

RECEIPT # 16872

Financial Statements June 30, 2011 and 2010

With Independent Auditors' Report Thereon

JUNE 30, 2011 and 2010

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Independent Auditors' Report

Board of Trustees Harmon County Healthcare Trust Authority Hollis, Oklahoma

We have audited the accompanying combined balance sheet of Harmon County Healthcare Trust Authority as of June 30, 2011 and 2010, and the related statements of revenue and expenses and changes in net assets and cash flows for the years then ended. These financial statements are the responsibility of the Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

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 of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

The Authority has chosen not to prepare management discussion and analysis which is required under accounting principles generally accepted in the United States of America. The effect of this omission in not reasonably determinable.

In our opinion, the combined financial statements referred to in the first paragraph present fairly, in all material respects, the financial position of Harmon County Healthcare Trust Authority as of June 30, 2011 and 2010, and the results of its operations and changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Board of Trustees Harmon County Healthcare Trust Authority Page Two

The accompanying financial statements have been prepared assuming that the Organization will continue as a going concern. As discussed in note 12 to the financial statements, the Organization has suffered recurring operating loss and reduction in patient census that raise substantial doubt about its ability to continue as a going concern. Management's plans regarding these matters also are described in note 12. The financial statements do not include any adjustments that might result from the outcome of this uncertainty.

In accordance with Government Auditing Standards, we have also issued our report dated September 21, 2011 on our consideration of Harmon County Healthcare Trust Authority's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts, and 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 internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards and should be read in conjunction with this report in considering the results of our audit.

Johnston + Bryant

September 21, 2011

Balance Sheet June 30, 2011 and 2010

<u>ASSETS</u>	2011	2010
Current Assets		
Cash on Hand and in Banks, including		
Time Deposits	\$ 789,023	\$ 758,593
Accounts Receivable - Patients, Less		
Allowances	739,555	838,528
Other Receivables	8,642	51 ACE
Inventories	73,598	71,465
Prepaid Expenses	4,326	908
Total Current Assets	1,615,144	1,669,494
RDA Reserves	166,728	165,000
Property, Plant and Equipment	5,072,603	5,002,261
Less Accumulated Depreciation	(4,140,405)	(3,947,374)
Net Property, Plant and Equipment	932,198	1,054,887
Total Assets	\$ 2,714,070	\$ 2,889,381
LIABILITIES AND NET ASSETS		
Current Liabilities		
Accounts Payable	\$ 122,974	105,456
Accrued Payroll and Vacations	145,349	193,226
Accrued Payroll Taxes	35,995	37,935
Current Portion of Long - Term Debt	168,960	184,822
Other Current Liabilities	41,000	83,089
Total Current Liabilities	514,278	604,528
Long-Term Debt	900,221	977,088
Net Assets		
Unrestricted	1,399,500	1,344,708
Invested in Capital Assets, Net of Related Debt	(99,929)	(36,943)
•	,——————	
Total Net Assets	1,299,571	1,307,765
Total Liabilities and Net Assets	\$ 2,714,070	\$ 2,889,381
The accompanying notes are an integral par	t of these financial state	ements.

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

Statement of Revenues and Expenses and Changes in Net Assets Years Ended June 30, 2011 and 2010

	2011	2010
Net Patient Service Revenue	\$ 6,874,8	
Other Operating Revenue	77,	54,966
Total Revenues	6,952,0	7,502,494
Expenses		
Professional Services	4,129,3	318 4,377,741
General Services	1,203,	
Administrative Services	893,9	994 878,524
Employee Health and Welfare	561,6	664 870,797
Depreciation	220,3	341 205,116
Interest	51,	57,459
Total Expenses	7,060,:	7,520,092
Net Income (Loss) from Operations	(108,5	14) (17,598)
Non-Operating Income (Expenses)		
Interest Income	11,	14,214
County Sales Tax	136,	905 147,191
Total Non-Operating	148,	319 161,405
Change in Net Assets	39,	805 143,807
Net Assets, Beginning of Year	1,307,	766 1,211,958
Transfers to County	(48,0	(48,000)
Net Assets, End of Year	\$ 1,299,	\$ 1,307,765

