Alva Hospital Authority
d/b/a Share Medical Center

Auditor's Reports and Financial Statements

June 30, 2014 and 2013

BKD LLP
CPAs & Advisors

Alva Hospital Authority
d/b/a Share Medical Center
June 30, 2014 and 2013

Contents

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Independent Auditor's Report

Board of Trustees
Alva Hospital Authority
d/b/a Share Medical Center
Alva, Oklahoma

Report on the Financial Statements

We have audited the accompanying financial statements of Alva Hospital Authority d/b/a Share Medical Center (the Authority), which comprise the balance sheets as of June 30, 2014 and 2013, 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 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 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.

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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 above present fairly, in all material respects, the respective financial position of Alva Hospital Authority d/b/a Share Medical Center as of June 30, 2014 and 2013, 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.

Emphasis of Matters

The accompanying financial statements have been prepared assuming the Authority will continue as a going concern. As discussed in *Note 14*, the Authority has suffered recurring operating losses and has negative working capital that raise substantial doubt about its ability to continue as a going concern. Management's plans in regard to these matters are also described in *Note 14*. The accompanying financial statements do not include any adjustments that might result from the outcome of this uncertainty.

As discussed in *Note 15* to the financial statements, the 2013 financial statements have been restated to correct misstatements.

As discussed in *Note 16* to the financial statements, in 2014, the Authority implemented Governmental Accounting Standards Board Statement No. 65, *Items Previously Reported as Assets and Liabilities*.

Our opinion is not modified with respect to these matters.

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis be presented to supplement the basic financial statements. Such information, although not part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements and other knowledge we obtained during our audits 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 our report dated February 10, 2015, on our consideration of the 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* in considering the Authority's internal control over financial reporting and compliance.

BKD, LLP

Tulsa, Oklahoma
February 10, 2015

Alva Hospital Authority
d/b/a Share Medical Center
Management's Discussion and Analysis
Years Ended June 30, 2014 and 2013

Introduction

This management's discussion and analysis of the financial performance of Alva Hospital Authority d/b/a Share Medical Center (the Authority) provides an overview of the Authority's financial activities for the years ended June 30, 2014 and 2013. It should be read in conjunction with the accompanying financial statements of the Authority.

Financial Highlights

- The Authority's cash equivalents and short-term investments decreased by $1,158,498 or 44% in 2014 and increased by $1,590,246 or 151% in 2013.
- The Authority's patient accounts receivable decreased by $409,587 or 23% in 2014 and increased by $186,877 or 12% in 2013.
- The Authority's net position increased by $719,068 or 12% in 2014 and decreased by $827,681 or 12% in 2013.
- The Authority reported operating losses in 2014 of $698,166 and in 2013 of $2,719,374. The operating results in 2014 improved by $2,021,208 or 74% from the operating results reported in 2013.

Using This Annual Report

The Authority's financial statements consist of three statements—a balance sheet; a statement of revenues, expenses and changes in net position; and a statement of cash flows. These statements provide information about the activities of the Authority, including resources held by the Authority but restricted for specific purposes by creditors, contributors, grantors or enabling legislation. The Authority is accounted for as a business-type activity and presents its financial statements using the economic resources measurement focus and the accrual basis of accounting.

The Balance Sheet and Statement of Revenues, Expenses and Changes in Net Position

One of the most important questions asked about any authority's finances is, "Is the authority as a whole better or worse off as a result of the year's activities?" The balance sheet 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. Using the accrual basis of accounting means that all of the current year's revenues and expenses are taken into account regardless of when cash is received or paid.

These two statements report the Authority's net position and changes in them. The Authority's total net position—the difference between assets and deferred outflows of resources and liabilities—is one measure of the Authority's financial health or financial position. Over time, increases or decreases in the Authority's net position are an indicator of whether its financial health is improving or deteriorating. Other nonfinancial factors, such as changes in the Authority's patient base, changes in legislation and regulations, measures of the quantity and quality of services provided to its patients and local economic factors, should also be considered to assess the overall financial health of the Authority.

The Statement of Cash Flows

The statement of cash flows reports cash receipts, cash payments and net changes in cash and cash equivalents resulting from four defined types of 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 and cash equivalents during the reporting period.

