicare and Medicaid outpatient clinical lab and Medicaid ambulatory surgery and outpatient therapy services are reimbursed based upon the respective fee schedules.

Effective January 1, 2019, the Organization entered into an agreement with the Quality and Outcome Improvement Network (QOIN) to facilitate payments to these entities under the State of Louisiana's Medicaid Managed Care Quality Incentive Program (Program). The Louisiana Department of Health (LDH) amended its agreements with its contracted Managed Care Organizations (MCOs) to include quality-based performance measures and quality-based outcomes. With the expected achievement of the defined quality measures, LDH will fund the MCOs, who in turn will fund the network that the hospitals contract with for this Managed Care Incentive Payment (MCIP). For each measurement year, LDH will evaluate the performance relative to the specific quality measures. In the event LDH finds a deficiency in the accomplishment of those performance measures, there is the potential for recoupment of the MCIPs. Under the terms of the agreement with the QOIN, the Organization recognized approximately \$8.5 million and \$8.6 million of estimated incentive payments for the years ended December 31, 2025 and 2024, respectively, which is included within other revenue.

Retroactive cost settlements, based upon annual cost reports, are estimated for those programs subject to retroactive settlement and recorded in the financial statements. Final determination of retroactive cost settlements to be received under the Medicare and Medicaid regulations is subject to review by program representatives.

The difference between a final settlement and an estimated settlement in any year is reported as an adjustment of net patient service revenue in the year the final settlement is made. Adjustments to estimated settlements resulted in an increase to net patient service revenue of approximately \$465,000 and \$812,000 in 2025 and 2024, respectively. See Note 3 for further information.

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL

Notes to Financial Statements

Note 1. Organization and Summary of Significant Accounting Policies (Continued)

Grants and Contributions

From time to time, the Hospital receives grants from the State of Louisiana, as well as contributions from individuals and private organizations. Revenues from grants and contributions (including contributions of capital assets) are recognized when all eligibility requirements, including time requirements, are met. Grants and contributions may be restricted for either specific operating purposes or for capital purposes. Amounts that are unrestricted or that are restricted to a specific operating purpose are reported as non-operating revenues. Amounts restricted to capital acquisitions are reported after non-operating revenues and expenses.

Restricted Resources

When the Organization has both restricted and unrestricted resources available to finance a particular program, it is the Organization's policy to use restricted resources before unrestricted resources.

Net Position

In accordance with Government Accounting Standards Board (GASB) Statement No. 34, *Basic Financial Statements - and Management's Discussion and Analysis - for State and Local Governments*, as amended, net position is classified into three components: net investment in capital assets, restricted, and unrestricted. These classifications are defined as follows:

Net Investment in Capital Assets

This component of net position consists of the historical cost of capital assets, including any 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, plus deferred outflows of resources less deferred inflows of resources related to those assets.

Restricted

This component of net position consists of assets that have constraints that are externally imposed 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

All other net position is reported in this category.

Employee Health and Workers' Compensation Insurance

The Organization is self-insured for hospitalization and workers' compensation claims. Estimated amounts for claims incurred but not reported are calculated based on claims experience and, together with unpaid claims, are included in accrued interest and other expenses on the statements of net position.

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL

Notes to Financial Statements

Note 1. Organization and Summary of Significant Accounting Policies (Continued)

Statements of Revenues, Expenses, and Changes in Net Position

All revenues and expenses directly related to the delivery of health care services are included in operating revenues and expenses in the statements of revenues, expenses, and changes in net position. Non-operating revenues and expenses consist of revenues and expenses related to financing and investing type activities and result from non-exchange transactions or investment income.

Property Tax Revenues

The Hospital receives dedicated property tax revenues in amounts sufficient to fund annual debt maturities of the general obligation bonds and related interest costs (see Note 7). Such revenues are considered non-operating in the accompanying statements of revenues, expenses, and changes in net position. Unexpended property tax revenues are accumulated in a restricted fund held in trust and are exclusive of governmental debt service.

Compensated Absences

The Organization's employees earn paid time off at varying rates depending on years of service. The estimated amount of paid time off as termination payments is reported as a component of the current liability for salaries, wages, and benefits payable in both 2025 and 2024.

Recently Issued Accounting Principles - Adopted

The Organization adopted the provisions of GASB Statement No. 102, *Certain Risk Disclosures*. This Statement updates disclosure requirements about concentrations and constraints to state and local governmental entities that could affect their programs and services or a government's ability to meet its obligations. The adoption of the pronouncement did not have a material effect on the Organization's financial statements.

Recently Issued Accounting Principles - Not Yet Adopted

The GASB issued Statement No. 103, *Financial Reporting Model Improvements*. The objective of the Statement is to improve key components of the financial reporting model to enhance its effectiveness in providing information that is essential for decision making and assessing a government's accountability. The Statement is effective for fiscal years beginning after June 15, 2025.

The GASB issued Statement No. 104, *Disclosure of Certain Capital Assets*. The objective of the Statement is to provide users of government financial statements with essential information about certain types of capital assets. The Statement is effective for fiscal years beginning after June 15, 2025.

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL

Notes to Financial Statements

Note 1. Organization and Summary of Significant Accounting Policies (Continued)

Recently Issued Accounting Principles - Not Yet Adopted (Continued)

The GASB issued Statement No. 105, *Subsequent Events*. The objective of the Statement is to improve the financial reporting requirements for subsequent events. The Statement is effective for fiscal years beginning after June 15, 2026.

Management is currently determining the expected impact of implementation of the above standards on the financial statements and notes to the financial statements.

Reclassifications

Certain reclassifications have been made to prior year balances to conform to the current year presentation.

Note 2. Cash and Assets Whose Use is Limited or Restricted

Statutes authorize the Organization to invest in direct obligations of the U.S. Government, certificates of deposit of state banks and national banks having their principal office in the State of Louisiana, and any other federally insured investments, guaranteed investment contracts issued by a financial institution having one of the two highest rating categories published by Standard & Poor's or Moody's, and mutual or trust fund institutions registered with the Securities and Exchange Commission (provided the underlying investments of these funds meet certain restrictions).

Custodial Credit Risk - Deposits: Custodial credit risk is the risk that in the event of a bank failure, the Organization's deposits may not be returned. As of December 31, 2025 and 2024, the Organization's bank balances were entirely covered by federal depository insurance (FDIC) or were fully collateralized with securities held by the pledging financial institution's trust department or agent in the Organization's name.

Interest Rate Risk: Interest rate risk is the risk that changes in market interest rates will adversely affect the fair value of an investment. The Organization's cash, cash equivalents, and assets whose use is limited consist entirely of bank demand deposits and short-term certificates of deposit, it has no direct exposure to significant interest rate risk.

Credit Risk: Credit risk is the risk that an issuer or other counterparty to an investment will not fulfill its obligations. Under GASB Statement No. 40, bank deposits and certificates of deposit are not subject to credit quality rating disclosures. The Organization holds no debt securities or external investment pool stakes that require credit risk rating disclosures.

Concentration of Credit Risk: 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 Statement No. 40 specifically excludes bank deposits, certificates of deposit, and investments issued or explicitly guaranteed by the U.S. government from this disclosure requirement. At December 31, 2025 and 2024, the Organization had no investment holdings requiring concentration of credit risk disclosures.

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL

Notes to Financial Statements

Note 2. Cash and Assets Whose Use is Limited or Restricted (Continued)

Foreign Currency Risk: Foreign currency risk is the risk that changes in exchange rates will adversely affect the balance of a deposit or investment. The Organization holds no deposits or investments denominated in foreign currencies and has no formal policy regarding foreign currency risk.

Assets Whose Use is Limited or Restricted: The terms of the Organization's bond issues require certain funds to be maintained on deposit with the trustee. The funds on deposit with the trustee, funds designated by the Board for capital improvements, and donated funds restricted by donor stipulations, as of December 31, 2025 and 2024, were as follows:

	2025	2024
Current Assets		
Dedicated Property Tax Revenue, Under Bond Indenture	\$ 5,022,359	\$ 4,484,125
Total	\$ 5,022,359	\$ 4,484,125
Non-Current Assets		
Dedicated Property Tax Revenue and Amounts Under Bond Indenture	\$ 39,260,067	\$ 3,860,625
By Board for Master Facility Project	666,506	10,984,361
By State Department of Workers' Compensation	700,000	700,000
By Board Direction	290,736	221,723
Total	\$ 40,917,309	\$ 15,766,709

Note 3. Third-Party Payor Arrangements

The Hospital participates in the Medicare and Medicaid programs as a provider of medical services to program beneficiaries. During the years ended December 31, 2025 and 2024, approximately 70% of the Hospital's gross patient service charges were derived from services provided to Medicare and Medicaid program beneficiaries. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. The Hospital believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. While no such regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs.

