LOVE COUNTY HEALTH CENTER dba MERCY HEALTH LOVE COUNTY Financial Statements June 30, 2017 and 2016

With Independent Auditors' Report Thereon

JUNE 30, 2017 AND 2016

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JOHNSTON & BRYANT

Certified Public Accountants

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Independent Auditors' Report

The Board of Control Love County Health Center dba Mercy Health Love County Marietta, Oklahoma

Pete Johnston, C.P.A.

Report on the Financial Statements

We have audited the accompanying financial statements of Love County Health Center dba, Mercy Health Love County, which comprise the balance sheets as of June 30, 2017 and 2016, and the related statements of revenues, expenses, and changes in net position, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. 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. 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 auditors considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

MEMBER American Institute of Certified Public Accountants Oklahoma Society of Certified Public Accountants The Board of Control Love County Health Center dba Mercy Health Love County Marietta, Oklahoma Page two

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

Opinion

In our opinion, the financial statements referred to in the first paragraph present fairly, in all material respects, the financial position of Love County Health Center dba Mercy Health Love County, as of June 30, 2017 and 2016, and the changes in its net position and its cash flows for the years then ended in accordance with accounting principles generally accepted in United States of America.

Emphasis-of-Matter Regarding Going Concern

The accompanying financial statements have been prepared assuming that the hospital will continue as a going concern. As discussed in Note 17 to the financial statements, the hospital has suffered significant losses from operations, which raises substantial doubt about its ability to continue as a going concern. Management's plan regarding those matters also are described in Note 17. The financial statements do not include any adjustments that might result from the outcome of this uncertainty. Our opinion is not modified with respect to this matter.

Other Information

The organization 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 is not reasonably determinable.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated January 8, 2018 on our consideration of Love County Health Center dba, Mercy Health Love County's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of the report is to describe the scope of our testing of 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 Love County Health Center dba, Mercy Health Love County's internal control over financial reporting and compliance.

Johnston & Bryand

Ada, Oklahoma January 8, 2018

LOVE COUNTY HEALTH CENTER dba MERCY HEALTH LOVE COUNTY Balance Sheet

June 30, 2017 and 2016

	2017	2016
ASSETS		
Currents Assets		
Cash on Hand and in Banks, including Time Deposits	\$ 2,500,549	\$ 3,539,397
Accounts Receivable - Patients, Less Allowances	1,282,286	1,126,347
Other Receivables	89,121	115,879
Inventories	169,945	177,329
Prepaid Expenses	180,441	142,552
Due Under Cost Contracts		
Total Current Assets	4,222,342	5,101,504
Property, Plants and Equipments	12,906,268	11,853,886
Less Accumulated Depreciation	(7,105,115)	(6,413,879)
Net Property, Plant and Equipment	5,801,153	5,440,007
Total Assets	\$ 10,023,495	\$ 10,541,511
LIABILITITES AND NET POSITION Current Liabilities Accounts Payable Due Under Cost Contracts Due to Other Corporations (Note 14 and 15)	\$ 73,563 79,150 5,605,615	\$ 105,719 644,279 5,198,975
Total Current Liabilities	5,758,328	5,948,973
Long-Term Debt	<u> </u>	
Total Liabilities	5,758,328	5,948,973
Net Position		
Unrestricted	4,265,167	4,592,537
Total Net Position	4,265,167	4,592,537
Total Liabilities and Net Position	\$ 10,023,495	\$ 10,541,510

See accompanying notes.

Statement of Revenues, Expenses, and Changes in Net Position Years Ended June 30, 2017 and 2016

	2017	2016
Net Patient Service Revenue	\$ 13,546,652	\$ 12,880,496
Other Operating Revenue	145,394	19,589
Total Operating Revenue	13,692,046	12,900,085
Expenses		
Nursing Services	3,055,632	2,904,633
Other Professional Services	6,655,669	6,395,070
General Services	970,207	826,050
Administrative Services	4,150,623	4,113,343
Depreciation	691,236	481,234
Total Expenses	15,523,367	14,720,330
Net (Loss) from Operations	(1,831,321)	(1,820,245)
Non-Operating Income		
County Sales Tax	1,144,820	1,478,891
Donations and Grants	57,000	33,686
Interest Income	1,791	-
Transfers from E.M.S. District	300,343	305,987
Total Non-Operating	1,503,954	1,818,564
Change in Net Position	(327,367)	(1,681)
Net Position, Beginning of Year	4,592,534	4,594,218
Net Position, End of Year	\$ 4,265,167	\$ 4,592,537

See accompanying notes.