The Authority's Net Position

The Authority's net position is the difference between its assets and deferred outflows of resources and liabilities reported in the balance sheet. The Authority's net position increased by $719,068 or 12% in 2014 over 2013 and decreased by $827,681 or 12% in 2013 over 2012 as shown in Table 1.

Table 1: Assets, Liabilities and Net Position

	2014	2013 (Restated – *Note 15*)	2012
Assets and Deferred Outflows of Resources			
Cash and cash equivalents	$ 1,271,453	$ 2,644,316	$ 1,054,070
Short-term investments	214,365	-	-
Patient accounts receivable, net	1,354,639	1,764,226	1,577,349
Other current assets	373,335	294,542	446,270
Capital assets, net	13,899,505	14,717,379	14,675,992
Other noncurrent assets	35,473	30,882	25,558
Deferred outflows of resources	546,467	-	-
Total assets and deferred outflows of resources	$ 17,695,237	$ 19,451,345	$ 17,779,239
Liabilities			
Long-term debt, including current maturities	$ 9,147,794	$ 10,721,351	$ 8,451,177
Other current liabilities	1,808,761	2,710,380	2,480,767
Total liabilities	10,956,555	13,431,731	10,931,944
Net Position			
Net investment in capital assets	6,780,731	6,964,255	7,284,225
Restricted expendable	767,363	564,314	431,534
Unrestricted	(809,412)	(1,508,955)	(868,464)
Total net position	6,738,682	6,019,614	6,847,295
Total liabilities and net position	$ 17,695,237	$ 19,451,345	$ 17,779,239

The Authority's cash, cash equivalents and short-term investments decreased in 2014 due primarily to capital asset expenditures and reduction of long-term debt and lines of credit. The decrease in patient accounts receivable in 2014 of $409,587 is due to relieving the backlog from the Meditech conversion in 2013 and changes in the payer mix in accounts receivable to a higher level of self-pay accounts. Other current liabilities decreased in 2014 by $901,619 due to paying off a line of credit and a reduction in accounts payable.

The Authority's cash, cash equivalents and short-term investments increased in 2013 due to an increase in cash from financing activities from loan proceeds of $2,000,000. Long-term debt increased by approximately $2,270,000 due to the same loans and additional lines of credit. Patient accounts receivable increased by $186,877 or 12% in 2013 compared to 2012 due primarily to a system conversion to Meditech at July 1, 2012, causing a delay in billing.

Operating Results and Changes in the Authority's Net Position

In 2014, the Authority's net position increased by $719,068 or 12% as shown in Table 2. This increase is made up of several different components and represents an improvement of $1,546,749 or 187% compared with the decrease in net position for 2013 of $827,681.

Table 2: Operating Results and Changes in Net Position

	2014	2013	2012
Operating Revenues			
Net patient service revenue	$ 8,927,597	$ 8,449,285	$ 8,833,847
Other operating revenues	2,116,056	753,619	333,023
Total operating revenues	11,043,653	9,202,904	9,166,870
Operating Expenses			
Salaries and wages and employee benefits	6,681,011	6,951,039	6,307,932
Purchased services and professional fees	1,177,831	1,221,733	708,527
Depreciation	1,099,226	939,208	706,070
Supplies and other	2,783,751	2,810,298	2,563,715
Total operating expenses	11,741,819	11,922,278	10,286,244
Operating Loss	(698,166)	(2,719,374)	(1,119,374)
Nonoperating Revenues (Expenses)			
Investment income	272,962	2,670	5,470
Noncapital gifts	63,343	525,424	1,044,578
Noncapital appropriations – City of Alva	1,023,192	-	-
Contribution expense	(250,000)	-	-
Interest expense	(366,272)	(458,952)	(470,792)
Total nonoperating revenues (expenses)	743,225	69,142	579,256
Capital Appropriations – City of Alva	658,525	1,735,402	1,300,510
Capital Grants and Gifts	15,484	87,149	578,124
Increase (Decrease) in Net Position	$ 719,068	$ (827,681)	$ 1,338,516

Operating Loss

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

These recurring operating losses combined with the negative working capital raises substantial doubt about whether the Authority has the ability to continue as a going concern. Management's plans in regard to these matters are described in *Note 14*.