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL

Notes to Financial Statements

Note 3. Third-Party Payor Arrangements (Continued)

Revenue derived from the Medicare program is subject to audit and adjustment by the fiscal intermediary and must be accepted by the United States Department of Health and Human Services before settlement amounts become final. Revenue derived from the Medicaid program is subject to audit and adjustment and must be accepted by the State of Louisiana, Department of Health before the settlement amount becomes final. The fiscal intermediary has completed its review of estimated Medicare settlements for fiscal years ended through December 31, 2021. The fiscal intermediary has completed its review of estimated Medicaid settlements for fiscal years ended through December 31, 2020. Annually, management evaluates the recorded estimated settlements and adjusts these balances based upon the results of the intermediary's audit of filed cost reports and additional information becoming available. Although the fiscal intermediary has not completed its audits (or reopened the review) of the estimated settlements for the years ended December 31, 2022 through December 31, 2024 for Medicare and for the years ended December 31, 2021 through December 31, 2024 for Medicaid, the Hospital does not anticipate significant adverse adjustments to the recorded settlements for those years.

The Hospital has also entered into payment agreements with certain commercial insurance carriers and managed care organizations. The basis for payment to the Hospital under these arrangements includes prospectively determined daily rates and discounts from established charges.

Estimated settlements due from third-party payors are \$2,339,628 and \$1,878,749 for the years ended December 31, 2025 and 2024, respectively.

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL

Notes to Financial Statements

Note 4. Net Patient Service Revenue

Net patient service revenue for the years ended December 31, 2025 and 2024 was as follows:

	2025	2024
Gross Patient Service Revenue		
Medicare	\$ 406,946,980	\$ 458,604,478
Medicaid	254,090,987	286,062,675
Medicare HMO	800,485,960	801,729,088
Managed Care/Commercial	596,957,970	626,119,288
Self Pay/Uninsured	42,760,998	44,006,949
Total	2,101,242,895	2,216,522,478
Contractual Adjustments	(1,713,878,988)	(1,825,795,009)
Admin Allowance	(4,908,818)	(6,738,418)
Charity Care	(4,779,403)	(2,738,164)
Provisions for Bad Debts	(15,506,017)	(16,005,026)
Total	\$ 362,169,669	\$ 365,245,861

Note 5. Community Benefits

Charity Care

As a community health care provider, the Hospital's stated mission is "We serve, heal, lead, educate, and innovate." As such, total revenue includes that revenue generated from direct patient care, rentals from various medical office buildings, and sundry revenue related to the operation of the Hospital and its member organizations.

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. Charity care provided during the years ended December 31, 2025 and 2024 measured at established rates totaled \$46,389,237 and \$44,759,470, respectively.

The Hospital has also entered into a series of agreements related to funding healthcare for low-income populations which are detailed in Note 12.

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL

Notes to Financial Statements

Note 6. Leases

The District as Lessee

The Organization leases various office facilities and medical equipment in the course of providing services to patients. As described in Note 14, during the year ended December 31, 2023, the Organization entered into a lease agreement with Ochsner Health System to lease the Ochsner Medical Center - Northshore.

The following tables present the components of the Organization's right-of-use assets and accumulated amortization at December 31, 2025 and 2024:

December 31, 2025	Asset Amount	Accumulated Amortization	Net Value
Facilities	\$ 70,483,630	\$ (11,991,335)	\$ 58,492,295
Medical Equipment	17,539,809	(3,878,400)	13,661,409
Total	\$ 88,023,439	\$ (15,869,735)	\$ 72,153,704

December 31, 2024	Asset Amount	Accumulated Amortization	Net Value
Facilities	\$ 70,398,525	\$ (7,227,753)	\$ 63,170,772
Medical Equipment	17,539,808	(2,517,436)	15,022,372
Total	\$ 87,938,333	\$ (9,745,189)	\$ 78,193,144

The following tables present a summary of changes in the Organization's lease liabilities during the year ended December 31, 2025 and 2024:

	December 31, 2024	Additions/ Changes	Retirements/ Payments	December 31, 2025	Due Within One Year
Lease Liabilities	\$ 82,528,797	\$ 85,106	\$ (3,658,199)	\$ 78,955,704	3,911,034

	December 31, 2023	Additions/ Changes	Retirements/ Payments	December 31, 2024	Due Within One Year
Lease Liabilities	\$ 85,997,462	\$ -	\$ (3,468,665)	\$ 82,528,797	\$ 3,566,990

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL

Notes to Financial Statements

Note 6. Leases (Continued)

The District as Lessee (Continued)

Principal and interest payments due on lease liabilities over the next five years and thereafter are as follows:

Year Ending December 31,	Principal	Interest
2026	\$ 3,911,034	\$ 3,830,640
2027	4,179,894	3,625,388
2028	4,413,148	3,420,679
2029	4,803,074	3,179,156
2030	5,191,955	2,928,918
2031-2035	33,635,938	10,059,208
2036-2038	22,820,661	1,407,820
Total	\$ 78,955,704	\$ 28,451,809

The District as Lessor

The District, as lessor, has entered into lease agreements involving certain office space, expiring at various intervals through 2030.

The District recognizes a lease receivable and a corresponding deferred inflow of resources based on the present value of expected future minimum lease payments. For the years ended December 31, 2025 and 2024, the District recognized total lease-related revenues of \$3,139,832 and \$2,674,539, respectively, which are included within other operating revenue on the Statements of Revenues, Expenses, and Changes in Net Position.

The following is a summary of the balances associated with the lessee transactions recorded at December 31st:

	December 31, 2025	December 31, 2024
Lease Receivable		
Current	\$ 4,309,823	\$ 2,278,431
Non-Current	12,362,420	3,750,490
Total Lease Receivable	\$ 16,672,243	\$ 6,028,921
Deferred Inflows - Leases	\$ 16,456,528	\$ 5,872,160

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
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Notes to Financial Statements

Note 7. Long-Term Debt

A summary of the Hospital's long-term debt outstanding is as follows:

	2025	2024
General Obligation Bonds	\$ 73,135,095	\$ 43,274,110
Hospital Indebtedness	4,983,000	6,840,000
Total Long-Term Debt	\$ 78,118,095	\$ 50,114,110

The following table, for the years ended December 31, 2025 and 2024, summarizes the changes in long-term debt:

	2025	2024
Balance of Long-Term Debt at January 1,	\$ 50,114,110	\$ 56,271,789
Less: Repayment of Bonds and Notes Payable	(4,942,000)	(5,725,000)
Less: Amortization of Bond Premium	(476,798)	(432,679)
Plus: Bond Premium	1,922,783	-
Plus: 2025 General Obligation Refinancing	31,500,000	-
Balance of Long-Term Debt at December 31,	\$ 78,118,095	\$ 50,114,110

The details and balances of long-term debt at December 31, 2025 and 2024 are presented in the following table:

	2025	2024
Hospital Indebtedness, Series 2018	\$ 4,983,000	\$ 6,840,000
General Obligation Refunding Bonds, Series 2019 #1	3,450,000	4,335,000
General Obligation Refunding Bonds, Series 2019 #2	6,065,000	6,505,000
General Obligation Bonds, Series 2021 Refinancing	7,280,000	8,215,000
General Obligation Bonds, Series 2021	20,155,000	20,980,000
General Obligation Bonds, Series 2025	31,500,000	-
Plus: Unamortized Premium, Net	4,685,095	3,239,110
Total Long-Term Debt	78,118,095	50,114,110
Less: Amounts Due Within One Year	5,019,000	4,942,000
Total, Net of Amounts Due Within One Year	\$ 73,099,095	\$ 45,172,110

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
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Notes to Financial Statements

Note 7. Long-Term Debt (Continued)

General Obligation Bonds

The Hospital's general obligation bonds are payable from the annual levy and collection of unlimited ad valorem taxes on all the taxable property located within the boundaries of St. Tammany Hospital Service District No. 2 sufficient to pay such bonds in principal and interest as they mature.

Series 2021

On April 24, 2021, the voters of St. Tammany Parish approved a referendum authorizing the Hospital to issue up to \$23.11 million of general obligation bonds for the purpose of constructing, acquiring, extending and improving advanced surgical suites, intensive care and isolation patient rooms; new technology and cardiology services and related health care facilities of the District; and acquiring equipment and furnishings.

In July 2021, the Hospital issued \$23,110,000 of general obligation bonds, Series 2021. Scheduled interest rates over the term of the 2021 bonds range from 4% to 5%.

Series 2025

On May 3, 2025, the voters of St. Tammany Parish approved a referendum authorizing the Hospital to issue up to \$31.5 million of general obligation bonds for the purpose of constructing, acquiring, extending and improving hospital and related health care facilities of the District, and acquiring equipment and furnishings.

In August 2025, the Hospital issued \$31,500,000 of general obligation bonds, Series 2025. The scheduled interest rate over the term of the 2025 bond is 5%.

All of the Hospital's general obligation bonds are secured by a pledge of dedicated property tax millages described in Note 1.

General Obligation Refunding Bonds

Series 2019

In January 2019, the Hospital issued \$8,985,000 of general obligation refunding bonds, Series 2019. The bonds were issued for the purpose of advance refunding \$8,750,000 of the Hospital's outstanding Series 2009 general obligation bonds with maturities from 2020 through 2029. The refunding tax-exempt bonds bear interest at a rate of 3.05%. Interest is payable semi-annually on March 1st and September 1st each year. The bonds mature in annual installments on March 1st of each year until 2029. The bonds are not callable for early redemption.