Statement of Cash Flows Years Ended June 30, 2017 and 2016

	2017	2016
Operating Activities		
Receipts From and on Behalf of Patients	\$ 13,390,713	\$ 13,395,779
Other Receipts and Payments	145,394	\$ 13,393,779 15,797
Payment to Suppliers and Contractors	(6,252,361)	(5,272,117)
Payments to Employees	(8,800,924)	(8,440,318)
Net Cash Flow (Used in)	(0,000,724)	(0,440,510)
Operating Activities	(1,517,178)	(300,859)
Cash Flows from Non-Capital Financing Activities		
County Sales Tax Receipts	1,171,578	1,580,519
Donations and Other Receipts	57,000	33,686
E.M.S. Transfers	300,343	305,987
Net Cash Flow from Non-Capital		
Financing Activities	1,528,921	1,920,192
Capital and Related Financing Activities		
Purchase of Capital Assets (Net of Disposals)	(1,052,382)	(1,212,271)
Net Cash Flow from Capital and Related		
Investing Activities	(1,052,382)	(1,212,271)
Investing Activities		
Interest Income	1,791	
Net Cash from Investing		
Activities	1,791	
Net (Decrease) Increase in Cash	(1,038,848)	407,062
Cash - Beginning of Year	3,539,397	3,132,335
Cash - End of Year	\$ 2,500,549	\$ 3,539,397

See accompanying notes.

Statement of Cash Flows Years Ended June 30, 2017 and 2016

	2017	2016
Cash Flows from Operating Activities Operating (Loss) Adjustments to Reconcile Operating Inocme/(Loss) to Net Cash Provided	\$ (1,831,321)	\$ (1,820,245)
By Operating Activites: Depreciation	691,236	481,234
Changes in:		
Patient Accounts Receivable	(155,939)	513,283
Estimated Third Party Payor Settlements	(565,129)	-
Supplies, Prepaid Expenses and Other Assets	(30,505)	(1,792)
Accounts Payable and Accrued Expenses	374,480	526,661
Net Cash Provided By/(Used in) Operating Activities	\$ (1,517,178)	\$ (300,859)

LOVE COUNTY HEALTH CENTER dba MERCY HEALTH LOVE COUNTY Notes to the Financial Statements

June 30, 2017 and 2016

Note 1. Ownership

Mercy Health/Love County Hospital is a twenty-five bed, short-term, acute care, critical access Hospital owned by Love County, Oklahoma, located in Marietta, Oklahoma. Management of the hospital is composed of a five member board of control appointed by the County Commissioners. The Hospital has entered into a Management Services Agreement with Mercy Memorial Health Center, Inc. Duration of the agreement is renewable annually.

Note 2. Summary of Significant Accounting Policies

General Accounting Consideration - Mercy Health/Love County Hospital provides short-term inpatient and outpatient healthcare. A large part of the Hospital 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 Hospital 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 are stated at cost less accumulated depreciation. Maintenance and repairs are charged to expense as incurred and betterments are capitalized. Gains and losses from sales or retirements are included in income in the period of disposition.

Depreciation expense is computed using the straight-line method over the estimated useful lives of related assets. The ranges of such useful lives are as follows:

Land Improvements	8-30 Years
Building	10-40 Years
Building Improvements	10-20 Years
Fixed Equipment	5-25 Years
Major Moveable Equipment	5-20 Years

Notes to the Financial Statements June 30, 2017 and 2016

Note 2. Summary of Significant Accounting Policies (continued)

Use of Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and 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.

Accounting Standards – Pursuant to Governmental Accounting Standards Board (GASB) Statement No. 20, Accounting and Financial Reporting for Proprietary Funds and Other Governmental Entities That Use Proprietary Fund Accounting, the Hospital has elected to apply the provisions of all relevant pronouncements of the Financial Accounting Standards Board (FASB), including those issued after November 30, 1989, that do not conflict with or contradict GASB pronouncements.

The Hospital's financial statements are presented in accordance with the requirements of GASB Statement No. 34, *Basic Financial Statements and Management Discussion and Analysis for State and Local Governments*. Under GASB Statement No. 34, the Hospital is required to present a statement of net assets classified between current and non-current assets and liabilities, a statement of revenues, expenses and changes in net assets, with separate presentation for operating and non-operating revenue and expenses and statement of cash flows using the direct methods.