Statement of Cash Flows Years Ended June 30, 2011 and 2010

		2011		2010
OPERATING ACTIVITIES Patient Revenue Payments to Suppliers and Employees Other Revenues	\$	6,973,832 (6,917,710) 77,199	\$	7,964,442 (7,545,460) 54,966
NET CASH USED BY OPERATING ACTIVITIES		133,321	?=	473,948
NONCAPITAL RELATED FINANCING ACTIVITIES	19		-	
Sales Tax Receipts		128,263		147,191
NET CASH USED FOR NON CAPITAL RELATED FINANCING ACTIVITIES		128,263		147,191
CAPITAL AND CAPITAL RELATED FINANCING ACTIVITIES				
Purchase of Capital Assets - Net New Equiptment Leasing		(100,111) 62,500		(62,544)
Principal Payments on Long-Term Debt		(155,229)		(365,761)
Transfer to County	_	(48,000)		(48,000)
NET CASH USED FOR CAPITAL AND CAPITAL RELATED FINANCING ACTIVITIES	r <u>u</u>	(240,840)		(476,305)
INVESTING ACTIVITIES Investment Income Increase of RDA Reserve		11,414 (1,728)		14,214
NET CASH PROVIDED BY		(2,1-2)	3	
INVESTING ACTIVITIES	()	9,686	19	14,214
NET DECREASE IN CASH AND CASH EQUIVALENTS		30,430		159,048
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR		758,593		599,545
CASH AND CASH EQUIVALENTS, END OF YEAR	<u>\$</u>	789,023	\$	758,593

Statement of Cash Flows Years Ended June 30, 2011 and 2010

	4	2011	02	2010
Cash Flows from Operating Activities				
Operating Income/(Loss) Adjustments to Reconcile Operating Income/(Loss) To Net Cash Provided By Operating Activities:	\$	(108,514)	\$	(17,598)
Depreciation		220,341		205,116
Changes In:				
Patient and Other Accounts Receivable		90,331		516,914
Supplies, Prepaid Expenses, and Other Assets		5,551		25,646
Accounts Payable and Accrued Expenses		(74,388)	-	(256,130)
Net Cash provided (used) by Operating Activities	\$	133,321	_\$_	473,948

Notes to the Financial Statements June 30, 2011 and 2010

Note 1. Organization

The Harmon County Healthcare Trust Authority is a beneficial public trust created as of February, 1991, under Title 60, Oklahoma Statutes 1981 and the Oklahoma Trust Act. The beneficiary of this Trust is the County of Harmon, Oklahoma. The trust Authority operates the Harmon Memorial Hospital and Colonial Manor II, a long-term care nursing home.

Note 2. Summary of Significant Accounting Policies

General Accounting Consideration - Harmon County Healthcare Trust Authority provides both short-term and long-term inpatient and outpatient health care. A large part of the services are for patients whose bills are paid in whole or in part by third-party payors, e.g., Medicare, Medicaid, and private insurance carriers. Record keeping, influenced by these third-party payors, requires a higher level of accountability including more financial and statistical information.

Patient Accounts Receivable - Patient service revenue is accounted for at established rates on the accrual basis. The Authority provides allowances for doubtful receivables equal to the estimated collection losses that will be included in collection of all receivables. The estimated losses are based on historical collection experience coupled with review of the current status of the existing receivables. Preliminary calculations of revenue adjustments relative to third-party contractual agreements are included in the accompanying financial statements. Normal variances between these estimates and final settlements upon audit by third-party payors are included in the statement of revenues and expenses in the year in which the settlement occurs.

Inventory - Inventory is generally stated at cost on the first-in, first-out method.