The resources provided by the issuance of the bonds were placed in escrow and the bonds were called for redemption effective March 1, 2019, at which time the refunded bonds were considered defeased and the liability removed from long-term debt. The advanced refunding was undertaken to reduce total debt service payments over 10 years by approximately \$580,000 with an economic gain of approximately \$500,000.

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL

Notes to Financial Statements

Note 7. Long-Term Debt (Continued)

General Obligation Refunding Bonds (Continued)

Series 2019 (Continued)

The loss incurred in connection with the advanced refunding of the Series 2009 general obligation bonds has been deferred and is being amortized over the life of the refunding bond issue. Amortization of this deferred loss was \$2,085 at December 31, 2025 and 2024. Amortization is included in interest expense.

Series 2019, Taxable

In October 2019, the Hospital issued \$7,910,000 of taxable general obligation refunding bonds, Series 2019. The bonds were issued for the purpose of advance refunding \$7,400,000 of the Hospital's outstanding Series 2011 general obligation bonds with maturities from 2022 through 2036. The refunding bonds bear interest at a rate between 2.00% and 3.44%. Interest is payable semi-annually on March 1st and September 1st each year. The bonds mature in annual installments on March 1st of each year until 2036. The bonds maturing in March 2030 and after are callable for early redemption.

The resources provided by the issuance of the bonds were placed in an irrevocable trust for the purpose of generating resources for all future debt service payments of the refunded debt. The refunded bonds were called for redemption on March 1, 2021 and are considered defeased and the liability removed from long-term debt. The advanced refunding was undertaken to reduce total debt service payments over 16 years by approximately \$480,000 with an economic gain of approximately \$370,000.

The loss incurred in connection with the advanced refunding of the Series 2011 general obligation bonds has been deferred and is being amortized over the life of the refunding bond issue. Amortization of this deferred loss was \$15,649 at December 31, 2025 and 2024. Amortization is included in interest expense.

Series 2021

In March 2021, the Hospital issued \$10,155,000 of general obligation refunding bonds, Series 2021. The bonds were issued for the purpose of advance refunding \$9,735,000 of the Hospital's outstanding Series 2012 general obligation bonds with maturities from 2023 through 2032. The refunding bonds bear interest at a rate between 0.35% and 2.35%. Interest is payable semi-annually on March 1st and September 1st each year. The bonds mature in annual installments on March 1st of each year until 2032. Only the March 2032 bond is callable for early redemption, at any time on or after March 1, 2031.

The resources provided by the issuance of the bonds were placed in escrow and the bonds were called for redemption effective March 1, 2022, at which time the refunded bonds were considered defeased and the liability removed from long-term debt. The advanced refunding was undertaken to reduce total debt service payments over 10 years by approximately \$338,000 with an economic gain of approximately \$300,000.

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
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Notes to Financial Statements

Note 7. Long-Term Debt (Continued)

General Obligation Refunding Bonds (Continued)

Series 2021 (Continued)

The loss incurred in connection with the advanced refunding of the Series 2012 general obligation bonds has been deferred and is being amortized over the life of the refunding bond issue. Amortization of this deferred loss was \$26,330 at December 31, 2025 and 2024. Amortization is included in interest expense.

Hospital Indebtedness Obligations

On August 9, 2018, the Hospital issued \$11 million of hospital indebtedness obligations to finance the cost of constructing, acquiring, and/or improving hospital facilities, equipment, and furnishings, including, but not limited to, computer hardware and software upgrades for the Hospital. The obligations bear interest at a rate of 3.7% and are payable in annual installments through July 1, 2028. The obligations are secured by a pledge of the net income, revenues, and receipts of the Hospital.

Combined Existing Debt Service Commitments

Principal and interest payments due on general obligation bonds and notes payable outstanding as of December 31, 2025 are as follows:

Year Ending December 31,	Principal	Interest
2026	\$ 5,019,000	\$ 2,990,152
2027	6,017,000	2,837,453
2028	5,727,000	2,616,477
2029	4,515,000	2,402,875
2030	3,835,000	2,243,765
2031 - 2035	18,215,000	8,872,386
2036 - 2040	17,045,000	5,089,615
2041 - 2045	13,060,000	1,490,131
Total	\$ 73,433,000	\$ 28,542,854

Note 8. Employee Benefits

The Hospital and its member organizations maintain qualified defined contribution retirement and deferred compensation plans which provide benefits for eligible employees. Beginning in April 2002, the Hospital initiated a combined deferred compensation and contributory employee savings plan for full-time employees. Each employee's interest in a previous plan was fully vested and was transferred over to the new plan.

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
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Notes to Financial Statements

Note 8. Employee Benefits (Continued)

The retirement plan provides a discretionary employer match of participant elective deferrals up to 4%, beginning January 1, 2006, rather than contributions based on salaries. Employees are eligible to participate at their date of hire. Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Hospital's contribution is based on years of service. For contributions made prior to 1/1/2024, the employee is 100% vested after three years of eligible service. Prior to that time, the employee is 0.0% vested. For contributions made after 1/1/2024, the employee is 20% vested after two years of eligible service, 40% vested after three years, 60% vested after four years, 80% vested after five years and 100% vested after six years of eligible service.

The total eligible payroll for the years ended December 31, 2025 and 2024 was approximately \$78 million and \$77 million, respectively. During the years ended December 31, 2025 and 2024, the Hospital and member organizations made required contributions to the plan of \$967,824 and \$1,446,437, respectively. At December 31, 2025 and 2024, the Hospital had a contribution payable to the plan of \$903,629 and \$1,260,160, respectively, to be paid in the subsequent year.

Note 9. Risk Management and Regulatory Matters

Risk Management

The Hospital participates in the Louisiana Patients' Compensation Trust Fund (PCF) for insurance coverage on professional liability (medical malpractice) claims. As a participant, the Hospital has a statutory limitation of liability which provides that no award can be rendered against it in excess of \$500,000, plus interest and costs. The PCF provides coverage on a claims occurrence basis for claims over \$100,000 and up to the \$500,000 statutory limitation. The Hospital is self-insured with respect to the first \$100,000 of each claim.

The Hospital also participates in the Louisiana Hospital Association Trust Fund (LHA Trust Fund), which provides general liability coverage up to \$1,000,000 per claim. The LHA Trust Fund also insures excess general liability claims in excess of \$1,000,000, but limited to \$10,000,000 per claim. The Hospital's insurance coverage under the LHA Trust Fund is subject to a deductible of \$100,000 on a claims-made basis.

The Hospital is involved in litigation arising in the ordinary course of business. Claims alleging malpractice have been asserted against the Hospital and are currently in various stages of litigation. As of December 31, 2025 and 2024, the Hospital has recorded professional and general liability accruals totaling \$3,057,929 and \$2,531,826, respectively, as an estimated provision for both asserted claims and for claims incurred but not reported.

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
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Notes to Financial Statements

Note 9. Risk Management and Regulatory Matters (Continued)

Risk Management (Continued)

These provisions are included as a component of accrued interest and other expenses on its statements of net position. Additional claims may be asserted against the Hospital arising from services provided to patients through December 31, 2025, exceeding these coverage limits; however, management believes it has adequately provided for them.

The Hospital is self-insured for workers' compensation up to \$750,000 per claim, and employee health up to \$300,000 per claim. A liability is recorded when it is probable that a loss has been incurred and the amount of that loss can be reasonably estimated. Liabilities for claims incurred are re-evaluated periodically to take into consideration claims incurred but not reported, recently settled claims, frequency of claims, and other economic and social factors. The Hospital carries commercial insurance which provides coverage for workers' compensation and employee health claims in excess of the self-insured limits.

As of December 31, 2025, the Hospital has recorded workers' compensation and employee health accruals totaling \$1,443,321 and \$286,615, respectively, as an estimated provision for both asserted claims and for claims incurred but not reported. These provisions are included as a component of accrued interest and other expenses on its statements of net position.

As of December 31, 2024, the Hospital has recorded workers' compensation and employee health accruals totaling \$1,532,778 and \$698,441, respectively, as an estimated provision for both asserted claims and for claims incurred but not reported. These provisions are included as a component of accrued interest and other expenses on its statements of net position.

Changes in the Hospital's aggregate claims liability for professional, general liability, workers' compensation, and employee health, which are included in accrued interest and other expenses on the accompanying statements of net position, were as follows for the years ended December 31, 2025 and 2024:

Year Ended December 31,	Beginning of Year Liability	Current Year Claims and Changes in Estimates	Claim Payments	Balance at Year End
2025	\$ 4,763,045	\$ 4,108,978	\$ 4,084,158	\$ 4,787,865
2024	4,133,923	4,114,798	3,485,676	4,763,045

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
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Notes to Financial Statements

Note 9. Risk Management and Regulatory Matters (Continued)

Regulatory Matters

The health care industry is subject to numerous laws and regulations of federal, state, and local governments; 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. These laws and regulations include, but are not limited to, accreditation, licensure, and government health care program participation 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 health care providers.

Violations of these laws and regulations could result in exclusion from government health care program participation, together with the imposition of significant fines and penalties, as well as significant repayment for past reimbursement for patient services received. While the Organization is subject to similar regulatory reviews, management believes the Organization is not the subject of any investigation at this time, and the outcome of any such regulatory review will not have a material adverse effect on the Organization's financial position.