Risk Management - The Hospital is exposed to various risk of loss from torts; theft of, damage to, 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 except certain natural disasters.

Income Taxes – The Hospital is exempt as a political subdivision of the state of Oklahoma.

Cash Equivalents – The Hospital considers all liquid investments which have original maturities of six months or less to be cash equivalents.

Medical Malpractice Coverage and Claims - The Hospital pays fixed premiums for annual medical malpractice coverage under occurrence-basis policies. In general, the Hospital bears risks for any individual claims with costs exceeding \$1,000,000 and the excess, if any, over aggregate cost of \$3,000,000 for claims occurring during the policy year. The Hospital accrues the expense of its share of malpractice claim costs, if any, of any reported and unreported incidents of potential improper professional service occurring during the year by estimating the probable ultimate cost of any incident. Such estimates are based on the Hospital's own claims experience. No accrual for medical malpractice claims has been made in the accompanying financial statements.

Notes to the Financial Statements June 30, 2017 and 2016

Note 2. Summary of Significant Accounting Policies (continued)

Proprietary Fund Accounting – The Hospital utilizes the proprietary fund method of accounting whereby revenue and expenses are recognized on the accrual basis. Substantially all revenues and expenses are subject to accrual.

Charity Care – The hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates.

Net Patient Service Revenue – 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.

Note 3. Amounts Payable on Cost Reimbursement Programs

The Hospital renders services to patients under contractual arrangements with the Medicare program. The program's administrative procedures preclude final determination of amounts due the Hospital for services to program patients until after the Hospital's cost reports are audited or otherwise reviewed and settled upon by the respective administrative agencies.

Note 4. Compensated Absences

The Hospital's employees earn vacation days at varying rates depending on years of service. Employees may accumulate vacation days up to a specified maximum. Compensated absence liabilities are computed using regular pay in effect at the balance sheet date plus an additional amount for compensation related payments such as social security and Medicare taxes computed using rates in effect at that date

Notes to the Financial Statements June 30, 2017 and 2016

Note 5. Capital Assets

Capital asset activity for the years ended June 30, 2017 and 2016 is as follows:

	 Beginning Balance	 Changes		Ending Balance
Land and Improvements Building Equipment (Fixed and	\$ 520,843 4,267,098	\$ 850,616 715,408	\$	1,371,459 4,982,506
Moveable) Total Capital Assets	 7,065,945 11,853,886	 (513,642) 1,052,382		6,552,303 12,906,268
Less Accumulated Depreciation	 (6,413,879)	 (691,236)	1	(7,105,115)
Capital Assets - Net	\$ 5,440,007	\$ 361,146	\$	5,801,153
	 Beginning Balance	 Changes		Ending Balance
Land and Improvements Building Equipment (Fixed and	\$ 280,038 4,026,319	\$ 240,805 240,779	\$	520,843 4,267,098
Moveable) Total Capital Assets	 6,151,478 10,457,835	 914,467 1,396,051		7,065,945 11,853,886
Less Accumulated Depreciation	 (5,748,865)	 (665,014)		(6,413,879)
Capital Assets - Net	\$ 4,708,970	\$ 731,037	\$	5,440,007

Notes to the Financial Statements June 30, 2017 and 2016

Note 6. Accounts Receivable - Patients

	2017	2016
Gross Accounts Receivable	\$ 3,924,759	\$ 3,694,825
Less Allowances for Bad Debt and Contractual Adjustments	(2,642,473)	(2,568,478)
Net Accounts Receivable	\$ 1,282,286	\$ 1,126,347

The allowance for uncollectible accounts is based upon management's estimate.

Note 7. Long-Term Debt

The Hospital had no long-term debt at June 30, 2017 and 2016.

Note 8. Cash and Deposits

At June 30, 2017 bank balances were as follows:

	 2017
Insured (FDIC) Collateralized by securities held by the pledging	\$ 500,000
financial institution's trust department in the Hospital's name	 2,022,463
Total Bank Balance	\$ 2,522,463
Carrying Value	\$ 2,500,549

Custodial Credit Risk – Exposure to custodial credit related to deposits exists when the Hospital holds deposits that are uninsured and un collateralized; uncollateralized with securities held by the pledging financial institution, or by its trust department or agent but not in the Hospital's name; or collateralized without a written or approved collateral agreement. Exposure to custodial credit risk related to investments exist when the Hospital holds investments that are uninsured and unregistered, with securities held by the counterparty or by its trust department or agent but not in the Hospital's name.

