



Management's Discussion and Analysis
and Financial Statements
December 31, 2018 and 2017

**Arbuckle Memorial Hospital
Authority**

Arbuckle Memorial Hospital Authority

Table of Contents

December 31, 2018 and 2017

Independent Auditor’s Report.....	1
Management’s Discussion and Analysis	3
Financial Statements	
Statements of Net Position	9
Statements of Revenues, Expenses, and Changes in Net Position	10
Statements of Cash Flows	11
Notes to Financial Statements	13
Independent Auditor’s Report on Supplementary Information.....	31
Supplementary Information	
Schedules of Net Patient Service Revenue – Hospital and Authority	32
Schedules of Expenses – Hospital and Authority	33
Independent Auditor’s Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with <i>Government Auditing Standards</i>	34



Independent Auditor's Report

The Board of Trustees
Arbuckle Memorial Hospital Authority
Sulphur, Oklahoma

Report on the Financial Statements

We have audited the accompanying statements of net position of Arbuckle Memorial Hospital Authority (Authority), as of December 31, 2018 and 2017, and the related statements of revenues, expenses and changes in net position, and statements of cash flows for the years then ended, and the related notes to the financial statements, which collectively comprise the Authority's basic financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

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Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Arbuckle Memorial Hospital Authority as of December 31, 2018 and 2017, and the changes in its financial position and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis on pages 3 through 8 be presented to supplement the basic financial statements. Such information, 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 inquires of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquires, 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.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued a report dated May 15, 2019 on our consideration of the Authority'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 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 Authority'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 Authority's internal control over financial reporting and compliance.



Oklahoma City, Oklahoma
May 15, 2019

This discussion and analysis of the financial performance of Arbuckle Memorial Hospital Authority (Authority) provides an overall review of the Authority's financial activities and balances as of and for the years ended December 31, 2018, 2017 and 2016. The intent of this discussion and analysis is to provide further information on the Authority's performance as a whole; readers should also review the basic financial statements and notes to the financial statements to enhance their understanding of the Authority's financial status.

Financial Highlights – Financial Statements

- The Authority's net position increased by \$89,286 or 1% in 2018 and decreased by \$144,972 or 2% in 2017 and increased by \$191,719 or 2% in 2016.
- The Authority reported an operating loss in 2018 of \$643,011 and an operating loss in 2017 of \$897,462. Operating loss in 2018 decreased by \$254,451 or 28% over the loss reported in 2017. Operating loss reported in 2017 increased by \$388,052 or 76% over the income reported in 2016.
- Net nonoperating revenues decreased by \$471 or .1% in 2018 compared to 2017. Net nonoperating revenues increased by \$88,893 or 14% in 2017 compared to 2016.

Organization Highlights

- The Authority continues to strategically plan for the replacement and upgrade of equipment.
- The Authority continues to recruit highly qualified employees and physicians.
- The Authority continues to strategically plan for the expansion of services.

Using This Annual Report

The Authority's financial statements consist of three statements – Statements of Net Position; Statements of Revenues, Expenses and Changes in Net Position; and Statements of Cash Flows. These financial statements and related notes provide information about the activities of the Authority including resources held by the Authority but restricted for specific purposes by contributors, grantors, or enabling legislation.

The Statement of Net Position; Statement of Revenues, Expenses and Changes in Net Position

One of the most important questions asked about the Authority's finances is, "Is the Authority as a whole better or worse off as a result of the year's activities?" The Statement of Net Position and the Statement of Revenues, Expenses and Changes in Net Position report information about the Authority's resources and its activities in a way that helps answer this question. These statements include all restricted and unrestricted assets and all liabilities using the accrual basis of accounting. All of the current year's revenues and expenses are taken into account regardless of when the cash is received or paid.

These two statements report the Authority's net position and changes in them. You can think of the Authority's net position – the difference between assets and liabilities – as one way to measure the Authority's financial health, or financial position. Over time, increases or decreases in the Authority's net position are one indicator of whether its financial health is improving or deteriorating. You will need to consider other non-financial factors, however, such as changes in the Authority's patient base and measures of the quality of service it provides to the community, as well as local economic factors to assess the overall health of the Authority.

The Statement of Cash Flows

The final required statement is the Statement of Cash Flows. This statement reports cash receipts, cash payments, and net changes in cash resulting from operations, investing and financing activities. It provides answers to such questions as where did cash come from, what was cash used for and what was the change in cash balance during the reporting period.

Overview of the Financial Statements

The statement of net position at December 31, 2018 indicated total assets of \$24,748,923, total liabilities of \$17,428,876 and net position of \$7,320,047. Total current assets were \$13,548,875 and total current liabilities were \$1,856,199 for a current ratio of 5.4. The statement of net position at December 31, 2017 had total assets of \$22,092,254 which had current assets of \$10,444,295 and total liabilities of \$14,861,493 which had current liabilities of \$1,911,493 for a current ratio of 5.5 in 2017.

The statements of revenues, expenses, and changes in net position for the year ended December 31, 2018 indicated total operating revenues of \$14,210,542 and operating expenses of \$14,853,553, operating loss of \$643,011, nonoperating revenues (net) of \$731,911, and capital contributions of \$386. The net position increased by \$89,286, from \$7,230,761 at December 31, 2017 to \$7,320,047 at December 31, 2018.

As reported in the statements of cash flows, cash and cash equivalents decreased from \$7,144,570 at December 31, 2017 to \$6,702,322 at December 31, 2018.

Please review the notes to the financial statements included in the report.

The Authority's Net Position

The Authority's net position is the difference between its assets and liabilities reported on the combined balance sheet. The Authority's net position increased by \$89,286 or 1% in 2018 and decreased by \$144,972 or 2% in 2017.

Table 1: Assets, Liabilities, and Net Position

	<u>2018</u>	<u>2017</u>	<u>2016</u>
Assets			
Current assets	\$ 13,548,875	\$ 10,444,295	\$ 9,899,904
Capital assets	9,279,375	9,848,951	10,379,893
Other assets	1,920,673	1,799,008	1,797,979
	<u>24,748,923</u>	<u>22,092,254</u>	<u>22,077,776</u>
Liabilities			
Current liabilities	\$ 1,856,199	\$ 1,911,493	\$ 1,462,043
Long-term debt, net of current portion	15,572,677	12,950,000	13,240,000
	<u>17,428,876</u>	<u>14,861,493</u>	<u>14,702,043</u>
Net Position			
Net investment in capital assets	(6,493,948)	(2,974,378)	(2,685,381)
Restricted - expendable for debt service	1,653,599	1,590,485	1,564,107
Restricted - expendable for capital improvements	2,576,071	-	-
Unrestricted	9,584,325	8,614,654	8,497,007
	<u>7,320,047</u>	<u>7,230,761</u>	<u>7,375,733</u>
	<u>\$ 24,748,923</u>	<u>\$ 22,092,254</u>	<u>\$ 22,077,776</u>

A significant component of the change in the Authority's assets is the increase in restricted cash of \$2,532,701 due to the advanced refunding of the series 2008 bonds (Note 7). Patient accounts receivable increased approximately \$600,000 due primarily to a lag in billing during the year. Amounts receivable from estimated third party payor settlements increased \$516,729, from a payable of \$188,428 at December 31, 2017 to a receivable of \$328,301 at December 31, 2018.