The operating loss for 2014 improved by $2,021,208 or 74% as compared to 2013. The primary components of the improved operating results are:

- An increase in net patient service revenue of $478,312 or 6%
- An increase in other operating revenue of $1,362,437 or 181%
- A decrease in salaries, wages and employee benefits for the Authority's employees of $270,028 or 4%

Net patient service revenue increased in 2014 due to an increase in inpatient days of 4%, a decrease in certain outpatient departments and a strategic pricing analysis performed in 2014.

Other operating revenue increased in 2014 primarily due to recognizing revenue of approximately $1,225,000 from Medicare in connection with the Electronic Health Records Incentive Program (see *Note 1*).

Salaries, wages and employee benefits decreased primarily due to a reduction in full-time equivalent personnel.

The operating loss for 2013 increased by $1,600,000 or 143% as compared to 2012. The primary components of the increased operating loss are:

- A decrease in net patient service revenue of $384,562 or 4%
- An increase in other operating revenue of $420,596 or 126%
- An increase in salaries, wages and employee benefits for the Authority's employees of $643,107 or 10%
- An increase in purchased services and professional fees of $513,206 or 72%
- An increase in depreciation expense of $233,138 or 33%

Net patient service revenue decreased in 2013 primarily due to a reduction in inpatient days of 22% which was partially offset by increases in outpatient services of 3% and nursing home services of 11%.

Other operating revenue increased in 2013 due primarily to the revenue associated with the Homestead Retirement Community (Homestead), which was transferred to the Authority in 2013.

Salaries, wages and employee benefits increased primarily due to a slight increase in full-time equivalent personnel and the additional salaries associated with Homestead. These retention and recruitment efforts resulted primarily from the shortage of nurses and other health care professionals in the United States.

Purchased services and professional fees increased in 2013 due primarily to an increase of nursing contract labor.

The increase in depreciation expense relates to the system conversion to Meditech and implementation of the electronic health records system that was placed in service in 2012 and 2013.

Nonoperating Revenues and Expenses

Nonoperating revenues and expenses consist primarily of investment income, interest expense and noncapital grants and gifts. The citizens of the City of Alva approved a change in the use of a 1.25% sales tax effective December 1, 2013. This change increased noncapital appropriations in fiscal year 2014 by $1,023,192. In 2014, the Authority recognized contribution expense of $250,000. Noncapital gifts decreased in 2014 by $462,081 and in 2013 by $519,154.

The Authority's Cash Flows

Changes in the Authority's cash flows are consistent with changes in operating loss and nonoperating revenues and expenses for 2014 and 2013, except for the changes in patient accounts receivable and accounts payable discussed earlier.

Capital Asset and Debt Administration

Capital Assets

At June 30, 2014 and 2013, the Authority had $13,899,505 and $14,717,379, respectively, invested in capital assets, net of accumulated depreciation, as detailed in *Note 5* to the financial statements. In 2014, the Authority purchased new building improvements, equipment and construction in progress costing $299,567. In 2013, the Authority purchased new equipment and construction in progress costing $1,034,961.

Debt

As detailed in *Note 8*, the Authority had $8,928,294 and $9,543,676 in revenue bonds, notes payable and capital lease obligations outstanding at June 30, 2014 and 2013, respectively. In 2014, the Authority issued the Series 2013 Revenue Refunding Note to defease the Series 2005 Revenue Bonds. In 2013, the Authority received total proceeds of $2,000,000 from two notes payable.

Contacting the Authority's Financial Management

This financial report is designed to provide the Authority's 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. Questions about this report and requests for additional financial information should be directed to the Authority's administration by telephoning 580.327.2800.

Alva Hospital Authority
d/b/a Share Medical Center
Balance Sheets
June 30, 2014 and 2013

Assets and Deferred Outflows of Resources

	2014	2013 (Restated – *Note 15*)
Current Assets		
Cash and cash equivalents	$ 484,621	$ 1,817,285
Restricted cash and cash equivalents – current	13	53,398
Short-term investments	214,365	-
Patient accounts receivable, net of allowance; 2014 – $1,601,000, 2013 – $2,933,000	1,354,639	1,764,226
Other receivables	166,986	135,542
Supplies	122,992	120,364
Prepaid expenses and other	83,357	38,636
Total current assets	2,426,973	3,929,451
Noncurrent Cash and Cash Equivalents		
Held by trustee for debt service	309,520	644,162
Restricted for specific operating activities	217,117	44,838
Restricted for capital acquisition	260,182	84,633
	786,819	773,633
Capital Assets, Net	13,899,505	14,717,379
Deferred Outflows of Resources	546,467	-
Other Assets	35,473	30,882
Total assets and deferred outflows of resources	$ 17,695,237	$ 19,451,345