The Hospital secures cash deposits in excess of \$250,000 with U.S. Government or federal agency securities. State law requires all deposits of public funds to be collateralized.

Notes to the Financial Statements June 30, 2017 and 2016

Note 9. 403(b) Thrift Plan

The Hospital adopted a Thrift Plan under Internal Revenue Code Section 403(b) for the benefit of its employees. The plan year end is June 30. The minimum employee contribution accepted in one percent of salary and the maximum is twenty-five percent of the employee's compensation for the limitation year. Employer contributions are made on behalf of each participant who has attained age 21 and completed one year of eligible service. The employer maximum contribution to the plan is five percent of total participants' compensation, with a cap on eligible compensation of \$120,000. Participants become fully vested in the plan after five years of service.

Note 10. Contingencies

During the normal course of business, the Hospital is involved in various claims and lawsuits. In the opinion of management, the potential loss on any claim and lawsuit, net of insurance proceeds, will not be significant to the Hospital's financial position or results of operations.

Note 11. Concentration of Credit Risk

The Hospital operates in South Central Oklahoma, and grants credit without collateral to their patients, most of whom are local residents and are uninsured or under insured.

Note 12. Fair Value of Financial Instruments

The following methods and assumptions were used by the Hospital in estimating the fair value of its financial instruments at June 30, 2017 and 2016.

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

Notes to the Financial Statements June 30, 2017 and 2016

Note 13. Net Patient Service Revenues

Net Patient Service Revenues for the year ended June 30, 2017 and 2016 is computed as follows:

	 2017	 2016
Gross Patient Service Revenues	\$ 22,483,137	\$ 19,443,410
Less:		
Bad Debt and Charity	1,310,271	2,080,594
Administration and Other	3,295,509	2,570,229
Medicare and Medicaid	 4,330,705	 1,912,091
Net Patient Service Revenue	\$ 13,546,652	\$ 12,880,496

Note 14. Management Agreement

The Hospital is currently managed by Mercy Memorial Health Center, Inc., an Oklahoma notfor profit corporation. The management agreement is renewed annually on July 1 for the succeeding 12 month period. The management agreement was renewed July 1, 2017 through June 30, 2018. See Note 15.

Note 15. Due to Other Corporations

This full amount is payable to Mercy Memorial Health Center, Inc., who also manages the hospital. See also Note 14. The payable amount at June 30, 2017 and 2016 was \$5,605,615 and \$5,198,975 respectively.

Note 16. Subsequent Events

Management has evaluated subsequent events through January 8, 2018 which is the date the financial statements were available to be issued and have determined that no additional information needs to be added to the financial statements.

LOVE COUNTY HEALTH CENTER dba MERCY HEALTH LOVE COUNTY Notes to the Financial Statements

June 30, 2017 and 2016

Note 17. Going Concern

At June 30, 2017 and 2016, the hospital's current liabilities exceeded current assets by \$1,535,986 and \$847,469 respectively. Also the hospital incurred operating losses for the years ending June 30, 2017 and 2016 totaling \$(1,831,321) and \$(1,820,245) respectively. These losses and the current liabilities exceeding current assets raises substantial doubt as to the entity's ability to continue as a going concern.

Management Response

Management believes that the addition of physicians will have a significant positive impact on the patient utilization which will translate to a more favorable bottom line on the income statement. Also, management is working closely with all providers in efforts to improve reimbursement from third party payers.

Net Patient Service Revenue Years Ended June 30, 2017 and 2016

	2017	2016
Medical and Surgical	\$ 1,539,424	\$ 1,412,875
Adult Day Care	52,361	42,451
Central Service and Supply	470,610	456,649
Emergency Room	3,439,636	3,222,036
Laboratory	3,726,889	3,326,910
Radiology and E.K.G.	3,675,453	3,355,248
Pharmacy	2,239,522	1,465,010
Inhalation Therapy	480,025	589,412
Therapy Services	970,574	806,360
Rural Health Clinic	1,759,868	1,788,660
Brigade Service	1,008,462	1,118,629
Emergency Medical Service	3,120,313	1,859,170
Total Patient Service Revenue	22,483,137	19,443,410
Less Contractual Adjustments and Bad Debts		
Medicare and Medicaid	4,330,705	1,912,091
Bad Debts	1,310,271	2,080,594
Other Adjustments	3,295,509	2,570,229
Net Patient Service Revenue	\$ 13,546,652	\$ 12,880,496

Other Revenue Years Ended June 30, 2017 and 2016

	 2017	 2016
Miscellaneous	\$ 145,394	\$ 19,589
Total Other Operating Revenue	\$ 145,394	\$ 19,589

See accompanying accountants' report.