Table 2: Operating Results and Changes in Net Position

	<u>2018</u>	<u>2017</u>	<u>2016</u>
Operating Revenues			
Net patient service revenue	\$ 13,893,379	\$ 13,167,311	\$ 12,358,657
Other revenue	317,163	207,377	245,928
Total operating revenue	<u>14,210,542</u>	<u>13,374,688</u>	<u>12,604,585</u>
Operating Expenses			
Salaries and wages	8,856,062	8,207,572	7,640,805
Supplies and other	4,913,207	4,981,957	4,422,668
Depreciation and amortization	1,084,284	1,082,621	1,050,522
Total operating expenses	<u>14,853,553</u>	<u>14,272,150</u>	<u>13,113,995</u>
Operating Loss	<u>(643,011)</u>	<u>(897,462)</u>	<u>(509,410)</u>
Nonoperating Revenue (Expenses)			
Tax appropriations	1,774,632	1,668,790	1,614,979
Investment income	64,931	19,861	6,521
Interest expense	(789,731)	(959,165)	(978,076)
Debt issuance cost	(317,921)	-	-
Noncapital contributions	-	2,896	65
Total nonoperating revenue, net	<u>731,911</u>	<u>732,382</u>	<u>643,489</u>
Revenues in Excess of (less than) Expenses Before Capital Contributions	88,900	(165,080)	134,079
Capital Contributions	<u>386</u>	<u>20,108</u>	<u>57,640</u>
Change in Net Position	<u>89,286</u>	<u>(144,972)</u>	<u>191,719</u>
Net Position, Beginning of Year	<u>7,230,761</u>	<u>7,375,733</u>	<u>7,184,014</u>
Net Position, End of Year	<u>\$ 7,320,047</u>	<u>\$ 7,230,761</u>	<u>\$ 7,375,733</u>

Operating Loss

The first component of the overall change in the Authority's net position is its operating income - generally, the difference between net patient service revenues and the expenses incurred to perform those services.

The operating loss for 2018 decreased by \$254,451 or 28% as compared to 2017 and the operating loss increased in 2017 by \$388,052 or 76% compared to 2016. The primary components of the increased operating loss are:

- Increase in net patient service revenue of \$726,068 or 5% in 2018 as compared to a decrease of \$808,654 or 7% in 2017.
- An increase in salaries and wages of \$648,490 or 8% in 2018 as compared to an increase of \$566,767 or 7% during 2017.
- A decrease in supplies and other expense of \$68,750 or 1% in 2018 as compared to an increase of \$559,289 or 13% during 2017.

Nonoperating Revenues and Expenses

Net nonoperating revenues consist primarily of sales tax proceeds, interest expense, investment earnings, and contributions. The net nonoperating revenues decreased in 2018 by \$471 or .1% and increased by \$88,893 or 14% in 2017.

Capital Contributions

Capital contributions consist of contributions received for the purpose of purchasing capital assets or direct contributions of capital assets. The capital contributions decreased \$19,722 or 98% in 2018 and decreased \$37,532 or 65% in 2017.

The Authority's Cash Flows

The Authority's overall liquidity decreased during the year with a net decrease to cash and cash equivalents, of \$442,248 in 2018 and an increase of \$651,761 in 2017. Cash flows used for operating activities increased by \$1,335,012 during 2018. This was due primarily to the decrease in receipts from and on behalf of patients as a result of the lag in billing. Cash flows from operating activities increased by \$28,987 in 2017. Cash from noncapital financing activities increased by \$124,365 when compared with 2017 and decreased by \$13,061 when compared with 2016. Cash from capital and capital related financing activities increased by \$2,221,779 when compared with 2017 and decreased \$95,974 when compared to 2016. This was due to the additional proceeds received from the advanced refunding of the Series 2008 bonds. Cash used for investing activities increased by \$2,105,141 in 2018 and cash from investing activities increased \$7,200 in 2017 when compared to 2016.

Capital Assets

The Authority had capital assets, net of accumulated depreciation, of \$9,279,375 and \$9,848,951 at December 31, 2018 and 2017. This investment in capital assets includes land, buildings and improvements, equipment, and construction in progress.

Arbuckle Memorial Hospital Authority
Management's Discussion and Analysis

Capital assets consisted of the following at December 31:

	2018	2017	2016
Land	\$ 108,799	\$ 108,799	\$ 108,799
Buildings, improvements and fixed equipment	15,278,994	15,220,994	15,220,994
Major moveable equipment	4,968,224	4,778,666	4,506,729
Construction in progress	141,983	279,742	-
Accumulated depreciation	(11,218,625)	(10,539,250)	(9,456,629)
Total capital assets	\$ 9,279,375	\$ 9,848,951	\$ 10,379,893

Debt

The Authority has bond obligations outstanding of \$16,015,000 and \$13,240,000 as of December 31, 2018 and 2017 as detailed in Note 7 to the financial statements.

Economic Factors

Since 1959, Arbuckle Memorial Hospital Authority has provided quality health care to the families of Murray County and the thousands of visitors drawn to this recreational area each year. In addition to being an award winning health care facility, Arbuckle Memorial Hospital Authority is also one of the area's largest employers. Caring, highly-qualified physicians and nurses provide much needed inpatient and outpatient services. The authority served over 30,000 patients in 2018. The Authority continues to monitor costs throughout the year. The Authority strives to be conscientious, consumer oriented, and dedicated to teamwork, leadership, and education.

Requests for Information

This financial report is designed to provide our patients, suppliers, taxpayers, and creditors with a general overview of the Authority's finances and to show the Authority's accountability for the money it receives. If you have questions about this report or need additional financial information, contact Arbuckle Memorial Hospital Authority, P.O. Box 1109, Sulphur, Oklahoma 73086.

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	2018	2017
Assets and Deferred Outflows of Resources		
Current Assets		
Cash and cash equivalents	\$ 6,179,126	\$ 6,594,737
Restricted by trustee for debt service	838,002	777,148
Restricted by trustee for capital improvements	2,576,071	-
Receivables		
Patients, net of estimated uncollectibles of approximately \$1,941,000 in 2018 and \$1,265,000 in 2017	2,852,059	2,251,052
Estimated third-party payor settlements	328,301	-
Sales tax	390,368	396,345
Other	28,736	38,128
Supplies	294,209	323,445
Prepaid expenses and other assets	62,003	63,440
	<u>13,548,875</u>	<u>10,444,295</u>
Noncurrent Cash and Investments		
Internally designated for capital improvements	523,196	549,833
Restricted by trustee for debt service, net of current portion	1,144,951	1,249,175
	<u>1,668,147</u>	<u>1,799,008</u>
Capital Assets		
Capital assets not being depreciated	250,782	388,541
Capital assets being depreciated, net	9,028,593	9,460,410
	<u>9,279,375</u>	<u>9,848,951</u>
Deferred Outflows of Resources		
Refunding costs	252,526	-
	<u>252,526</u>	<u>-</u>
	<u>\$ 24,748,923</u>	<u>\$ 22,092,254</u>

See Notes to Financial Statements

Arbuckle Memorial Hospital Authority
 Statements of Net Position
 December 31, 2018 and 2017

	2018	2017
Liabilities and Net Position		
Current Liabilities		
Current maturities of long-term debt	\$ 530,000	\$ 290,000
Accounts payable		
Trade	324,023	360,294
Estimated third-party payor settlements	-	188,428
Accrued expenses		
Salaries, wages and benefits	694,174	593,184
Interest	308,002	479,587
	1,856,199	1,911,493
Long-term Debt, Less Current Maturities	15,572,677	12,950,000
Total liabilities	17,428,876	14,861,493
Net Position		
Net investment in capital assets	(6,493,948)	(2,974,378)
Restricted		
Expendable for debt service	1,653,599	1,590,485
Expendable for capital improvements	2,576,071	-
Unrestricted	9,584,325	8,614,654
	7,320,047	7,230,761
Total net position	7,320,047	7,230,761
Total liabilities and net position	\$ 24,748,923	\$ 22,092,254