Liabilities and Net Position

	2014	2013 (Restated – *Note 15*)
Current Liabilities		
Outstanding checks in excess of bank balance	$ 95,245	$ 351,044
Lines of credit	219,500	1,177,675
Current maturities of long-term debt	1,849,907	2,340,176
Accounts payable	1,029,744	1,725,723
Accrued expenses	456,772	510,613
Estimated amounts due to third-party payer	227,000	123,000
Total current liabilities	3,878,168	6,228,231
Long-Term Debt	7,078,387	7,203,500
Total liabilities	10,956,555	13,431,731
Net Position		
Net investment in capital assets	6,780,731	6,964,255
Restricted – expendable for		
Debt service	51,627	187,190
Capital acquisitions	273,552	99,050
Specific operating activities	442,184	278,074
Unrestricted	(809,412)	(1,508,955)
Total net position	6,738,682	6,019,614
Total liabilities and net position	$ 17,695,237	$ 19,451,345

Alva Hospital Authority
d/b/a Share Medical Center

Statements of Revenues, Expenses and Changes in Net Position

Years Ended June 30, 2014 and 2013

	2014	2013
Operating Revenues		
Net patient service revenue, net of provision for uncollectible accounts; 2014 – $965,015, 2013 – $2,182,635	$ 8,927,597	$ 8,449,285
Other	2,116,056	753,619
Total operating revenues	11,043,653	9,202,904
Operating Expenses		
Salaries and wages	5,655,781	5,922,903
Employee benefits	1,025,230	1,028,136
Purchased services and professional fees	1,177,831	1,221,733
Supplies and other	2,783,751	2,810,298
Depreciation	1,099,226	939,208
Total operating expenses	11,741,819	11,922,278
Operating Loss	(698,166)	(2,719,374)
Nonoperating Revenues (Expenses)		
Investment income	272,962	2,670
Noncapital gifts	63,343	525,424
Noncapital appropriations – City of Alva	1,023,192	-
Contribution expense	(250,000)	-
Interest expense	(366,272)	(458,952)
Total nonoperating revenues (expenses)	743,225	69,142
Excess (Deficiency) of Revenues over Expenses Before Capital Appropriations and Capital Grants and Gifts	45,059	(2,650,232)
Capital Appropriations – City of Alva	658,525	1,735,402
Capital Grants and Gifts	15,484	87,149
Increase (Decrease) in Net Position	719,068	(827,681)
Net Position, Beginning of Year	6,019,614	6,847,295
Net Position, End of Year	$ 6,738,682	$ 6,019,614

Alva Hospital Authority
d/b/a Share Medical Center
Statements of Cash Flows
Years Ended June 30, 2014 and 2013

	2014	2013 (Restated – *Note 15*)
Operating Activities		
Receipts from and on behalf of patients	$ 9,441,184	$ 8,016,466
Payments to suppliers and contractors	(4,404,062)	(3,510,178)
Payments to and on behalf of employees	(6,673,996)	(6,901,015)
Other receipts and payments, net	2,116,056	753,619
Net cash provided by (used in) operating activities	479,182	(1,641,108)
Noncapital Financing Activities		
Change in outstanding checks in excess of bank balance	(255,799)	(220,934)
Interest paid on lines of credit	(32,580)	(52,427)
Noncapital gifts	63,343	525,424
Noncapital appropriations – City of Alva	917,582	-
Principal paid on lines of credit	(1,317,675)	(323,077)
Proceeds from draws on lines of credit	359,500	1,000,752
Proceeds from issuance of long-term debt	-	1,500,000
Payment of noncapital contribution	(250,000)	-
Net cash provided by (used in) noncapital financing activities	(515,629)	2,429,738
Capital and Related Financing Activities		
Capital appropriations – City of Alva	742,801	1,742,858
Capital grants and gifts	15,484	87,149
Payment to retire outstanding bonds	(567,362)	-
Principal paid on long-term debt	(8,115,382)	(407,501)
Interest paid on long-term debt	(373,653)	(376,018)
Proceeds from issuance of long-term debt	7,500,000	500,000
Purchase of capital assets	(592,310)	(742,218)
Net cash provided by (used in) capital and related financing activities	(1,390,422)	804,270
Investing Activities		
Purchase of investments, net	(214,365)	(5,324)
Interest on investments	268,371	2,670
Net cash provided by (used in) investing activities	54,006	(2,654)
Increase (Decrease) in Cash and Cash Equivalents	(1,372,863)	1,590,246
Cash and Cash Equivalents, Beginning of Year	2,644,316	1,054,070
Cash and Cash Equivalents, End of Year	$ 1,271,453	$ 2,644,316

