



LOUISIANA HOSPITAL ASSOCIATION

9521 BROOKLINE AVENUE ♦ BATON ROUGE, LOUISIANA 70809-1431
(225) 928-0026 ♦ FAX (225) 923-1004 ♦ www.lhaonline.org

June 20, 2022

Ms. Gayle Fransen
Engagement Manager
Louisiana Legislative Auditor
1600 North Third Street
Baton Rouge, LA 70802

Dear Ms. Fransen:

This is to inform you that Metropolitan Hospital Council of New Orleans (MHCNO) merged into Louisiana Hospital Association, effective August 28, 2021. MHCNO previously submitted its annual financial statement audit to your office through its year ended December 31, 2020.

With the merger, MHCNO evaluated its requirements to report to your office, learning that sworn financial statements were applicable for its 2021 operations, thus I have prepared and am submitting to you MHCNO's sworn financial statements as of August 27, 2021 and for the period from January 1, 2021 through August 27, 2021.

Sincerely,

Patricia Jeter, CPA, CFO

Affidavit and Revenue Certification

Metropolitan Hospital Council of New Orleans
Jefferson Parish
Metairie, LA

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

The annual sworn financial statements are *required* by Louisiana Revised Statute 24:514 to be filed with the Legislative Auditor within 90 days after the close of the fiscal year. The certification of revenues of \$75,000 or less, if applicable, is required by Louisiana Revised Statute 24:513(J)(1)(c)(i)(aa).

Personally came and appeared before the undersigned authority, Patricia Jeter, CPA, CFO, who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Metropolitan Hospital Council of New Orleans as of August 27, 2021, and the results of operations for the period from January 1, 2021 through August 27, 2021, in accordance with the basis of accounting described within the accompanying financial statements.

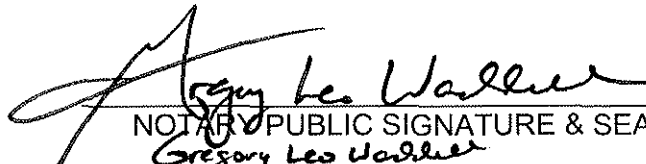
(Complete if applicable)

In addition, Patricia Jeter, CPA, CFO, who, duly sworn, deposes and says that Metropolitan Hospital Council of New Orleans received \$75,000 or less in revenues and other sources during the period from January 1, 2021 through August 27, 2021, and accordingly, is not required to have an audit for the previously mentioned period.



Officer's Signature

Sworn to and subscribed before me this 20th day of June, 2022.



NOTARY PUBLIC SIGNATURE & SEAL
Gregory Leo Waller
Notary Public

For Office Use Only

Under provisions of state law, this report will become a public document on the Monday following the release date. A copy of the report will be submitted to appropriate public officials and be available for public inspection at the Baton Rouge office of the Louisiana Legislative Auditor and, where appropriate, at the office of the parish clerk of court.

Release Date 8/24/2022

Please Complete This Section

Officer's Name Patricia Jeter
Officer's Title Asst. VP + CFO
Address 9521 Broadline Ave
City, Zip Baton Rouge, 70810
Ph: Cell/Land 225-928-0026
E-mail fjeter@lhaonline.org

Metropolitan Hospital Council of New Orleans

Metairie, LA

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

June 20, 2022

Ms. Gayle Fransen
Engagement Manager
Louisiana Legislative Auditor
1600 North Third Street
Baton Rouge, LA 70802

Dear Ms. Fransen:

In accordance with Louisiana Revised Statute 24:513, enclosed are the Affidavit and Revenue Certification Form and the annual financial statements for my entity, as of and for the period from January 1, 2021 through August 27, 2021. The statements include all funds under the control of this entity. The accompanying financial statements have been prepared on the accrual basis of accounting.

Sincerely,


Officer's Signature

Patricia Jeter, CPA, CFO
Officer's Name

Enclosures

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

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

Metropolitan Hospital Council of New Orleans

(Agency Name)

Statement of Activities**For the Period from January 1, 2021 through
August 27, 2021**

	General Fund	Other Fund	Total
REVENUE and RECEIPTS			
1. Sponsorship Revenue	\$	\$ 12,500	\$ 12,500
2. Other Investment Income		1,695	1,695
3. Earnings in equity investments		525,198	525,198
4.			
5.			
6. Total revenue and receipts (add lines 1 - 5)	\$	\$ 539,393	\$ 539,393
EXPENSES			
7. Management Fee	\$	\$ 86,664	\$ 86,664
8. Maintenance		2,096	2,096
9. Insurance		10,523	10,523
10. Other		24,504	24,504
11.			
12.			
13. Total Expenses (add lines 7 - 12)	\$	\$ 123,787	\$ 123,787
14. Change in fund balance (Lines 6 minus 13)	\$	\$ 415,606	\$ 415,606
15. Fund Balance at beginning of year	\$	\$ 1,822,098	\$ 1,822,098
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$	\$ 2,237,704	\$ 2,237,704

Metropolitan Hospital Council of New Orleans**Balance Sheet, on August 27, 2021**

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$	\$ 663,882	\$ 663,882
2. Equity Investments		1,415,822	1,415,822
3. Other Receivables		158,000	158,000
4. Equipment (Cost of fax machine, etc)			
5. Other			
6. Total Assets (add lines 1 - 5)	\$	\$ 2,237,704	\$2,237,704
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):			
8.	\$	\$	\$
9.			
10.			
11. Total Liabilities (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement A)		2,237,704	2,237,704
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$	\$ 2,237,704	\$2,237,704

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

Metropolitan Hospital Council of New Orleans

Schedule of Compensation, Benefits and Other Payments to Agency Head or Chief Executive Officer (Required Form - Please Submit Completed Form Per Attached Instructions)

For the Period from January 1, 2021 through August 27, 2021

Agency Head Name and Title: Paul Salles, CEO

Purpose	Dollar Amount
1. Salary	1.
2. Benefits-insurance	2.
3. Benefits-retirement	3.
4. Benefits-other (describe)	4.
5. Benefits-other (describe)	5.
6. Benefits-other (describe)	6.
7. Car allowance	7.
8. Vehicle provided by government (if reported on your W-2)	8.
9. Per diem	9.
10. Reimbursements	10.
11. Travel	11.
12. Registration fees	12.
13. Conference travel	13.
14. Housing	14.
15. Unvouchered expenses (example: travel advances, etc.)	15.
16. Special meals	16.
17. Other	17.
18. TOTAL (enter total of line 1-17)	18.

X Please check here if the Agency Head does not receive any compensation, benefits, and other payments. (Act 462 of the 2015 Legislative Session allows nongovernmental entities or not-for-profit (quasi-public) entities to report on the Act 706 schedule **only** those payments to the agency head that are derived from the public funds.)

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

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