Arbuckle Memorial Hospital Authority
 Statements of Revenues, Expenses, and Changes in Net Position
 Years Ended December 31, 2018 and 2017

	2018	2017
Operating Revenues		
Net patient service revenue (net of provision for bad debts of \$2,535,100 in 2018 and \$1,519,809 in 2017)	\$ 13,893,379	\$ 13,167,311
Other revenue	317,163	207,377
Total operating revenues	14,210,542	13,374,688
Operating Expenses		
Salaries and wages	8,856,062	8,207,572
Supplies and other	4,913,207	4,981,957
Depreciation and amortization	1,084,284	1,082,621
Total operating expenses	14,853,553	14,272,150
Operating Loss	(643,011)	(897,462)
Nonoperating Revenue (Expenses)		
Tax appropriations	1,774,632	1,668,790
Investment income	64,931	19,861
Interest expense	(789,731)	(959,165)
Debt issuance cost	(317,921)	-
Noncapital contributions	-	2,896
Total nonoperating revenue (expenses)	731,911	732,382
Revenues in Excess of (Less Than) Expenses Before Capital Contributions	88,900	(165,080)
Capital Contributions	386	20,108
Change in Net Position	89,286	(144,972)
Net Position, Beginning of Year	7,230,761	7,375,733
Net Position, End of Year	\$ 7,320,047	\$ 7,230,761

Arbuckle Memorial Hospital Authority
 Statements of Cash Flows
 Years Ended December 31, 2018 and 2017

	2018	2017
Operating Activities		
Receipts from and on behalf of patients	\$ 12,775,643	\$ 13,317,694
Payments to suppliers and contractors	(4,918,805)	(4,778,717)
Payments to and on behalf of employees	(8,755,072)	(8,106,948)
Other receipts and payments, net	326,555	331,304
	(571,679)	763,333
Net Cash from (used for) Operating Activities		
Noncapital Financing Activities		
Noncapital contributions	-	2,896
Sales tax proceeds for operations	1,780,609	1,653,348
	1,780,609	1,656,244
Net Cash from Noncapital Financing Activities		
Capital and Capital Related Financing Activities		
Capital contributions	386	20,108
Principal payments on long-term debt	(290,000)	(270,000)
Interest paid	(959,457)	(968,616)
Payments for refunding debt premium	(259,000)	-
Payments for bond premium	92,292	-
Purchase of capital assets	(514,708)	(551,679)
Proceeds from issuance of debt	2,700,000	-
Payments for debt issuance costs	(317,921)	-
	451,592	(1,770,187)
Net Cash from (used for) Capital and Capital Related Financing Activities		
Investing Activities		
Purchase of investments	(4,669,069)	(1,258,615)
Proceeds from sale of investments	2,501,368	1,241,125
Investment income	64,931	19,861
	(2,102,770)	2,371
Net cash from (used for) investing activities		
Net Change in Cash and Cash Equivalents	(442,248)	651,761
Cash and Cash Equivalents, Beginning of Year	7,144,570	6,492,809
Cash and Cash Equivalents, End of Year	\$ 6,702,322	\$ 7,144,570

Arbuckle Memorial Hospital Authority
Statements of Cash Flows
Years Ended December 31, 2018 and 2017

	2018	2017
Reconciliation of Cash and Cash Equivalents to the Statements of Net Position		
Cash and cash equivalents in current assets	\$ 6,179,126	\$ 6,594,737
Cash and cash equivalents in noncurrent cash and investments	523,196	549,833
Total cash and cash equivalents	\$ 6,702,322	\$ 7,144,570
	2018	2017
Reconciliation of Operating Loss to Net Cash from Operating Activities		
Operating loss	\$ (643,011)	\$ (897,462)
Adjustments to reconcile operating loss to net cash from operating activities		
Depreciation and amortization	1,084,284	1,082,621
Provision for bad debts	2,535,100	1,519,809
Changes in assets and liabilities		
Patient receivables	(3,136,107)	(1,596,875)
Supplies	29,236	47,434
Other receivables	9,392	123,927
Prepaid expenses and other assets	1,437	5,957
Accounts payable	(36,271)	149,849
Accrued salaries, wages and benefits	100,990	100,624
Estimated third-party payor settlements	(516,729)	227,449
Net cash from (used for) operating activities	\$ (571,679)	\$ 763,333

Note 1 - Reporting Entity and Summary of Significant Accounting Policies

The financial statements of Arbuckle Memorial Hospital Authority (Authority) have been prepared in accordance with generally accepted accounting principles in the United States of America. The Governmental Accounting Standards Board (GASB) is the accepted standard-setting body for establishing governmental accounting and financial reporting principles. The significant accounting and reporting policies and practices used by the Authority are described below.

Reporting Entity

The Authority is a public trust which was formed by Murray County, Oklahoma (Trustor) to facilitate the construction of a new hospital through the issuance of hospital and sales tax revenue bonds. The beneficiary of the trust is Murray County (County). The Authority's Board is appointed by the County commissioners. The Authority is considered to be a component unit of the County.

For financial reporting purposes, the Authority has included all funds, organizations, agencies, boards, commissions, and authorities. The Authority has also considered all potential component units for which it is financially accountable and other organizations for which the nature and significance of their relationship with the Authority are such that the exclusion would cause the Authority's financial situation to be misleading or incomplete. The GASB has set forth criteria to be considered in determining financial accountability. These criteria include appointing a voting majority of an organization's governing body and (1) the ability of the Authority to impose its will on that organization or (2) the potential for the organization to provide specific benefits to or impose specific financial burdens on the Authority.

Blended Component Units

Arbuckle Memorial Hospital (Hospital) is a 25 bed Critical Access Hospital that provides acute care and outpatient services in Sulphur, Oklahoma and was formed under title 19 of the Oklahoma statutes. The Hospital's Board is made up of members of the Authority's Board of Trustees. The Hospital is included as a blended component unit of the Authority. Financial statements of the Hospital can be obtained by contacting the Hospital.

The Murray County Healthcare Foundation (Foundation) was established to exclusively raise funds to support the operations of the Hospital. The Foundation is organized as an Oklahoma nonprofit corporation and has been recognized by the Internal Revenue Service (IRS) as exempt from federal income taxes under Internal Revenue Code Section 501(c)(3). The Foundation is included as a blended component unit of the Authority. Financial statements of the Foundation can be obtained by contacting the Hospital.

The financial statements include the financial activity of the Authority, the Hospital, and the Foundation, collectively referred to as the Authority.

Measurement Focus and Basis of Accounting

Basis of accounting refers to when revenues and expenses are recognized in the accounts and reported in the financial statements. Basis of accounting relates to the timing of the measurements made, regardless of the measurement focus applied.

The accompanying financial statements have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America. Revenues are recognized when earned, and expenses are recorded when the liability is incurred.

Basis of Presentation

The statement of net position displays the Authority's assets and liabilities, with the difference reported as net position. Net position is reported in the following categories/components:

Net investment in capital assets consists of net capital assets reduced by the outstanding balances of any related debt obligations attributable to the acquisition, construction or improvement of those assets or the related debt obligations.

Restricted, expendable for debt service are non-capital assets that must be used for a particular purpose as specified by creditors, grantors, or contributors external to the Authority including amounts deposited with trustees as required by the bond indenture, reduced by liabilities related to those assets. Generally, a liability relates to restricted assets if the asset resulted from a resource flow that also resulted in the recognition of a liability or if the liability will be liquidated with the restricted assets reported.