To ensure accurate payments to providers, the Tax Relief and Healthcare Act of 2006 mandated the Centers for Medicare & Medicaid Services (CMS) to implement a so-called Recovery Audit Contractor (RAC) program on a permanent and nationwide basis. The program uses RACs to search for potentially improper Medicare payments that may have been made to health care providers that were not detected through existing CMS program integrity efforts, on payments that have occurred at least one year ago but not longer than three years ago. Once a RAC identifies a claim it believes to be improper, it makes a deduction from the provider's Medicare reimbursement in an amount estimated to equal the overpayment.

A five-state pilot program concluded in March 2008, with a nationwide rollout of the RAC effort done in phases beginning in 2009. The experiences during the pilot found far more overpayments than underpayments.

Similarly, the CMS created new entities titled Audit Medicaid Integrity Contractors (MIC) in order to continue its efforts to ensure the highest integrity of its healthcare programs. The goal of the provider audits is to identify overpayments and to ultimately decrease the payment of inappropriate Medicaid claims. The MIC is to review claims submitted by all types of Medicaid providers, including all settings of care and types of services, with most audits taking place at staff headquarters and on occasion on-site at a provider's place of business.

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
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Notes to Financial Statements

Note 9. Risk Management and Regulatory Matters (Continued)

Regulatory Matters (Continued)

The Organization was the subject of ongoing RAC and MIC audits during 2025 and 2024, and deducts from revenue amounts assessed under the RAC audits at the time a notice is received, until such time that estimates of net amounts due can be reasonably estimated. Annual net assessments against the Organization have not been significant through December 31, 2025.

In March 2010, the Patient Protection and Affordable Care Act (PPACA) was signed into law. The PPACA has created sweeping changes across the healthcare industry, including how care is provided and paid for. A primary goal of this comprehensive reform legislation is to extend health coverage to uninsured legal U.S. residents through a combination of public program expansion and private sector health insurance reforms. To fund the expansion of insurance coverage, the legislation contains measures designed to promote quality and cost efficiency in health care delivery and to generate budgetary savings in the Medicare and Medicaid programs. Management of the Hospital is studying and evaluating the anticipated effects and developing strategies needed to prepare for implementation and is preparing to work cooperatively with other consultants to optimize available reimbursement.

Note 10. Concentrations of Credit Risk

The Hospital grants credit without collateral to its patients, most of who are local residents and are often insured under third-party payor agreements. The mix of receivables from patients and third-party payors, net of contractual allowances and discounts, at December 31, 2025 and 2024, was as follows:

	2025	2024
Medicare	10%	15%
Medicaid	12%	13%
Medicare HMO	34%	31%
Managed Care and Commercial Insurance	39%	37%
Uninsured Patients	5%	4%
Total	100%	100%

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Notes to Financial Statements

Note 11. Changes in Capital Assets

Capital asset activity for the fiscal year ended December 31, 2025 was as follows:

	Balance December 31, 2024	Additions	Transfers/ Deletions	Balance December 31, 2025
Capital Assets Not Being Depreciated				
Land	\$ 6,563,333	\$ -	\$ (154,221)	\$ 6,409,112
Construction in Progress	1,399,685	1,808,004	(1,406,143)	1,801,546
Total Capital Assets Not Being Depreciated	7,963,018	1,808,004	(1,560,364)	8,210,658
Capital Assets Being Depreciated				
Land Improvements	2,762,470	1,545,071	-	4,307,541
Buildings	183,936,661	10,284,733	(457,427)	193,763,967
Equipment	111,363,563	8,103,114	(3,259,692)	116,206,985
Vehicles	-	144,971	-	144,971
Software	98,295	-	-	98,295
Total Capital Assets Being Depreciated	298,160,989	20,077,889	(3,717,119)	314,521,759
Less Accumulated Depreciation for:				
Land Improvements	2,185,860	90,688	-	2,276,548
Buildings	97,079,814	4,816,660	(181,735)	101,714,739
Equipment	83,438,239	6,840,979	(3,178,601)	87,100,617
Vehicles	-	9,391	-	9,391
Software	3,619	32,765	-	36,384
Total Accumulated Depreciation	182,707,532	11,790,483	(3,360,336)	191,137,679
Capital Assets Being Depreciated, Net	115,453,457	8,287,406	(356,783)	123,384,080
Total Capital Assets, Net	\$ 123,416,475	\$ 10,095,410	\$ (1,917,147)	\$ 131,594,738

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
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Notes to Financial Statements

Note 11. Changes in Capital Assets (Continued)

Capital asset activity for the fiscal year ended December 31, 2024 was as follows:

	Balance December 31, 2023	Additions	Transfers/ Deletions	Balance December 31, 2024
Capital Assets Not Being Depreciated				
Land	\$ 6,711,422	\$ 165,000	\$ (313,089)	\$ 6,563,333
Construction in Progress	27,554,065	24,595,066	(50,749,446)	1,399,685
Total Capital Assets Not Being Depreciated	34,265,487	24,760,066	(51,062,535)	7,963,018
Capital Assets Being Depreciated				
Land Improvements	2,577,111	185,359	-	2,762,470
Buildings	144,189,535	39,747,126	-	183,936,661
Equipment	99,641,525	11,869,678	(147,640)	111,363,563
Software	-	98,295	-	98,295
Total Capital Assets Being Depreciated	246,408,171	51,900,458	(147,640)	298,160,989
Less Accumulated Depreciation for:				
Land Improvements	2,112,131	70,838	2,891	2,185,860
Buildings	93,106,268	3,974,787	(1,241)	97,079,814
Equipment	77,293,192	6,276,862	(131,815)	83,438,239
Software	-	3,619	-	3,619
Total Accumulated Depreciation	172,511,591	10,326,106	(130,165)	182,707,532
Capital Assets Being Depreciated, Net	73,896,580	41,574,352	(17,475)	115,453,457
Total Capital Assets, Net	\$ 108,162,067	\$ 66,334,418	\$ (51,080,010)	\$ 123,416,475

Note 12. Louisiana Medicaid Collaboration and Cooperative Endeavor Agreements

The Organization routinely provides a substantial amount of uncompensated care to patients in its service area. For the years ended December 31, 2025 and 2024, management estimated that the total costs associated with providing uncompensated care were in excess of \$46.4 million and \$44.7 million, respectively.

To improve or expand allowable healthcare services for Medicaid beneficiaries or low income, uninsured patients, during 2025 and 2024, the Organization entered into a series of collaborative agreements and cooperative endeavors designed to allow additional Medicaid funds for providing these services in the community.

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
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Notes to Financial Statements

**Note 12. Louisiana Medicaid Collaboration and Cooperative Endeavor Agreements
(Continued)**

These agreements are detailed below:

Upper Payment Limit (UPL) Collaborations: The Organization is collaborating with participating hospital service districts (HSDs) to invoice and receive UPL payments. The Centers for Medicare and Medicaid Services (CMS) have previously approved Medicaid State Plan Amendments (SPA), submitted by the Louisiana Department of Health (LDH), which provides for reimbursement to non-rural, non-state public hospitals up to the Medicare inpatient upper payment limits.

A funding program is established by contributing a portion of the UPL payments that result from SPAs to the other HSDs, including the Organization, for the purpose of ensuring that adequate and essential healthcare services are accessible and available to low-income and/or indigent citizens and medically underserved non-rural populations in Louisiana in a manner defined in the agreement. Funding for each participating hospital service district is based upon a formula utilizing each district's reported Medicaid patient days.

Effective July 1, 2022, the UPL program was replaced with the Full Directed Payment program (also Money Follows the Person or MFP). The Organization accrues MFP payments based on annual estimates provided by the Louisiana Department of Health. Payments received are subject to a reconciliation process based on actual utilization during the contract rating period and will make payment adjustments, as necessary. In 2025 and 2024, the Organization received approximately \$52.5 million and \$47.0 million, respectively, in net proceeds under this program. The funds are included in net patient service revenue in the statements of revenues, expenses, and changes in net position.

Physicians' UPL Agreement with the Louisiana Department of Health (LDH): On December 8, 2011, the Organization entered into an agreement with LDH which was approved by CMS. Under the program, LDH began making payments under the Physician's Supplemental Payment Program for non-state-owned public hospitals for dates of service effective July 1, 2010. The purpose of this program is to enhance payments to physicians employed or contracted by the public hospitals. Slidell Memorial Hospital agreed to transfer funds to LDH to be used as Medicaid matching funds for the purpose of making physician supplemental payments and providing the state with additional resources to assist in the medical costs to the state.

These matching funds are comprised of (1) an amount to be utilized as the "Non-Federal share" of the supplemental payments for services provided by the identified physician and other healthcare professionals, and (2) the "state retention amount," which is 22.5%, effective September 2016, of the "Non-Federal share", for the state to utilize in delivering healthcare services. In turn, LDH agrees to make supplemental Medicaid payments to the Hospital. The supplemental payments include the "Non-Federal share" and the "Federal funds" generated by the "Non-Federal share" payments.

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Notes to Financial Statements

**Note 12. Louisiana Medicaid Collaboration and Cooperative Endeavor Agreements
(Continued)**

Physicians' UPL Agreement with the Louisiana Department of Health (LDH) (Continued):
The total amount of the supplemental payments is intended to represent the difference between the Medicaid payments otherwise made to these qualifying providers and the Average Community Rate for these services.