Property, Plant and Equipment - Property, plant and equipment is carried at cost and includes expenditures for improvements and betterment which substantially increase the useful lives of existing plant and equipment. Maintenance, repairs and minor renewals are expenses as incurred. When properties are retired or otherwise disposed of, the related cost and accumulated depreciation are removed from the respective accounts and any profit or loss is credited or charged to income. The Authority provides for depreciation of property, plant and equipment by methods and at rates designed to amortize the cost of such equipment over its useful life. Depreciation is computed on the straight-line method.

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

Notes to the Financial Statements June 30, 2011 and 2010

Note 3. Amounts Payable on Cost Reimbursement Programs (continued)

Medicaid – Inpatient and outpatient services rendered to Medicaid program beneficiaries are reimbursed under a per diem reimbursement methodology.

Note 4. Accounts Receivable – Patient

	:	2011	-	2010
Total Receivable – Patients Less Allowance for Uncollectible	\$	3,702,274 (2,962,719)	\$	4,078,897 (3,240,369)
Total	\$	739,555	\$	838,528

The allowance for uncollectible accounts is based on management's estimate of potential bad debts and the aging of all Accounts Receivable as of June 30, 2011 and 2010.

Note 5. Property, Plant and Equipment

Major classification of property and equipment and their respective depreciable lives are summarized below:

	Depreciable Lives	2011	2010
Land and Building Major Moveable Equipment	24-40 years 5-10 years	\$ 3,037,733 2,034,870 5,072,603	\$ 3,029,891 1,972,370 5,002,261
Less Accumulated Depreciation		(4,140,405)	(3,947,374)
Net Property Plant and Equipment		\$ 932,198	\$ \$1,054,887

Notes to the Financial Statements June 30, 2011 and 2010

Note 6 Long Term Debt

A summary of long-term debt, including capital lease obligations as of June 30, 2011 is as follows.

			2011								
	Intrest	Maturity		Beginning Balance		Additions Deductions		Ending		Current	
3	Rate	Date	-					Balance	_	Portion	
Notes Payable											
USDA/RD	5.00	06/2018	\$	1,091,830	\$	3.50	\$	114,736	\$ 977,094	\$	120,613
Thermo Fisher Financal	6.85	2015		-		62,500		7,467	55,033		11,293
Stockmans Bank		2010	_	70,080	_	-	_	33,026	 37,054	_	37,054
			\$	1,161,910	\$	62,500	\$	155,229	\$ 1,069,181	\$	168,960

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

Year Ending June 30:	Principal		Interest		Total Payments
2012	\$ 168,960	\$	49,537	\$	218,497
2013	138,876		42,567		181,443
2014	146,217		35,226		181,443
2015	153,952		27,491		181,443
2016	152,091		19,542		171,633
2017	154,789		11,939		166,728
2018	 154,296		4,020		158,316
	\$ 1,069,181	\$	190,322	\$	1,259,503

Notes to the Financial Statements June 30, 2011 and 2010

Note 7. Net Patient Service Revenue

Net Patient Service Revenues for the year ended June 30, 2011 is computed as follows:

		2011
Gross Patient Service Revenues	\$	10,948,659
Less:		
Bad Debt		454,513
Administration and Other Insurance Adjustments		701,830
Medicaid Adjustment		769,003
Medicare Adjustment		2,107,454
	177	
Net Patient Service Revenue	\$	6,915,859

Note 8. Cash Deposits

It is the Authority's practice to invest only in Demand Deposit Accounts and Certificates of Deposit and savings accounts. At June 30, 2011, the Authority had bank balances as follows:

	Book Balances			Bank Balanc			
Checking	\$	217,094		\$	379,503		
Savings and C.D.s		571,929			571,929		
Total Deposits	_\$_	789,023		_\$_	951,432		

The Banks have pledged collateral sufficient to cover deposits over \$250,000.