Unrestricted net position consists of net position not meeting the definition of the preceding categories. Unrestricted net position often has constraints on resources imposed by management which can be removed or modified.

When an expense is incurred that can be paid using either restricted or unrestricted resources (net position), the Authority's policy is to first apply the expense toward the most restrictive resources and then toward unrestricted resources.

Use of Estimates

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

Cash and Cash Equivalents

Cash and cash equivalents include highly liquid investments with an original maturity of three months or less, excluding internally designated or restricted cash and investments. For purposes of the statement of cash flows, the Authority considers all cash and investments with an original maturity of three months or less as cash and cash equivalents.

Patient Receivables

Patient receivables are uncollateralized patient and third-party payor obligations. Patient receivables, excluding amounts due from third-party payors, are turned over to a collection agency if the receivables remain unpaid after the Authority's collections procedures. The Authority does not charge interest on the unpaid patient receivables. Payments of patient receivables are allocated to the specific claims identified on the remittance advice or, if unspecified, are applied to the earliest unpaid claim.

The carrying amount of patient receivables is reduced by a valuation allowance that reflects management's estimate of amounts that will not be collected from patients and third-party payors. Management reviews patient receivables by payor class and applies percentages to determine estimated amounts that will not be collected from third parties under contractual agreements and amounts that will not be collected from patients due to bad debts. Management considers historical write off and recovery information in determining the estimated bad debt provision.

Tax Appropriation Revenue

On March 7, 2006, the voters of Murray County passed a perpetual 1 cent sales tax. The sales tax must be used exclusively for the operation, planning, financing, construction, improvements to and maintenance of Arbuckle Memorial Hospital. For the years ended December 31, 2018 and 2017, the Hospital received approximately 11% of its revenue from the tax appropriation.

Supplies

Supplies are valued at the lower of cost (first-in, first-out method) or market and are expensed when used.

Noncurrent Cash and Investments

Noncurrent cash and investments are set aside by the Board of Trustees for future capital improvements, over which the Board retains control and may at its discretion subsequently use for other purposes and restricted by trustee for debt reserve. Certificates of deposit and other deposits are recorded at historical cost. Other investments are measured at fair value. Noncurrent cash and investments that are required for obligations classified as current liabilities are reported in current assets.

Investment Income

Interest and dividends on investments and deposits are included in nonoperating revenues when earned.

Capital Assets

Property and equipment acquisitions in excess of \$5,000 are capitalized and recorded at cost. Depreciation is provided over the estimated useful life of each depreciable asset and is computed using the straight-line method. The estimated useful lives of capital assets are as follows:

Building, improvements, and fixed equipment	5 - 40 years
Major moveable equipment	3 - 20 years

Gifts of long-lived assets such as land, buildings, or equipment are reported as additions to unrestricted net position, and are reported after nonoperating revenues. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted net position.

The Authority considers whether indicators of impairment are present and performs analysis to determine if carrying value of assets are appropriate. No impairments were identified for years ending December 31, 2018 and 2017.

Deferred Outflows of Resources

Deferred outflows of resources represent a consumption of net position that applies to a future period(s) and so will not be recognized as an outflow of resources (expense) until then. The Authority has only one item that qualifies for reporting in this category, which is refunding costs. These costs are the result of the advanced refunding of the Series 2008 Bonds. The amount is systematically and rationally amortized over 20 years, the life of the debt issued to refund the Series 2008 Bonds.

Bond Premiums and Discounts

Bonds payable are reported net of the applicable bond premium. Bond premiums and discounts are amortized over the life debt using the effective interest method. Amortization is included in interest expense.

Compensated Absences

The Authority's policies permit most employees to accumulate vacation and sick leave benefits that may be realized as time paid off or, in limited circumstances, as a cash payment. The expense and the related liability for vacation benefits are recognized as earned whether the employee is expected to realize the benefit as time off or in cash. The expense and the related liability for sick leave benefits are recognized when earned to the extent the employee is expected to realize the benefit in cash determined by using the termination payment method. Compensated absence liabilities are computed using the regular pay and termination pay rates in effect at the statement of net position date, plus an additional amount for the compensated related payments such as Social Security, and Medicare taxes computed using rates in effect at that date.

Operating Revenues and Expenses

The Authority's statement of revenues, expenses and changes in net position distinguishes between operating and nonoperating revenues and expenses. Operating revenues and expenses of the Authority result from exchange transactions associated with providing health care services - the Authority's principal activity, and the costs of providing those services, including depreciation and excluding interest cost. All other revenues and expenses are reported as nonoperating.

Net Patient Service Revenue

The Authority has agreements with third-party payors that provide for payments to the Authority at amounts different from its established rates. Payment arrangements include prospectively determined rates, reimbursed costs, discounted charges, and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors.

Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Charity Care

The Authority provides health care services to patients who meet certain criteria under its charity care policy without charge or at amounts less than established rates. Since the Authority does not pursue collection of these amounts, they are not reported as patient service revenue. The estimated cost of providing these services was \$214,000 and \$315,000 for the years ended December 31, 2018 and 2017, calculated by multiplying the ratio of cost to gross charges for the Authority by the gross uncompensated charges associated with providing charity care to its patients.

Grants and Contributions

From time to time, the Authority receives 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 is reported as nonoperating revenues. Amounts restricted to capital acquisitions are reported after revenues in excess of expenses.

Supplemental Hospital Offset Payment Program Act

The Supplemental Hospital Offset Payment Program Act (SHOPP), designated as House Bill 1381 (HB 1381), was passed during 2011 implementing a fee on hospitals to generate matching funds to the State of Oklahoma from Federal sources. The program is designed to assess Oklahoma hospitals, unless exempt, a supplemental hospital offset payment program fee. The collected fees will be placed in pools and then allocated to hospitals as directed by legislation. The Oklahoma Health Care Authority (OHCA) does not guarantee that allocations will equal or exceed the amount of the supplemental hospital offset payment program fee paid by the hospital.

Critical access hospitals (CAH) are excluded from paying the supplemental hospital offset fee but are still eligible to receive SHOPP funds. The Authority records receipts as a reduction in Medicaid contractual adjustments. Future changes in law or regulation at the federal or state level can adversely affect or eliminate SHOPP.

The Authority received SHOPP payments totaling approximately \$237,000 and \$204,000 for the years ended December 31, 2018 and 2017, which is included in net patient service revenue.

Note 2 - Net Patient Service Revenue

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

Medicare: The Authority is licensed as a CAH. The Authority is reimbursed for most acute care services under a cost reimbursement method with final settlement determined after submission of annual cost reports by the Authority and is subject to audits thereof by the Medicare Administrative Contractor (MAC). The Authority's Medicare cost reports have been audited by the MAC through the year ended December 31, 2016. Clinical services are paid on a cost basis or fixed fee schedule.

Medicaid: Inpatient and outpatient services rendered to patients covered by the state Medicaid program are reimbursed on a prospectively determined per diem rate or established fee.