Summary: During 2025, payments to LDH were \$110 million in conjunction with the various Medicaid collaboration and cooperative endeavor agreements. The payments are being amortized monthly over the effective terms of the agreements with the total amount recognized as other direct expenses during 2025.

During 2024, payments to LDH were \$84.7 million in conjunction with the various Medicaid collaboration and cooperative endeavor agreements. The payments are being amortized monthly over the effective terms of the agreements with the total amount recognized as other direct expenses during 2024.

Physician Rate Enhancement Program

LDH has implemented a supplemental payment program for physicians affiliated with non-state-owned public hospitals, such as the Organization, to enhance Medicaid fee for service payments to physicians employed by or contracted to provide services at such hospitals. LDH contracts with the Healthy Louisiana Program (formerly known as Bayou Health Program) managed care organizations, including those currently under contract with LDH, specifically, Aetna Better Health of Louisiana, Community Care Health Plan of Louisiana, Inc. (Healthy Blue), AmeriHealth Caritas Louisiana, Inc., Louisiana Healthcare Connections, Inc., and UnitedHealthcare of Louisiana, Inc., to provide core benefits and services for individuals enrolled in the Healthy Louisiana Program (Medicaid enrollees) that are compensated by specified monthly capitation rates on a per member per month (PMPM) basis.

To ensure uniform reimbursement in the Medicaid program for physician services, provide greater opportunity and incentives for managed care organizations contracted with LDH to provide services to Medicaid beneficiaries to improve recipient health outcomes, add benefits for Medicaid enrollees, and support the health care safety-net for low income and needy patients, LDH increased the PMPM rate for reimbursement of physician services to include the full Medicaid pricing (FMP) component of the Mercer Rate Methodology (enhanced PMPM rate) for safety-net physicians to receive rates more consistent with their fee-for-service payments (referred to herein as Physician Rate Enhancement Funds and the Physician Rate Enhancement Program).

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Notes to Financial Statements

Note 12. Louisiana Medicaid Collaboration and Cooperative Endeavor Agreements (Continued)

Physician Rate Enhancement Program (Continued)

The Organization enrolls its employed physicians and several independent contractor physician groups in the program to receive Physician Rate Enhancement Funds. The Organization elects to provide the state match for the federal funding associated with these Physician Rate Enhancement Funds. The Organization recognized Physician Rate Enhancement Funds from the six managed care organizations participating in the Healthy Louisiana Program, totaling \$1,033,320 and \$400,000, which is included in other revenue for the years ended December 31, 2025 and 2024, respectively.

Note 13. Deferred Outflows of Resources

The Hospital has recorded deferred outflows of resources of \$327,898 and \$371,962 at December 31, 2025 and 2024, respectively, related to deferred bond losses resulting from refunding bond issuances.

Note 14. Joint Operating Agreement

On July 2, 2015, the Organization signed a JOA with Ochsner Clinic Foundation (owners and operators of Ochsner Medical Center - Northshore) and Ochsner Health Systems (collectively, OHS) in order to accomplish over time the following clinical integration and healthcare delivery goals: continuing the charitable and public service missions; optimizing delivery of healthcare beyond what any of the parties can do alone so that community based primary and secondary services can be efficiently performed; reducing costs and improving quality and operational efficiencies beyond what any of the parties can do alone by integrating SMH and OHS clinical and administrative systems; pooling complementary clinical resources to improve quality outcomes and keeping care local and reducing outmigration of care from the community beyond what any of the parties can do alone; and accessing and efficiently utilizing capital.

Effective July 1, 2023, the JOA was amended for a period continuing until December 31, 2038, automatically renewing for subsequent 5 year terms. The amendment also changed the financial relationship between the parties to be addressed by the Strategic Partnership Agreement.

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL

Notes to Financial Statements

Note 14. Joint Operating Agreement (Continued)

Effective July 1, 2023, the Organization entered into a Strategic Partnership Agreement with Ochsner Clinic Foundation for Ochsner to provide administrative services to support the Organization with operations and the delivery of health care services. Additionally, Ochsner Medical Center - Northshore was leased to Slidell Memorial and is now operated as a satellite hospital of Slidell Memorial called Slidell Memorial Hospital East. Ochsner is reimbursed for certain costs that it incurs in providing services to the Organization and also receives administrative service fees. For the years ended December 31, 2025 and 2024, the Organization recognized expenses of approximately \$48.5 million and \$76.5 million, respectively, as a result of the JOA which is included in other direct expenses on the statements of revenues, expenses, and changes in net position.

Note 15. Subsequent Events

Management has evaluated subsequent events through the date the financial statements were available to be issued, June 24, 2026 and determined that the following event occurred that requires disclosure.

On June 5, 2026, the Organization signed an agreement to purchase land and a medical outpatient building totaling \$5,125,000.

No subsequent events occurring after June 24, 2026 have been evaluated for inclusion in these financial statements.

OTHER SUPPLEMENTARY INFORMATION

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL
Schedule of Compensation Paid to Board of Commissioners
For the Year Ended December 31, 2025

Commissioner	Current Term	Compensation
Kristen R. Stanley-Wallace, JD, Chairman	2019-2027	\$ 6,000
Tommy C. Morris, Jr., PhD, Vice Chairman	2021-2029	5,600
Walter J. Lane, PhD, Secretary/Treasurer	2021-2026	4,100
Joseph DiGiovanni, Jr.	2015-2027	5,600
Larry P. Englande, Sr.	2018-2029	4,700
Georgia M. Johnson, RN	2018-2026	4,100
Robert C. Mercadel, MD	2018-2026	1,400
James W. Newton, MBA	2023-2027	<u>2,900</u>
Total		<u>\$ 34,400</u>

See independent auditor's report.



**REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON
COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT
OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH
GOVERNMENT AUDITING STANDARDS**

Independent Auditor's Report

To the Board of Commissioners
St. Tammany Parish Hospital Service District No. 2
d/b/a Slidell Memorial Hospital
Slidell, Louisiana

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Governmental Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of St. Tammany Parish Hospital Service District No. 2 d/b/a Slidell Memorial Hospital (the Organization) as of and for the year ended December 31, 2025, and the related notes to the financial statements, which collectively comprise the Organization's basic financial statements, and have issued our report thereon dated June 24, 2026.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Organization's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or combination of deficiencies, in internal control such that there is reasonable possibility that a material misstatement of the Organization's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

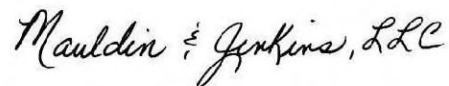
Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Organization's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. 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 or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Governmental Auditing Standards* in considering the Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose. Under Louisiana Revised Statute 24:513, this report is distributed by the Legislative Auditor as a public document.



Covington, LA
June 24, 2026



Independent Auditor's Report on Supplementary Information

To the Board of Commissioners
St. Tammany Parish Hospital Service District No. 2
Slidell, Louisiana

We have audited the financial statements of the St. Tammany Parish Hospital Service District No. 2 (d/b/a Slidell Memorial Hospital) as of and for the year ended December 31, 2025, and have issued our report thereon dated, June 24, 2026, which expressed an unmodified opinion on those financial statements. Our report also included an Other Matter paragraph stating that the financial statements of St. Tammany Hospital Service District No. 2 as of and for the year ended December 31, 2024, were audited by a predecessor auditor whose report dated June 21, 2025 expressed an unmodified opinion on those statements. Our audit was performed for the purpose of forming an opinion on the financial statements as a whole. We have not performed any procedures with respect to the audited financial statements subsequent to June 24, 2026.

The accompanying supplementary information is presented for the purpose of additional analysis, as required by Louisiana Revised Statutes, 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 audits 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 and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the comptroller General of the United States. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Mauldin & Jenkins, LLC

Covington, LA
June 24, 2026

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL
Schedule of Compensation, Benefits, and Other Payments to Agency Head
For the Year Ended December 31, 2025

Agency Head
Sandy Badinger, CEO

Purpose	Amount
Salary	\$ 773,135
Benefits - Insurance	\$ 18,913
Benefits - Retirement	\$ 113,556
Benefits - Other	\$ 15,092
Car Allowance	\$ -
Vehicle Provided by Government	\$ -
Cell Phone Stipend	\$ 540
Reimbursements	\$ 7,845
Travel	\$ -
Registration Fees - Conference	\$ -
Conference Travel	\$ -
Continuing Professional Education Fees	\$ -
Housing	\$ -
Other	\$ 9,417

Louisiana Revised Statute (R.S.) 24:513(A)(3) as amended by Act 706 of the 2014 Regular Legislative Session requires that the total compensation, reimbursements, and benefits of an agency head or political subdivision head or chief executive officer related to the position, including but not limited to travel, housing, unvouchered expense, per diem, and registration fees be reported as a supplemental report within the financial statements of local government and quasi-public auditees. In 2015, Act 462 of the 2015 Regular Session of the Louisiana Legislature further amended R.S. 24:513(A)(3) to clarify that nongovernmental entities or not-for-profit entities that received public funds shall report only the use of public funds for the expenditures itemized in the supplemental report.