Expenses Years Ended June 30, 2017 and 2016

	2017	
Salaries and	Supplies and Other	
Wages	Expenses	Total
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\$ 1,837,228	\$ 168,221	\$ 2,005,449
\$ 1,837,228	\$ 168,221	\$ 2,005,449
\$ 401,601	\$ 333,771	\$ 735,372
925,848	124,335	1,050,183
246,514	116,123	362,637
36,097	219,027	255,124
33,966	48,489	82,455
230,980	35,130	266,110
-	494,035	494,035
1,577,597	141,751	1,719,348
100,201	19,446	119,647
1,769,684	168,693	1,938,377
590,344	92,220	682,564
\$ 5,912,832	\$ 1,793,020	\$ 7,705,852
\$ 15,840	\$ 466,893	\$ 482,733
119,074	28,296	147,370
110,688	74,571	185,259
103,319	51,526	154,845
\$ 348,921	\$ 621,286	\$ 970,207
\$ 701,943	\$ 1,350,703	\$ 2,052,646
	2,097,977	2,097,977
\$ 701,943	\$ 3,448,680	\$ 4,150,623
	Wages \$ 1,837,228 \$ 1,837,228 \$ 1,837,228 \$ 1,837,228 \$ 1,837,228 \$ 1,837,228 \$ 1,837,228 \$ 1,837,228 \$ 1,837,228 \$ 1,837,228 \$ 401,601 925,848 246,514 36,097 33,966 230,980 - 1,577,597 100,201 1,769,684 590,344 \$ 5,912,832 \$ 15,840 119,074 110,688 103,319 \$ 348,921 \$ 701,943	Salaries and WagesSupplies and Other Expenses $\$$ 1,837,228 $\$$ 168,221 $\$$ 1,837,228 $\$$ 168,221 $\$$ 1,837,228 $\$$ 168,221 $\$$ 401,601 $\$$ 333,771

See accompanying accountants' report.