The Authority has also entered into payment agreements with certain commercial insurance carriers and other organizations. The basis for payment to the Authority under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

Concentration of gross revenues by major payor accounted for the following percentages of the Authority's patient service revenues for the years ended December 31, 2018 and 2017:

	2018	2017
Medicare	58%	57%
Medicaid	9%	9%
Other commercial payors	23%	24%
Self pay and other	10%	10%
	100%	100%

Laws and regulations governing the Medicare, Medicaid, and other programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

Note 3 - Deposits and Investments

The carrying amounts of deposits and investments as of December 31, 2018 and 2017 are as follows:

	2018	2017
Carrying amount		
Cash and deposits	\$ 6,702,322	\$ 7,144,570
Investments	4,559,024	2,026,323
Total	\$ 11,261,346	\$ 9,170,893

Deposits and investments are reported in the following statement of net position captions:

	2018	2017
Cash and cash equivalents	\$ 6,179,126	\$ 6,594,737
Current restricted by trustee for debt service	838,002	777,148
Current restricted by trustee for capital improvements	2,576,071	-
Noncurrent cash and investments - internally designated for capital improvements	523,196	549,833
Noncurrent cash and investments - restricted by trustee for debt service, net of current portion	1,144,951	1,249,175
	\$ 11,261,346	\$ 9,170,893

Deposits - Custodial Credit Risk

Custodial credit risk is the risk that in the event of a bank failure, the Authority’s deposits may not be returned to it. State law requires collateralization of all deposits with federal depository insurance; bonds and other obligations of the U.S. Treasury, U.S. agencies or instrumentalities or the state of Oklahoma; bonds of any city, county, school district or special road district of the state of Oklahoma; bonds of any state; or a surety bond having an aggregate value at least equal to the amount of the deposits. The Authority has a general investment policy to minimize custodial credit risk, but does not further restrict bank deposits or limit investment deposits.

The Authority’s deposits in banks at December 31, 2018 and 2017 were entirely covered by federal depository insurance or collateral held by the custodial banks in the Hospital’s and County’s names.

Investments

Investments are reported at fair value. Under state law, investments are limited to full faith and credit obligations of the federal government, obligations of certain federal agencies or instrumentalities, repurchase agreements collateralized by those securities, collateralized or insured certificates of deposit and other evidences of deposit, negotiable certificates of deposit, bankers' acceptances, limited top-rated commercial paper, certain money market mutual funds, obligations of state and local governments, including obligations of Oklahoma state public trusts and bond notes, debentures or other similar obligations of a foreign government that meet specific requirements. The Authority had the following investments at December 31, 2018 and 2017:

	Maturities	2018	2017
U.S. Treasury Obligations	Daily	\$ 4,559,024	\$ 2,026,323

Interest Rate Risk

Interest rate risk is the risk that changes in market rates will adversely affect the fair value of an investment. Generally, the longer the maturity of an investment, the greater the sensitivity of its fair value to changes in market interest rates. The Authority’s investment policy does not contain a provision that limits investment maturities as a means of managing its exposure to fair value losses arising from increasing interest rates.

Credit Risk

Credit risk is the risk that an issuer or other counterparty to an investment will not fulfill its obligations. State statutes require that investments be made only in U.S. government obligations. The Authority’s investment policy does not further limit its investment options.

Concentration of Credit Risk

The Authority places no limit on the amount it may invest in any one issuer.

Investment Income

Investment income, primarily interest income, for the years ended December 31, 2018 and 2017 was \$64,931 and \$19,861.

Note 4 - Fair Value Measurement

GASB No. 72 specifies a hierarchy of valuation classifications based on whether the inputs to the valuation techniques used in each valuation classification are observable or unobservable. These classifications are summarized in the three broad levels listed below:

Level 1 – Unadjusted quoted prices for identical instruments in active markets that the reporting entity has the ability to access at the measurement date.

Level 2 – Quoted prices for similar instruments in active markets; quoted prices for identical or similar instruments in markets that are not active; and model-derived valuations in which all significant inputs and significant value drivers are directly or indirectly observable. Examples would be matrix pricing, market corroborated pricing and inputs such as yield curves and indices.

Level 3 – Valuations derived from valuation techniques in which significant inputs or significant value drivers are unobservable and may rely on the reporting entity’s own assumptions, but the market participant’s assumptions may be used in pricing the asset or liability.

Inputs used to measure fair value might fall in different levels of the fair value hierarchy, in which case the Authority defaults to the lowest level input that is significant to the fair value measurement in its entirety. These levels are not necessarily an indication of the risk or liquidity associated with the investments. In determining the appropriate levels, the Hospital performed a detailed analysis of the assets and liabilities that are subject to GASB No. 72.

The following table presents fair value measurements as of December 31, 2018 and 2017:

	Total	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
December 31, 2018				
Investments				
U.S. Treasury Obligations	\$ 4,559,024	\$ 4,559,024	\$ -	\$ -
	Total	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
December 31, 2017				
Investments				
U.S. Treasury Obligations	\$ 2,026,323	\$ 2,026,323	\$ -	\$ -

The fair value of the above investments was determined based on quoted prices for identical securities in active markets.

Note 5 - Capital Assets

Capital assets additions, retirements, transfers and balances for the year ended December 31, 2018 are as follows:

	Balance December 31, 2017	Additions	Transfers and Retirements	Balance December 31, 2018
Capital assets not being depreciated				
Land	\$ 108,799	\$ -	\$ -	\$ 108,799
Construction in progress	279,742	141,983	(279,742)	141,983
Total capital assets not being depreciated	<u>\$ 388,541</u>	<u>\$ 141,983</u>	<u>\$ (279,742)</u>	<u>\$ 250,782</u>
Capital assets being depreciated				
Buildings, improvements and fixed equipment	\$ 15,220,994	\$ 58,000	\$ -	\$ 15,278,994
Major moveable equipment	4,778,666	314,725	(125,167)	4,968,224
Total capital assets being depreciated	<u>19,999,660</u>	<u>\$ 372,725</u>	<u>\$ (125,167)</u>	<u>20,247,218</u>
Less accumulated depreciation for				
Buildings, improvements and fixed equipment	(6,756,078)	\$ (749,157)	\$ -	(7,505,235)
Major moveable equipment	(3,783,172)	(335,127)	404,909	(3,713,390)
Total accumulated depreciation	<u>(10,539,250)</u>	<u>\$ (1,084,284)</u>	<u>\$ 404,909</u>	<u>(11,218,625)</u>
Net capital assets being depreciated	<u>\$ 9,460,410</u>			<u>\$ 9,028,593</u>
Capital assets, net	<u>\$ 9,848,951</u>			<u>\$ 9,279,375</u>

Construction in progress at December 31, 2018 represents the construction a clinic building, which is expected to be completed January 2020. The total estimated cost of the project is approximately \$3.5 million. The Authority is financing \$2.7 million from the Series 2018 Bonds, with the remaining cost of the project funded by Hospital operations. The cost to compete the project was approximately \$3.3 at December 31. 2018.

Arbuckle Memorial Hospital Authority
Notes to Financial Statements
December 31, 2018 and 2017

Capital assets additions, retirements, transfers and balances for the year ended December 31, 2017 are as follows:

	Balance December 31, 2016	Additions	Transfers and Retirements	Balance December 31, 2017
Capital assets not being depreciated				
Land	\$ 108,799	\$ -	\$ -	\$ 108,799
Construction in progress	-	279,742	-	279,742
Total capital assets not being depreciated	<u>\$ 108,799</u>	<u>\$ 279,742</u>	<u>\$ -</u>	<u>\$ 388,541</u>
Capital assets being depreciated				
Buildings, improvements, and fixed equipment	\$ 15,220,994	\$ -	\$ -	\$ 15,220,994
Major moveable equipment	4,506,729	271,937	-	4,778,666
Total capital assets being depreciated	<u>19,727,723</u>	<u>\$ 271,937</u>	<u>\$ -</u>	<u>19,999,660</u>
Less accumulated depreciation for				
Buildings, improvements, and fixed equipment	(5,998,257)	\$ (757,821)	\$ -	(6,756,078)
Major moveable equipment	<u>(3,458,372)</u>	<u>(324,800)</u>	<u>-</u>	<u>(3,783,172)</u>
Total accumulated depreciation	<u>(9,456,629)</u>	<u>\$ (1,082,621)</u>	<u>\$ -</u>	<u>(10,539,250)</u>
Net capital assets being depreciated	<u>\$ 10,271,094</u>			<u>\$ 9,460,410</u>
Capital assets, net	<u>\$ 10,379,893</u>			<u>\$ 9,848,951</u>

Note 6 - Lease Obligations

The Authority leases certain equipment under non-cancelable long-term lease agreements. Total operating expense for the years ended December 31, 2018 and 2017 for all operating leases was \$57,657 and \$112,288. There were no capitalized leased assets as of December 31, 2018 and 2017.