See independent auditor's report on supplementary information.

**ST. TAMMANY PARISH HOSPITAL
SERVICE DISTRICT NO. 2**

d/b/a SLIDELL MEMORIAL HOSPITAL

Single Audit Report

For the Year Ended December 31, 2025

Contents

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**INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH
MAJOR FEDERAL PROGRAM AND ON INTERNAL CONTROL
OVER COMPLIANCE AND REPORT ON SCHEDULE OF EXPENDITURES
OF FEDERAL AWARDS REQUIRED BY THE UNIFORM GUIDANCE**

To the Board of Commissioners
St. Tammany Parish Hospital Service District No. 2
d/b/a Slidell Memorial Hospital
Slidell, Louisiana

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited the St. Tammany Parish Hospital Service District No. 2 d/b/a Slidell Memorial Hospital's (the Organization) compliance with the types of compliance requirements identified as subject to audit in the OMB *Compliance Supplement* that could have a direct and material effect on each of the Organization's major federal programs for the year ended December 31, 2025. The Organization's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, the Organization complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended December 31, 2025.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the Organization and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of the Organization's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to the Organization's federal programs.

Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the Organization's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the Organization's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the Organization's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of the Organization's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control over Compliance

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis.

A material weakness in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

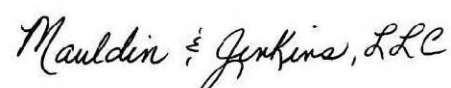
Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance

We have audited the financial statements of the Organization as of and for the year ended December 31, 2025, and have issued our report thereon dated June 24, 2026, which contained an unmodified opinion on those financial statements. Our audit was performed for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by the Uniform Guidance 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 schedule of expenditures of federal awards is fairly stated in all material respects in relation to the financial statements as a whole.

Under Louisiana Revised Statute 24:513, this report is distributed by the Louisiana Legislative Auditor as a public document.



Covington, LA
June 24, 2026

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL
Schedule of Expenditures of Federal Awards
For the Year Ended December 31, 2025

Federal Grantor/Pass- Through Grantor/ Program Title	Assistance Listing Number	Pass-Through Entity's Identifying Number	Expenditures	Amount Passed Through to Subrecipients
<u>Department of Homeland Security</u>				
Passed through State of Louisiana - Governor's Office of Homeland Security and Emergency Preparedness				
Disaster Grants - Public Assistance (Presidentially Declared Disasters)	97.036	None	<u>\$ 2,143,434</u>	\$ -
Total Department of Homeland Security			<u>2,143,434</u>	
Total Expenditures of Federal Awards			<u><u>\$ 2,143,434</u></u>	

See independent auditor's report and the accompanying notes to the schedule of expenditures of federal awards.

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL
Notes to Schedule of Expenditures of Federal Awards
For the Year Ended December 31, 2025

Note 1. Basis of Presentation

The accompanying schedule of expenditures of federal awards (the Schedule) includes the federal award activity of the Organization under programs of the federal government for the year ended December 31, 2025. The information in the Schedule is presented in accordance with the requirements of Title 2 *U.S. Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of the Organization, it is not intended to and does not present the net position, changes in net position, or cash flows of the Organization.

Note 2. Summary of Significant Accounting Policies

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following, as applicable, the cost principles in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

Note 3. Sub-Recipients

There were no payments to sub-recipients for the fiscal year ended December 31, 2025.

Note 4. Indirect Cost Rate

The Organization has elected not to use the 15% de minimis indirect cost rate allowed under the Uniform Guidance.

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL
Schedule of Findings and Questioned Costs
For the Year Ended December 31, 2025

Section I. Summary of Auditor's Results

Financial Statements

Type of auditor's report: Unmodified

Internal control over financial reporting:

- Material weakness(es) identified? No
- Significant deficiency(ies) identified? None Reported

Noncompliance material to the financial statements noted? No

Federal Awards

Internal control over major federal programs:

- Material weakness (es) identified? No
- Significant deficiency (ies) identified? None Reported

Type of auditor's report issued on compliance for major federal programs: Unmodified

Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)? No

Identification of major federal programs:

Assistance Listing Number
97.036

Name of Federal Program
Disaster Grants - Public Assistance
(Presidentially Declared Disasters)

Dollar threshold used to distinguish between Type A and Type B programs: \$1,000,000

Auditee qualified as low-risk auditee? Yes

Section II. Financial Statement Findings

None.

Section III. Federal Award Findings and Questioned Costs

None.

ST. TAMMANY PARISH HOSPITAL SERVICE DISTRICT NO. 2
d/b/a SLIDELL MEMORIAL HOSPITAL
Summary Schedule of Prior Audit Findings
For the Year Ended December 31, 2025

None reported.



AGREED-UPON PROCEDURES REPORT

St. Tammany Parish Hospital Service District No. 2
d/b/a Slidell Memorial Hospital

Independent Accountant's Report
On Applying Agreed-Upon Procedures

For the Period January 1, 2025 - December 31, 2025

To the Board of Commissioners
St. Tammany Parish Hospital Service District No. 2
d/b/a Slidell Memorial Hospital,
and the Louisiana Legislative Auditor:

We have performed the procedures enumerated below on the St. Tammany Parish Hospital Service District No. 2's d/b/a Slidell Memorial Hospital (the District) control and compliance (C/C) areas identified in the Louisiana Legislative Auditor's (LLA) Statewide Agreed-Upon Procedures (SAUPs) for the fiscal year January 1, 2025 through December 31, 2025. St. Tammany Parish Hospital Service District No. 2's management is responsible for those C/C areas identified in the SAUPs.

The District has agreed to and acknowledged that the procedures performed are appropriate to meet the intended purpose of the engagement, which is to perform specified procedures on the C/C areas identified in the LLA's SAUPs for the fiscal year January 1, 2025 through December 31, 2025. Additionally, the LLA has agreed to and acknowledged that the procedures performed are appropriate for its purposes. This report may not be suitable for any other purpose. The procedures performed may not address all the items of interest to a user of this report and may not meet the needs of all users of this report and, as such, users are responsible for determining whether the procedures performed are appropriate for their purposes.

The procedures and results are as follows:

1) Written Policies and Procedures

- A. Obtain and inspect the entity's written policies and procedures and observe whether they address each of the following categories and subcategories if applicable to public funds and the entity's operations:
- i. **Budgeting**, including preparing, adopting, monitoring, and amending the budget.
 - ii. **Purchasing**, including (1) how purchases are initiated, (2) how vendors are added to the vendor list, (3) the preparation and approval process of purchase requisitions and purchase orders, (4) controls to ensure compliance with the Public Bid Law, and (5) documentation required to be maintained for all bids and price quotes.

- iii. **Disbursements**, including processing, reviewing, and approving.
- iv. **Receipts/Collections**, including receiving, recording, and preparing deposits. Also, policies and procedures should include management's actions to determine the completeness of all collections for each type of revenue or agency fund additions (e.g., periodic confirmation with outside parties, reconciliation to utility billing after cutoff procedures, reconciliation of traffic ticket number sequences, agency fund forfeiture monies confirmation).
- v. **Payroll/Personnel**, including (1) payroll processing, (2) reviewing and approving time and attendance records, including leave and overtime worked, and (3) approval process for employee rates of pay or approval and maintenance of pay rate schedules.
- vi. **Contracting**, including (1) types of services requiring written contracts, (2) standard terms and conditions, (3) legal review, (4) approval process, and (5) monitoring process.
- vii. **Travel and Expense Reimbursement**, including (1) allowable expenses, (2) dollar thresholds by category of expense, (3) documentation requirements, and (4) required approvers.
- viii. **Credit Cards (and debit cards, fuel cards, purchase cards, if applicable)**, including (1) how cards are to be controlled, (2) allowable business uses, (3) documentation requirements, (4) required approvers of statements, and (5) monitoring card usage (e.g., determining the reasonableness of fuel card purchases).
- ix. **Ethics**, including (1) the prohibitions as defined in Louisiana Revised Statute (R.S.) 42:1111-1121, (2) actions to be taken if an ethics violation takes place, (3) system to monitor possible ethics violations, and (4) a requirement that documentation is maintained to demonstrate that all employees and officials were notified of any changes to the entity's ethics policy.
- x. **Debt Service**, including (1) debt issuance approval, (2) continuing disclosure/EMMA reporting requirements, (3) debt reserve requirements, and (4) debt service requirements.
- xi. **Information Technology Disaster Recovery/Business Continuity**, including (1) identification of critical data and frequency of data backups, (2) storage of backups in a separate physical location isolated from the network, (3) periodic testing/verification that backups can be restored, (4) use of antivirus software on all systems, (5) timely application of all available system and software patches/updates, and (6) identification of personnel, processes, and tools needed to recover operations after a critical event.
- xii. **Prevention of Sexual Harassment**, including R.S. 42:342-344 requirements for (1) agency responsibilities and prohibitions, (2) annual employee training, and (3) annual reporting.

Results: No exceptions were identified as a result of performing these procedures.