Note 9. Concentration of Credit Risk

The Authority is located in Hollis, Oklahoma. The Authority grants credit without collateral to its patients, most of who are local residents and are insured under third-party payor agreements.

Note 10. Fair Value of Financial Instruments

The following methods and assumptions were used by the Authority in estimating the fair value of its financial instruments at June 30, 2011.

The carrying amounts reported in the balance sheet for cash, assets limited as to use, accounts payable and accrued expenses and estimated amounts due to/from Medicare approximate their fair value.

Notes to the Financial Statements June 30, 2011

Note 11. Pending Lawsuit

The Authority has been named in a lawsuit filed by a former employee. This lawsuit was settled subsequent to June 30, 2011 within insurance coverage.

Note 12. Going Concern

Over the past two years, the Organization has incurred operating losses due mainly to a drop in patient census at both its hospital and nursing home operations. A large part of the services are for patients whose bills are paid in whole or part by third-party payors, e.g., Medicare and Medicaid. Reductions in payments from these third-party payors has also contributed to the operational losses sustained by the organization.

Management is working closely with its physicians and other staff to contain expenses while seeking a solution to its drop in patient census.

Note 13. Uncertainty

The Hospital is currently under investigation by the U.S. Attorney General's office for possible violation of Medicare regulations. A tentative agreement has been reached subsequent to June 30, 2011.

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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 Harmon County Healthcare Trust Authority Hollis, Oklahoma

We have audited the financial statements of Harmon County Healthcare Trust Authority, Hollis, Oklahoma, as of and for the years ended June 30, 2011 and 2010, and have issued our report thereon dated September 21, 2011. As stated in our report, management has elected to not prepare management discussion and analysis which is required under accounting principals generally accepted in the United States of America. Our report also contains a qualification as to the Organization's ability to continue as a going concern. 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.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered Harmon County Healthcare Trust Authority's internal control over financial reporting as a basis for designing our auditing procedures 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 Harmon County Healthcare Trust Authority's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the Authority's internal control over financial reporting.

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 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.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and would not necessarily identify all deficiencies in internal control that might be significant deficiencies or material weaknesses. We identified certain deficiencies in internal control over financial reporting that we consider to be material weaknesses, as defined above. These deficiencies are listed in the accompanying schedule of findings as item 01-11.

The Board of Trustees Harmon County Healthcare Trust Authority Hollis, Oklahoma Page 2

Compliance And Other Matters

As part of obtaining reasonable assurance about whether Harmon County Healthcare Trust Authority's financial statements are free of material misstatement, we performed tests on 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.

This report is intended solely for the information and use of management, others within the organization, board of trustees, and federal awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

Johnston + Bryant

September 21, 2011

SCHEDULE OF FINDINGS June 30, 2011

01-11 General Ledger Reconciliation

Criteria: Proper reconciliation of individual general ledger accounts to subsidiary control records and or other supporting detail documentation is an important control activity needed to adequately protect the Entity's assets and ensure accurate financial reporting.

Condition: As of June 30, 2011, the general ledger did not reconcile with many of its subsidiary control ledgers and other supporting documentation. A majority of the balance sheet accounts had to be adjusted as of June 30, 2011 in order to bring them to their properly supported balances.

Cause: The general ledger was not being reconciled to all supporting subsidiary control accounts and/or supporting documentation on a monthly basis.

Effects or Potential Effect: Without a proper reconciliation of general ledger accounts on a monthly basis, there is a high degree of risk that individual accounts may be misstated due to errors or omissions. Also, the potential for material misstatement of financial statements is high and the board and administration could unknowingly make decisions based on misstated amounts which could be detrimental to Authority.

Recommendation: Management should take immediate steps to resolve the issue related to general ledger reconciliation process on a monthly basis.

Responsible Official's Response: Management will address the issue and take the appropriate action necessary to insure the monthly financial data is more accurately recorded and reported.