Note 7 - Long-term Debt

A schedule of changes in the Authority's long-term debt for 2018 and 2017 is as follows:

	Balance 12/31/17	Additions	Reductions	Balance 12/31/18	Due Within One Year
Series 2008 Revenue Bonds	\$ 13,240,000	\$ -	\$ (13,240,000)	\$ -	\$ -
Series 2018 Revenue Bonds	-	16,015,000	-	16,015,000	530,000
Premium	-	92,292	(4,615)	87,677	4,615
Total long-term debt	\$ 13,240,000	\$ 16,107,292	\$ (13,244,615)	\$ 16,102,677	\$ 534,615

	Balance 12/31/16	Additions	Reductions	Balance 12/31/17	Due Within One Year
Series 2008 Revenue Bonds	\$ 13,510,000	\$ -	\$ (270,000)	\$ 13,240,000	\$ 290,000

Revenue Bonds

During 2018, the Authority issued \$16,015,000 in Sales Tax Revenue Bonds, Series 2018 (Series 2018 Bonds) with interest rates ranging from 3% to 5% per annum to advance refund \$12,950,000 million of outstanding Series 2008 Sales Tax Revenue Bonds with interest rates ranging from 7% to 7.5% per annum. The net proceeds, after payment of the Series 2018 Bonds and related costs, totaling approximately \$2,700,000, were deposited in an account with the trustee which is restricted for a future capital project.

The advance refunding resulting in a difference between the reacquisition price and net carrying amount of the old debt of \$259,000. This difference, recorded as deferred refunding costs and reported in the accompanying financial statements as a deferred inflow of resources, net of accumulated amortization, is being charged to operations through the term of the Series 2018 Bonds using the straight-line method. The Authority completed its advance refunding to reduce its total debt service payments over the next 20 years by approximately \$6,100,000 and to obtain an economic gain (difference between the present values of the old and new debt service payments) of approximately \$2,300,000.

The Authority has pledged future sales tax revenues to the Series 2018 Bonds. The bonds are payable solely from sales tax and are payable through December 31, 2038. The total principal and interest remaining to be paid on the bonds is \$22,621,690. Principal and interest paid for the current year and pledged revenues received were \$0 and approximately \$877,000, respectively. Under the terms of the revenue bonds agreements, the Authority is required to maintain certain deposits with a trustee. Such deposits are included in restricted cash on the statement of net position.

The sales tax revenues are first used to provide for the payment of principle, interest and redemption of the premium on the Series 2018 Bonds, then to fund the reserve requirements pursuant to the Series 2018 Bond indenture. After satisfying debt service obligations and reserve requirements, if no event of default has occurred, the excess revenues can be used for any lawful purpose by the Authority.

Scheduled debt service requirements of the Authority's bonds payable are as follows:

<u>Years Ending December 31:</u>	<u>Principal</u>	<u>Interest</u>
2019	\$ 530,000	\$ 600,355
2020	560,000	573,506
2021	580,000	550,706
2022	605,000	523,981
2023	640,000	492,856
2024-2028	3,645,000	2,009,356
2029-2033	4,300,000	1,358,022
2034-2038	5,155,000	497,908
Total	<u>\$ 16,015,000</u>	<u>\$ 6,606,690</u>

Note 8 - Pension Plan

The Authority contributes to a defined contribution pension plan covering substantially all employees. The plan allows for an employer match which is determined by the Board annually. Pension expense is recorded for the amount of the Authority's contributions, determined in accordance with the terms of the plan. The plan is administered by a Board of Trustees appointed by the governing body of the Authority. Benefit provisions and contribution requirements are contained in the plan document and were established and can be amended by action of the Authority's governing body. Total pension plan expense for the years ended December 31, 2018, 2017 and 2016, was \$189,926, \$174,415 and \$165,356.

Note 9 - Management and Affiliate Agreements

On June 1, 1998, the Authority entered into a management agreement with Preferred Management Corporation, whereby Preferred Management Corporation agreed to administer the operations of the Authority and provide shared services for a predetermined fee. Fees incurred under the management agreement were \$437,343 and \$409,205 for the years ended December 31, 2018 and 2017.

The Authority has an agreement with Mercy Memorial Health Center, whereby Mercy Memorial Health Center may provide hospital-physician liaison services and information systems support under an Affiliate agreement, which renews on a yearly basis. Fees incurred under the services agreement were \$11,000 and \$13,000 for years ended December 31, 2018 and 2017.

Note 10 - Concentrations of Credit Risk

The Authority grants credit without collateral to its patients, most of whom are insured, under third-party payor agreements. The mix of receivables from third-party payors and patients at December 31, 2018 and 2017 was as follows:

	2018	2017
Medicare	33%	36%
Medicaid	9%	4%
Other third-party payors	22%	25%
Patients	36%	35%
Total	100%	100%

Note 11 - Contingencies

Risk Management

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

Malpractice Insurance

The Authority has malpractice insurance coverage to provide protection for professional liability losses on a claims-made basis subject to a limit of \$1 million per claim and an annual aggregate limit of \$3 million. Should the claims-made policy not be renewed or replaced with equivalent insurance, claims based on occurrences during the term, but reported subsequently, would be uninsured.

Litigation, Claims, and Disputes

The Authority is subject to the usual contingencies in the normal course of operations relating to the performance of its tasks under its various programs. In the opinion of management, the ultimate settlement of any litigation, claims, and disputes in process will not be material to the financial position, operations, or cash flows of the Authority.

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. Compliance with these laws and regulations, specifically those relating to the Medicare and Medicaid programs, can be subject to government review and interpretation, as well as regulatory actions unknown and unasserted at this time. Federal government activity has increased with respect to investigations and allegations concerning possible violations by health care providers of regulations, which could result in the imposition of significant fines and penalties, as well as significant repayments of previously billed and collected revenues from patient services.

Note 12 - Condensed Combining Information

The following summarizes combining information for the Authority, Hospital and Foundation, which have been presented as blended component units, as of and for the year ended December 31, 2018.