2) Board or Finance Committee

- A. Obtain and inspect the board/finance committee minutes for the fiscal period, as well as the board's enabling legislation, charter, bylaws, or equivalent document in effect during the fiscal period, and
 - i. Observe that the board/finance committee met with a quorum at least monthly, or on a frequency in accordance with the board's enabling legislation, charter, bylaws, or other equivalent document.
 - ii. For those entities reporting on the governmental accounting model, review the minutes from all regularly scheduled board/finance committee meetings held during the fiscal year and observe whether the minutes from at least one meeting each month referenced or included monthly budget-to-actual comparisons on the general fund, quarterly budget-to-actual comparisons, at a minimum, on all proprietary funds, and semi-annual budget-to-actual comparisons, at a minimum, on all special revenue funds. *Alternatively, for those entities reporting on the not-for-profit accounting model, observe that the minutes referenced or included financial activity relating to public funds if those public funds comprised more than 10% of the entity's collections during the fiscal period.*
 - iii. For governmental entities, obtain the prior year audit report and observe the unassigned fund balance in the general fund. If the general fund had a negative ending unassigned fund balance in the prior year audit report, observe that the minutes for at least one meeting during the fiscal period referenced or included a formal plan to eliminate the negative unassigned fund balance in the general fund.
 - iv. Observe whether the board/finance committee received written updates of the progress of resolving audit finding(s), according to management's corrective action plan at each meeting until the findings are considered fully resolved.

Results: No exceptions were identified as a result of performing these procedures.

3) Bank Reconciliations

- A. Obtain a listing of entity bank accounts for the fiscal period from management and management's representation that the listing is complete. Ask management to identify the entity's main operating account. Select the entity's main operating account and randomly select 4 additional accounts (or all accounts if less than 5). Randomly select one month from the fiscal period, obtain and inspect the corresponding bank statement and reconciliation for each selected account, and observe that:
 - i. Bank reconciliations include evidence that they were prepared within 2 months of the related statement closing date (e.g., initialed and dated or electronically logged);
 - ii. Bank reconciliations include written evidence that a member of management or a board member who does not handle cash, post ledgers, or issue checks has reviewed each bank reconciliation within 1 month of the date the reconciliation was prepared (e.g., initialed and dated or electronically logged); and

- iii. Management has documentation reflecting it has researched reconciling items that have been outstanding for more than 12 months from the statement closing date, if applicable.

Results: No exceptions were identified as a result of performing these procedures.

4) Collections (excluding electronic fund transfers)

- A. Obtain a listing of deposit sites for the fiscal period where deposits for cash/checks/money orders (cash) are prepared and management's representation that the listing is complete. Randomly select 5 deposit sites (or all deposit sites if less than 5).
- B. For each deposit site selected, obtain a listing of collection locations and management's representation that the listing is complete. Randomly select one collection location for each deposit site (e.g., 5 collection locations for 5 deposit sites), obtain and inspect written policies and procedures relating to employee job duties (if there are no written policies or procedures, then inquire of employees about their job duties) at each collection location, and observe that job duties are properly segregated at each collection location such that:
 - i. Employees responsible for cash collections do not share cash drawers/registers;
 - ii. Each employee responsible for collecting cash is not also responsible for preparing/making bank deposits, unless another employee/official is responsible for reconciling collection documentation (e.g., pre-numbered receipts) to the deposit;
 - iii. Each employee responsible for collecting cash is not also responsible for posting collection entries to the general ledger or subsidiary ledgers, unless another employee/official is responsible for reconciling ledger postings to each other and to the deposit; and
 - iv. The employee(s) responsible for reconciling cash collections to the general ledger and/or subsidiary ledgers, by revenue source and/or custodial fund additions, is (are) not also responsible for collecting cash, unless another employee/official verifies the reconciliation.
- C. Obtain from management a copy of the bond or insurance policy for theft covering all employees who have access to cash. Observe that the bond or insurance policy for theft was in force during the fiscal period.
- D. Randomly select two deposit dates for each of the 5 bank accounts selected for Bank Reconciliations procedure #3A (select the next deposit date chronologically if no deposits were made on the dates randomly selected and randomly select a deposit if multiple deposits are made on the same day). *Alternatively, the practitioner may use a source document other than bank statements when selecting the deposit dates for testing, such as a cash collection log, daily revenue report, receipt book, etc.* Obtain supporting documentation for each of the 10 deposits, and:
 - i. Observe that receipts are sequentially pre-numbered.
 - ii. Trace sequentially pre-numbered receipts, system reports, and other related collection documentation to the deposit slip.
 - iii. Trace the deposit slip total to the actual deposit per the bank statement.

- iv. Observe that the deposit was made within one business day of receipt at the collection location (within one week if the depository is more than 10 miles from the collection location or the deposit is less than \$100 and the cash is stored securely in a locked safe or drawer).
- v. Trace the actual deposit per the bank statement to the general ledger.

Results: No exceptions were identified as a result of performing these procedures.

5) *Non-Payroll Disbursements (excluding card purchases, travel reimbursements, and petty cash purchases)*

- A. Obtain a listing of locations that process payments for the fiscal period and management's representation that the listing is complete. Randomly select 5 locations (or all locations if less than 5).
- B. For each location selected under procedure #5A above, obtain a listing of those employees involved with non-payroll purchasing and payment functions. Obtain written policies and procedures relating to employee job duties (if the agency has no written policies and procedures, then inquire of employees about their job duties), and observe that job duties are properly segregated such that:
 - i. At least two employees are involved in initiating a purchase request, approving a purchase, and placing an order or making the purchase;
 - ii. At least two employees are involved in processing and approving payments to vendors;
 - iii. The employee responsible for processing payments is prohibited from adding/modifying vendor files, unless another employee is responsible for periodically reviewing changes to vendor files;
 - iv. Either the employee/official responsible for signing checks mails the payment or gives the signed checks to an employee to mail who is not responsible for processing payments; and
 - v. Only employees/officials authorized to sign checks approve the electronic disbursement (release) of funds, whether through automated clearinghouse (ACH), electronic funds transfer (EFT), wire transfer, or some other electronic means.

[Note: Findings related to controls that constrain the legal authority of certain public officials (e.g., mayor of a Lawrason Act municipality) should not be reported.]

- C. For each location selected under procedure #5A above, obtain the entity's non-payroll disbursement transaction population (excluding cards and travel reimbursements) and obtain management's representation that the population is complete. Randomly select 5 disbursements for each location, obtain supporting documentation for each transaction, and:
 - i. Observe whether the disbursement, whether by paper or electronic means, matched the related original itemized invoice and supporting documentation indicates that deliverables included on the invoice were received by the entity, and
 - ii. Observe whether the disbursement documentation included evidence (e.g., initial/date, electronic logging) of segregation of duties tested under procedure #5B above, as applicable.

- D. Using the entity's main operating account and the month selected in Bank Reconciliations procedure #3A, randomly select 5 non-payroll-related electronic disbursements (or all electronic disbursements if less than 5) and observe that each electronic disbursement was (a) approved by only those persons authorized to disburse funds (e.g., sign checks) per the entity's policy, and (b) approved by the required number of authorized signers per the entity's policy. *Note: If no electronic payments were made from the main operating account during the month selected the practitioner should select an alternative month and/or account for testing that does include electronic disbursements.*

Results: No exceptions were identified as a result of performing these procedures.

6) Credit Cards/Debit Cards/Fuel Cards/Purchase Cards (Cards)

- A. Obtain from management a listing of all active credit cards, bank debit cards, fuel cards, and purchase cards (cards) for the fiscal period, including the card numbers and the names of the persons who maintained possession of the cards. Obtain management's representation that the listing is complete.
- B. Using the listing prepared by management, randomly select 5 cards (or all cards if less than 5) that were used during the fiscal period. Randomly select one monthly statement or combined statement for each card (for a debit card, randomly select one monthly bank statement). Obtain supporting documentation, and
- i. Observe whether there is evidence that the monthly statement or combined statement and supporting documentation (e.g., itemized receipts for credit/debit card purchases, exception reports for excessive fuel card usage) were reviewed and approved, in writing (or electronically approved) by someone other than the authorized card holder (those instances requiring such approval that may constrain the legal authority of certain public officials, such as the mayor of a Lawrason Act municipality, should not be reported); and
 - ii. Observe that finance charges and late fees were not assessed on the selected statements.
- C. Using the monthly statements or combined statements selected under procedure #6B above, excluding fuel cards, randomly select 10 transactions (or all transactions if less than 10) from each statement, and obtain supporting documentation for the transactions (e.g., each card should have 10 transactions subject to inspection). For each transaction, observe that it is supported by (1) an original itemized receipt that identifies precisely what was purchased, (2) written documentation of the business/public purpose, and (3) documentation of the individuals participating in meals (for meal charges only). For missing receipts, the practitioner should describe the nature of the transaction and observe whether management had a compensating control to address missing receipts, such as a "missing receipt statement" that is subject to increased scrutiny.
- D. Using the list of terminated employees obtained in Payroll and Personnel procedure #9C identify those individuals who had access to cards and randomly select 5 terminated employees (or all terminated employees with card access if less than 5) from this population. Observe evidence that the cards have been deactivated for these terminated employees. In cases where a card is shared by multiple users, obtain evidence that the terminated employees' authorization has been removed.

Results: No exceptions were identified as a result of performing these procedures.