Supplies and OtherWagesExpensesTotal\$ 1,611,640\$ 243,518\$ 1,855,158\$ 1,611,640\$ 243,518\$ 1,855,158\$ 1,611,640\$ 243,518\$ 1,855,158\$ 1,611,640\$ 243,518\$ 1,855,158\$ 384,065\$ 947,393\$ 1,331,458 $937,307$ 112,168 $1,049,475$ $236,046$ 106,238 $342,284$ $34,640$ $259,736$ $294,376$ $33,930$ $40,004$ $73,934$ $224,175$ $34,835$ $259,010$ $ 403,774$ $403,774$ $1,527,560$ $140,315$ $1,667,875$ $133,884$ $32,879$ $166,763$ $1,595,516$ $129,330$ $1,724,846$ $648,741$ $82,009$ $730,750$ \$ $5,755,864$ \$ $2,288,681$ \$ $8,044,545$ \$ $15,840$ \$ $347,456$ \$ $363,296$ $117,632$ $22,602$ $140,234$ $101,010$ $75,056$ $176,066$ $100,436$ $46,018$ $146,454$ \$ $334,918$ \$ $491,132$ \$ $826,050$ \$ $737,896$ \$ $1,405,885$ \$ $2,143,781$ $$ $969,562$ $96,562$ \$ $737,896$ \$ $3,375,447$ \$ $4,113,343$		2016		
WagesExpensesTotal\$ 1,611,640\$ 243,518\$ 1,855,158\$ 1,611,640\$ 243,518\$ 1,855,158\$ 1,611,640\$ 243,518\$ 1,855,158\$ 384,065\$ 947,393\$ 1,331,458937,307112,1681,049,475236,046106,238342,28434,640259,736294,37633,93040,00473,934224,17534,835259,010-403,774403,7741,527,560140,3151,667,875133,88432,879166,7631,595,516129,3301,724,846648,741 $82,009$ 730,750\$ 5,755,864\$ 2,288,681\$ 8,044,545\$ 15,840\$ 347,456\$ 363,296117,63222,602140,234101,01075,056176,066100,43646,018146,454\$ 334,918\$ 491,132\$ 826,050\$ 737,896\$ 1,405,885\$ 2,143,781-1,969,5621,969,562	~	Supplies		
$\begin{array}{c c c c c c c c c c c c c c c c c c c $				
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	Wages	Expenses	Total	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	\$ 1,611,640	\$ 243,518	\$ 1,855,158	
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	\$ 1,611,640	\$ 243,518	\$ 1,855,158	
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$				
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	\$ 384,065	\$ 947,393	\$ 1,331,458	
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	937,307	112,168	1,049,475	
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	236,046	106,238	342,284	
$\begin{array}{rrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr$	34,640	259,736	294,376	
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	33,930	40,004	73,934	
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	224,175	34,835	259,010	
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	-	403,774	403,774	
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	1,527,560	140,315	1,667,875	
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	133,884	32,879	166,763	
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	1,595,516	129,330		
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	648,741	82,009	730,750	
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	\$ 5,755,864	\$ 2,288,681	\$ 8,044,545	
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$				
101,010 75,056 176,066 100,436 46,018 146,454 \$ 334,918 \$ 491,132 \$ 826,050 \$ 737,896 \$ 1,405,885 \$ 2,143,781 - 1,969,562 1,969,562	\$ 15,840	\$ 347,456	\$ 363,296	
100,436 46,018 146,454 \$ 334,918 \$ 491,132 \$ 826,050 \$ 737,896 \$ 1,405,885 \$ 2,143,781 - 1,969,562 1,969,562	117,632	22,602	140,234	
\$ 334,918 \$ 491,132 \$ 826,050 \$ 737,896 \$ 1,405,885 \$ 2,143,781 - 1,969,562 1,969,562	101,010	75,056	176,066	
\$ 737,896 \$ 1,405,885 \$ 2,143,781 - 1,969,562 1,969,562	100,436	46,018	146,454	
- 1,969,562 1,969,562	\$ 334,918	\$ 491,132	\$ 826,050	
- 1,969,562 1,969,562				
- 1,969,562 1,969,562	\$ 737.896	\$ 1.405.885	\$ 2,143,781	
	-	, ,		
	\$ 737,896			

INDEPENDENT AUDITORS' 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 Control Love County Health Center dba Mercy Health Love County Marietta, Oklahoma

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Love County Health Center dba, Mercy Health Love County which comprise the statement of financial position as of June 30, 2017, and the related statements of activities, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated January 8, 2018.

Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered Love County Health Center dba, Mercy Health Love County'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 opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Love County Health Center dba, Mercy Health Love County's internal control. Accordingly, we do not express an opinion on the effectiveness of Love County Health Center dba, Mercy Health Love County'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 was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did identify certain deficiencies in internal control, described in the accompanying schedule of findings and questioned costs that we consider to be significant deficiencies. (Item 2017-1)

The Board of Control Love County Health Center dba Mercy Health Love County Marietta, Oklahoma Page two

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Love County Health Center dba, Mercy Health Love County'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 organization'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 organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Johnston & Bryant

Ada, Oklahoma January 8, 2018

LOVE COUNTY HEALTH CENTER dba MERCY HEALTH LOVE COUNTY Schedule of Findings – Current Year Year Ended June 30, 2017

2017-01 Reconciling Cash

Criteria: In order to present materially correct financial statements and to detect and prevent potential fraud and errors and omissions, the bank accounts must be reconciled to the general ledger on a timely basis.

Condition: The June 30, 2017 bank reconciliation for the operating account and the sales tax depository account show several adjustments which needed to be posted to the general ledger in order to reflect the proper balance of these two accounts. There was also an unlocated difference of \$3,678.54 shown on the operating account reconciliation.

Effect or Potential Effect: By not reconciling and adjusting the bank accounts on a monthly basis, misstatement of the hospital cash balances could occur and result in unlocated differences going unresolved.

Recommendation: Both cash accounts need to be reconciled monthly and adjustments, if necessary, should be made on a timely basis in order to reflect the correct cash balance on the financial statements.

Management Response: The hospital is currently working to bring all bank reconciliation to a current status which will allow any adjustments to be made on a timely basis.

LOVE COUNTY HEALTH CENTER dba MERCY HEALTH LOVE COUNTY Schedule of Prior Year Audit Findings Year Ended June 30, 2017

Prior year Audit Findings - None Noted