Statement of net position as of December 31, 2018:

	<u>Authority</u>	<u>Hospital</u>	<u>Foundation</u>	<u>Total</u>
Assets				
Current assets	\$ 3,425,518	\$ 10,017,218	\$ 106,139	\$ 13,548,875
Capital assets, net	7,867,986	1,392,222	19,167	9,279,375
Other assets	1,386,032	534,641	-	1,920,673
	<u>12,679,536</u>	<u>11,944,081</u>	<u>125,306</u>	<u>24,748,923</u>
Total assets	\$ 12,679,536	\$ 11,944,081	\$ 125,306	\$ 24,748,923
Liabilities and Net Position				
Liabilities				
Current liabilities	\$ 838,003	\$ 1,018,196	\$ -	\$ 1,856,199
Long-term liabilities	15,572,677	-	-	15,572,677
	<u>16,410,680</u>	<u>1,018,196</u>	<u>-</u>	<u>17,428,876</u>
Total liabilities	16,410,680	1,018,196	-	17,428,876
Net Position				
Net investment in capital assets	(6,887,142)	374,027	19,167	(6,493,948)
Restricted - expendable for debt service	1,653,599	-	-	1,653,599
Restricted - expendable for capital improvements	2,576,071	-	-	2,576,071
Unrestricted	(1,073,672)	10,551,858	106,139	9,584,325
	<u>(3,731,144)</u>	<u>10,925,885</u>	<u>125,306</u>	<u>7,320,047</u>
Total net position	(3,731,144)	10,925,885	125,306	7,320,047
Total liabilities and net position	\$ 12,679,536	\$ 11,944,081	\$ 125,306	\$ 24,748,923

Arbuckle Memorial Hospital Authority
Notes to Financial Statements
December 31, 2018 and 2017

Operating results and changes in net position for the year ended December 31, 2018:

	<u>Authority</u>	<u>Hospital</u>	<u>Foundation</u>	<u>Total</u>
Operating Revenues				
Net patient service revenue	\$ -	\$ 13,893,379	\$ -	\$ 13,893,379
Other operating revenue	1,346,280	(1,039,381)	10,264	317,163
Total operating revenue	<u>1,346,280</u>	<u>12,853,998</u>	<u>10,264</u>	<u>14,210,542</u>
Operating Expenses				
Depreciation and amortization	738,709	345,575	-	1,084,284
Other operating expenses	2,510	13,766,042	717	13,769,269
Total operating expense	<u>741,219</u>	<u>14,111,617</u>	<u>717</u>	<u>14,853,553</u>
Operating Income (Loss)	<u>605,061</u>	<u>(1,257,619)</u>	<u>9,547</u>	<u>(643,011)</u>
Nonoperating Revenue (Expense)				
Tax appropriations	-	1,774,632	-	1,774,632
Investment income	-	64,131	800	64,931
Interest expense	(789,731)	-	-	(789,731)
Debt issuance fees	(317,921)	-	-	(317,921)
Contributions	-	26,202	(26,202)	-
Total nonoperating revenue (expense)	<u>(1,107,652)</u>	<u>1,864,965</u>	<u>(25,402)</u>	<u>731,911</u>
Revenues in Excess of (Less Than) Expenses Before Capital Contributions	(502,591)	607,346	(15,855)	88,900
Capital Contributions	<u>-</u>	<u>-</u>	<u>386</u>	<u>386</u>
Change in Net Position	(502,591)	607,346	(15,469)	89,286
Net position, Beginning of Year	<u>(3,228,553)</u>	<u>10,318,539</u>	<u>140,775</u>	<u>7,230,761</u>
Net Position, End of Year	<u>\$ (3,731,144)</u>	<u>\$ 10,925,885</u>	<u>\$ 125,306</u>	<u>\$ 7,320,047</u>

Arbuckle Memorial Hospital Authority
Notes to Financial Statements
December 31, 2018 and 2017

Cash flows for the year ended December 31, 2018:

	<u>Authority</u>	<u>Hospital</u>	<u>Foundation</u>	<u>Total</u>
Net Cash from Operating Activities	\$ 236,118	\$ (818,344)	\$ 10,547	\$ (571,679)
Net Cash from Noncapital Financing Activities	-	1,806,425	(25,816)	1,780,609
Net Cash from (used for) Capital and Related Financing Activities	823,931	(372,339)	-	451,592
Net Cash from (used for) Investing Activities	<u>(1,060,049)</u>	<u>(1,043,521)</u>	<u>800</u>	<u>(2,102,770)</u>
Net Change in Cash and Cash Equivalents	-	(427,779)	(14,469)	(442,248)
Cash and Cash Equivalents, Beginning of Year	<u>-</u>	<u>7,023,110</u>	<u>121,460</u>	<u>7,144,570</u>
Cash and Cash Equivalents, End of Year	<u>\$ -</u>	<u>\$ 6,595,331</u>	<u>\$ 106,991</u>	<u>\$ 6,702,322</u>

The following summarizes combining information for the Authority, Hospital and Foundation, which have been presented as blended component units, as of and for the year ended December 31, 2017:

Statement of net position as of December 31, 2017:

	<u>Authority</u>	<u>Hospital</u>	<u>Foundation</u>	<u>Total</u>
Assets				
Current assets	\$ 777,148	\$ 9,545,539	\$ 121,608	\$ 10,444,295
Capital assets, net	8,464,712	1,365,072	19,167	9,848,951
Other assets	<u>1,249,175</u>	<u>549,833</u>	<u>-</u>	<u>1,799,008</u>
Total assets	<u>\$ 10,491,035</u>	<u>\$ 11,460,444</u>	<u>\$ 140,775</u>	<u>\$ 22,092,254</u>
Liabilities and Net Position				
Liabilities				
Current liabilities	\$ 769,588	\$ 1,141,905	\$ -	\$ 1,911,493
Long-term liabilities	<u>12,950,000</u>	<u>-</u>	<u>-</u>	<u>12,950,000</u>
Total liabilities	<u>13,719,588</u>	<u>1,141,905</u>	<u>-</u>	<u>14,861,493</u>
Net Position				
Net investment in capital assets	(3,216,712)	223,167	19,167	(2,974,378)
Restricted - expendable for debt service	1,590,485	-	-	1,590,485
Unrestricted	<u>(1,602,326)</u>	<u>10,095,372</u>	<u>121,608</u>	<u>8,614,654</u>
Total net position	<u>(3,228,553)</u>	<u>10,318,539</u>	<u>140,775</u>	<u>7,230,761</u>
Total liabilities and net position	<u>\$ 10,491,035</u>	<u>\$ 11,460,444</u>	<u>\$ 140,775</u>	<u>\$ 22,092,254</u>

Arbuckle Memorial Hospital Authority
Notes to Financial Statements
December 31, 2018 and 2017

Operating results and changes in net position for the year ended December 31, 2017:

	<u>Authority</u>	<u>Hospital</u>	<u>Foundation</u>	<u>Total</u>
Operating Revenues				
Net patient service revenue	\$ -	\$ 13,167,311	\$ -	\$ 13,167,311
Other operating revenue	1,258,615	(1,051,713)	475	207,377
Total operating revenue	<u>1,258,615</u>	<u>12,115,598</u>	<u>475</u>	<u>13,374,688</u>
Operating Expenses				
Depreciation	749,358	323,263	10,000	1,082,621
Other operating expenses	2,500	13,183,943	3,086	13,189,529
Total operating expense	<u>751,858</u>	<u>13,507,206</u>	<u>13,086</u>	<u>14,272,150</u>
Operating Income (Loss)	<u>506,757</u>	<u>(1,391,608)</u>	<u>(12,611)</u>	<u>(897,462)</u>
Nonoperating Revenue (Expense)				
Tax appropriations	-	1,668,790	-	1,668,790
Investment income	-	19,813	48	19,861
Interest expense	(959,175)	10	-	(959,165)
Contributions	-	40,590	(37,694)	2,896
Total nonoperating revenue (expense)	<u>(959,175)</u>	<u>1,729,203</u>	<u>(37,646)</u>	<u>732,382</u>
Revenues in Excess of (Less Than) Expenses Before Capital Contributions	(452,418)	337,595	(50,257)	(165,080)
Capital Contributions	<u>-</u>	<u>-</u>	<u>20,108</u>	<u>20,108</u>
Change in Net Position	(452,418)	337,595	(30,149)	(144,972)
Net Position, Beginning of Year	<u>(2,776,135)</u>	<u>9,980,944</u>	<u>170,924</u>	<u>7,375,733</u>
Net Position, End of Year	<u>\$ (3,228,553)</u>	<u>\$ 10,318,539</u>	<u>\$ 140,775</u>	<u>\$ 7,230,761</u>