7) Travel and Travel-Related Expense Reimbursements (excluding card transactions)

- A. Obtain from management a listing of all travel and travel-related expense reimbursements during the fiscal period and management's representation that the listing or general ledger is complete. Randomly select 5 reimbursements and obtain the related expense reimbursement forms/prepaid expense documentation of each selected reimbursement, as well as the supporting documentation. For each of the 5 reimbursements selected:
- If reimbursed using a per diem, observe that the approved reimbursement rate is no more than those rates established either by the State of Louisiana (doa.la.gov/doa/ost/ppm-49-travel-guide/) or the U.S. General Services Administration (www.gsa.gov);
 - If reimbursed using actual costs, observe that the reimbursement is supported by an original itemized receipt that identifies precisely what was purchased;
 - Observe that each reimbursement is supported by documentation of the business/public purpose (for meal charges, observe that the documentation includes the names of those individuals participating) and other documentation required by Written Policies and Procedures procedure #1A(vii); and
 - Observe that each reimbursement was reviewed and approved, in writing, by someone other than the person receiving reimbursement.

Results: No exceptions were identified as a result of performing these procedures.

8) Contracts

- A. Obtain from management a listing of all agreements/contracts for professional services, materials and supplies, leases, and construction activities that were initiated or renewed during the fiscal period. *Alternatively, the practitioner may use an equivalent selection source, such as an active vendor list.* Obtain management's representation that the listing is complete. Randomly select 5 contracts (or all contracts if less than 5) from the listing, excluding the practitioner's contract, and
- Observe whether the contract was bid in accordance with the Louisiana Public Bid Law (e.g., solicited quotes or bids, advertised), if required by law;
 - Observe whether the contract was approved by the governing body/board, if required by policy or law (e.g., Lawrason Act, Home Rule Charter);
 - If the contract was amended (e.g., change order), observe that the original contract terms provided for such an amendment and that amendments were made in compliance with the contract terms (e.g., if approval is required for any amendment, the documented approval); and
 - Randomly select one payment from the fiscal period for each of the 5 contracts, obtain the supporting invoice, agree the invoice to the contract terms, and observe that the invoice and related payment agreed to the terms and conditions of the contract.

Results: No exceptions were identified as a result of performing these procedures.

9) Payroll and Personnel

- A. Obtain a listing of employees and officials employed during the fiscal period and management's representation that the listing is complete. Randomly select 5 employees or officials, obtain related paid salaries and personnel files, and agree paid salaries to authorized salaries/pay rates in the personnel files.
- B. Randomly select one pay period during the fiscal period. For the 5 employees or officials selected under procedure #9A above, obtain attendance records and leave documentation for the pay period, and:
 - i. Observe that all selected employees or officials documented their daily attendance and leave (e.g., vacation, sick, compensatory);
 - ii. Observe whether supervisors approved the attendance and leave of the selected employees or officials;
 - iii. Observe that any leave accrued or taken during the pay period is reflected in the entity's cumulative leave records; and
 - iv. Observe the rate paid to the employees or officials agrees to the authorized salary/pay rate found within the personnel file.
- C. Obtain a listing of those employees or officials that received termination payments during the fiscal period and management's representation that the list is complete. Randomly select two employees or officials and obtain related documentation of the hours and pay rates used in management's termination payment calculations and the entity's policy on termination payments. Agree the hours to the employee's or official's cumulative leave records, agree the pay rates to the employee's or official's authorized pay rates in the employee's or official's personnel files, and agree the termination payment to entity policy.
- D. Obtain management's representation that employer and employee portions of third-party payroll related amounts (e.g., payroll taxes, retirement contributions, health insurance premiums, garnishments, workers' compensation premiums) have been paid, and any associated forms have been filed, by required deadlines.

Results: No exceptions were identified as a result of performing these procedures.

10) Ethics

- A. Using the 5 randomly selected employees/officials from Payroll and Personnel procedure #9A obtain ethics documentation from management, and
 - i. Observe whether the documentation demonstrates that each employee/official completed one hour of ethics training during the calendar year as required by R.S. 42:1170; and
 - ii. Observe whether the entity maintains documentation which demonstrates that each employee and official were notified of any changes to the entity's ethics policy during the fiscal period, as applicable.
- B. Inquire and/or observe whether the agency has appointed an ethics designee as required by R.S. 42:1170.

Results: No exceptions were identified as a result of performing these procedures.

11) Debt Service

- A. Obtain a listing of bonds/notes and other debt instruments issued during the fiscal period and management's representation that the listing is complete. Select all debt instruments on the listing, obtain supporting documentation, and observe that State Bond Commission approval was obtained for each debt instrument issued as required by Article VII, Section 8 of the Louisiana Constitution.
- B. Obtain a listing of bonds/notes outstanding at the end of the fiscal period and management's representation that the listing is complete. Randomly select one bond/note, inspect debt covenants, obtain supporting documentation for the reserve balance and payments, and agree actual reserve balances and payments to those required by debt covenants (including contingency funds, short-lived asset funds, or other funds required by the debt covenants).

Results: No exceptions were identified as a result of performing these procedures.

12) Fraud Notice

- A. Obtain a listing of misappropriations of public funds and assets during the fiscal period and management's representation that the listing is complete. Select all misappropriations on the listing, obtain supporting documentation, and observe that the entity reported the misappropriation(s) to the legislative auditor and the district attorney of the parish in which the entity is domiciled as required by R.S. 24:523.
- B. Observe that the entity has posted, on its premises and website, the notice required by R.S. 24:523.1 concerning the reporting of misappropriation, fraud, waste, or abuse of public funds.

Results: No exceptions were identified as a result of performing these procedures.

13) Information Technology Disaster Recovery/Business Continuity

Perform the following procedures, **verbally discuss the results with management, and report "We performed the procedure and discussed the results with management":**

- A. Obtain and inspect the entity's most recent documentation that it has backed up its critical data (if there is no written documentation, then inquire of personnel responsible for backing up critical data) and observe evidence that such backup (a) occurred within the past week, (b) was not stored on the government's local server or network, and (c) was encrypted.
- B. Obtain and inspect the entity's most recent documentation that it has tested/verified that its backups can be restored (if there is no written documentation, then inquire of personnel responsible for testing/verifying backup restoration) and observe evidence that the test/verification was successfully performed within the past 3 months.
- C. Obtain a listing of the entity's computers currently in use and their related locations, and management's representation that the listing is complete. Randomly select 5 computers and observe while management demonstrates that the selected computers have current and active antivirus software and that the operating system and accounting system software in use are currently supported by the vendor.

- D. Randomly select 5 terminated employees (or all terminated employees if less than 5) using the list of terminated employees obtained in Payroll and Personnel procedure #9C. Observe evidence that the selected terminated employees have been removed or disabled from the network.
- E. Using the 5 randomly selected employees/officials from Payroll and Personnel procedure #9A, obtain cybersecurity training documentation from management, and observe that the documentation demonstrates that the following employees/officials with access to the agency's information technology assets have completed cybersecurity training as required by R.S. 42:1267. The requirements are as follows:
 - i. Hired before June 9, 2020 - completed the training; and
 - ii. Hired on or after June 9, 2020 - completed the training within 30 days of initial service or employment.

Results: We performed the procedures and discussed the results with management.

14) Prevention of Sexual Harassment

- A. Using the 5 randomly selected employees/officials from Payroll and Personnel procedure #9A, obtain sexual harassment training documentation from management, and observe that the documentation demonstrates each employee/official completed at least one hour of sexual harassment training during the calendar year as required by R.S. 42:343.
- B. Observe that the entity has posted its sexual harassment policy and complaint procedure on its website (or in a conspicuous location on the entity's premises if the entity does not have a website).
- C. Obtain the entity's annual sexual harassment report for the current fiscal period, observe that the report was dated on or before February 1, and observe that the report includes the applicable requirements of R.S. 42:344:
 - i. Number and percentage of public servants in the agency who have completed the training requirements;
 - ii. Number of sexual harassment complaints received by the agency;
 - iii. Number of complaints which resulted in a finding that sexual harassment occurred;
 - iv. Number of complaints in which the finding of sexual harassment resulted in discipline or corrective action; and
 - v. Amount of time it took to resolve each complaint.

Results: No exceptions were identified as a result of performing these procedures.

We were engaged by the District to perform this agreed-upon procedures engagement and conducted our engagement in accordance with attestation standards established by the American Institute of Certified Public Accountants and applicable standards of *Government Auditing Standards*. We were not engaged to and did not conduct an examination or review engagement, the objective of which would be the expression of an opinion or conclusion, respectively, on those C/C areas identified in the SAUPs. Accordingly, we do not express such an opinion or conclusion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

We are required to be independent of the District and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements related to our agreed-upon procedures engagement.

This report is intended solely to describe the scope of testing on those C/C areas identified in Louisiana Legislative Auditor's Statewide Agreed-Upon Procedures, and the results of that testing, and not to provide an opinion on control or compliance. Accordingly, this report is not suitable for any other purpose. Under Louisiana Revised Statute 24:513, this report is distributed by the Louisiana Legislative Auditor as a public document.

Mauldin & Jenkins, LLC
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Covington, LA
June 24, 2026