Arbuckle Memorial Hospital Authority
Notes to Financial Statements
December 31, 2018 and 2017

Cash flows for the year ended December 31, 2017:

	<u>Authority</u>	<u>Hospital</u>	<u>Foundation</u>	<u>Total</u>
Net Cash from (used for) Operating Activities	\$ 1,256,115	\$ (491,281)	\$ (1,501)	\$ 763,333
Net Cash from Noncapital Financing Activities	-	1,693,938	(37,694)	1,656,244
Net Cash from (used for) Capital and Related Financing Activities	(1,238,625)	(551,670)	20,108	(1,770,187)
Net Cash from (used for) Investing Activities	<u>(17,490)</u>	<u>19,813</u>	<u>48</u>	<u>2,371</u>
Net Change in Cash and Cash Equivalents	-	670,800	(19,039)	651,761
Cash and Cash Equivalents, Beginning of Year	<u>-</u>	<u>6,352,310</u>	<u>140,499</u>	<u>6,492,809</u>
Cash and Cash Equivalents, End of Year	<u>\$ -</u>	<u>\$ 7,023,110</u>	<u>\$ 121,460</u>	<u>\$ 7,144,570</u>



Supplementary Information
December 31, 2018 and 2017

Arbuckle Memorial Hospital Authority



Independent Auditor's Report on Supplementary Information

The Board of Trustees
Arbuckle Memorial Hospital Authority
Sulphur, Oklahoma

We have audited the financial statements of Arbuckle Memorial Hospital Authority (Authority) as of and for the years ended December 31, 2018 and 2017, and our report thereon dated May 15, 2019 which expresses an unmodified opinion on those financial statements, appears on pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The schedules of net patient service revenue – Hospital and Authority, and schedules of expenses – Hospital and Authority are presented for the purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

A handwritten signature in black ink that reads "Eide Bailly LLP".

Oklahoma City, Oklahoma
May 15, 2019

Arbuckle Memorial Hospital Authority
Schedules of Net Patient Service Revenue – Hospital and Authority
Years Ended December 31, 2018 and 2017

	2018			2017		
	Inpatient	Outpatient	Total	Inpatient	Outpatient	Total
Routine Services						
Adults and pediatrics	\$ 618,415	\$ 1,725,360	\$ 2,343,775	\$ 541,839	\$ 1,592,760	\$ 2,134,599
Ancillary Services						
Operating room	\$ 6,673	\$ 150,692	\$ 157,365	\$ 6,887	\$ 162,100	\$ 168,987
Radiology	309,610	3,845,479	4,155,089	319,286	3,756,108	4,075,394
Laboratory	489,460	3,751,102	4,240,562	541,490	3,539,439	4,080,929
Respiratory therapy	934,115	121,149	1,055,264	709,516	132,273	841,789
Physical therapy	881,209	602,070	1,483,279	841,302	655,768	1,497,070
Electrocardiology	41,891	361,500	403,391	56,158	344,396	400,554
Medical supplies	1,908,535	570,499	2,479,034	1,905,229	499,487	2,404,716
Pharmacy	1,524,251	882,998	2,407,249	1,293,312	906,496	2,199,808
Clinic	-	1,063,239	1,063,239	-	784,369	784,369
Emergency	42,023	3,339,534	3,381,557	40,985	3,297,821	3,338,806
Physician fees	382,286	1,967,028	2,349,314	467,898	1,856,431	2,324,329
Special care	8,903	189,169	198,072	8,037	236,418	244,455
Total ancillary services	\$ 6,528,956	\$ 16,844,459	23,373,415	\$ 6,190,100	\$ 16,171,106	22,361,206
Charity Care			(379,054)			(548,278)
Gross Patient Service Revenue			25,338,136			23,947,527
Contractual Adjustments			(8,909,657)			(9,260,407)
Provision for Bad Debts			(2,535,100)			(1,519,809)
Net patient service revenue			\$ 13,893,379			\$ 13,167,311

Arbuckle Memorial Hospital Authority
Schedules of Expenses – Hospital and Authority
Years Ended December 31, 2018 and 2017

	2018			2017		
	Salaries	Other	Total	Salaries	Other	Total
Nursing Services						
Adults and pediatrics	\$ 2,194,368	\$ 133,620	\$ 2,327,988	\$ 2,056,797	\$ 135,334	\$ 2,192,131
Other Professional Services						
Operating room	10,738	12,903	23,641	11,325	15,842	27,167
Radiology	331,587	114,084	445,671	295,664	128,137	423,801
Laboratory	431,146	456,442	887,588	404,870	419,707	824,577
Respiratory therapy	194,155	48,757	242,912	185,727	60,369	246,096
Physical therapy	679,883	52,998	732,881	612,264	136,300	748,564
Medical supplies	-	191,460	191,460	-	184,373	184,373
Pharmacy	111,316	547,847	659,163	108,823	577,033	685,856
Clinic	1,111,406	151,013	1,262,419	588,136	127,565	715,701
Emergency	1,951,144	5,893	1,957,037	2,144,068	6,177	2,150,245
Total other professional services	4,821,375	1,581,397	6,402,772	4,350,877	1,655,503	6,006,380
General Services						
Dietary	180,697	112,783	293,480	161,561	102,802	264,363
Plant operations and maintenance	83,898	341,245	425,143	81,848	305,317	387,165
Housekeeping	198,832	44,179	243,011	183,625	35,621	219,246
Laundry	-	77,894	77,894	-	79,576	79,576
Medical records	130,319	32,452	162,771	124,539	26,137	150,676
Total general services	593,746	608,553	1,202,299	551,573	549,453	1,101,026
Administrative Services						
Administration and general	952,814	1,179,512	2,132,326	963,696	1,236,229	2,199,925
Nursing administration	293,759	9,419	303,178	284,629	11,852	296,481
Employee health and welfare	-	1,399,989	1,399,989	-	1,390,500	1,390,500
Total administrative services	1,246,573	2,588,920	3,835,493	1,248,325	2,638,581	3,886,906
Depreciation and Amortization	-	1,084,284	1,084,284	-	1,072,621	1,072,621
Total operating expenses	\$ 8,856,062	\$ 5,996,774	\$ 14,852,836	\$ 8,207,572	\$ 6,051,492	\$ 14,259,064

See Auditor's Report on Supplementary Information



Independent Auditor’s 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*

The Board of Trustees
Arbuckle Memorial Hospital Authority
Sulphur, Oklahoma

We have audited, 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, the financial statements of Arbuckle Memorial Hospital Authority (Authority), as of and for the year ended December 31, 2018, and the related notes to the financial statements, which collectively comprise the Authority’s basic financial statements, and have issued our report thereon dated May 15, 2019.

Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered Authority's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Authority’s internal control. Accordingly, we do not express an opinion on the effectiveness of Authority’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 a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity’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 over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over financial reporting 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 yet been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Authority'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 determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance 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 Authority's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

The image shows a handwritten signature in cursive script that reads "Eide Bailly LLP". The signature is written in black ink and is positioned above the typed name and date.

Oklahoma City, Oklahoma
May 15, 2019