		2014		2013 (Restated – *Note 15)*
Reconciliation of Cash and Cash Equivalents to the Balance Sheets				
Cash and cash equivalents	$	484,621	$	1,817,285
Restricted cash and cash equivalents – current		13		53,398
Cash and cash equivalents in noncurrect cash and cash equivalents		786,819		773,633
	$	1,271,453	$	2,644,316
Reconciliation of Operating Loss to Net Cash Provided by (Used in) Operating Activities				
Operating loss	$	(698,166)	$	(2,719,374)
Depreciation		1,099,226		939,208
Provision for uncollectible accounts		965,015		2,182,635
Loss on abandonment of capital assets		18,215		-
Changes in operating assets and liabilities				
Patient accounts receivable, net		(555,428)		(2,369,512)
Other receivables		(10,110)		-
Supplies and prepaid expenses		(47,349)		114,490
Estimated amounts due to third-party payer		104,000		(245,942)
Accounts payable and accrued expenses		(396,221)		457,387
Net cash provided by (used in) operating activities	$	479,182	$	(1,641,108)
Supplemental Cash Flows Information				
Capital acquisitions included in accounts payable	$	-	$	292,742

Alva Hospital Authority
d/b/a Share Medical Center
Notes to Financial Statements
June 30, 2014 and 2013

Note 1: Nature of Operations and Summary of Significant Accounting Policies

Nature of Operations and Reporting Entity

Alva Hospital Authority d/b/a Share Medical Center (the Authority) was created under a trust indenture dated October 1, 1968, as a public trust under the provisions of Title 60 of the Oklahoma statutes for the benefit of the City of Alva, Oklahoma (the City). The Authority's sole activity is to operate Share Medical Center under a bargain lease agreement with the City. The City has leased its presently existing and hereafter acquired hospital facilities to the Authority pursuant to a lease agreement dated November 19, 1968, as amended, for a term extending to and including November 19, 2068, and so long thereafter as any indebtedness of the Authority secured by it remains outstanding.

The Authority consists of a 25-bed general acute care hospital facility and an 80-bed convalescent home. The Authority primarily earns revenues by providing inpatient, outpatient and emergency care services to patients in northwestern Oklahoma. It also operates a home health agency in the same geographical area.

The Authority entered into a management services agreement with Alva Utility Authority during 2013 to manage the administrative, financial and operational activities of Homestead Retirement Community (Homestead) for a five-year period, with the option to extend.

Reporting Entity

The accompanying financial statements present the Authority and its blended component unit as the Authority is considered to be financially accountable for its operations. The blended component unit is, in substance, part of the Authority's operations, even though it is a legally separate entity. Thus, the blended component unit is appropriately presented as funds of the Authority.

Blended Component Unit

Share Medical Center Foundation, Inc. (the Foundation) is a legally separate, tax-exempt component unit of the Authority. The Foundation's primary function is to raise and hold funds to support the Authority and its programs. The board of the Foundation is self-perpetuating. Although the Authority does not control the timing or amount of receipts from the Foundation, the majority of the Foundation's resources and related income are restricted by donors for the benefit of the Authority. Because these restricted resources held by the Foundation can only be used by or for the benefit of the Authority, the Foundation is considered a component unit of the Authority and is included in the Authority's financial statements using the blended method. All significant intercompany accounts and transactions between the Authority and the Foundation have been eliminated in the accompanying financial statements. The Foundation does not issue separate financial statements.

Basis of Accounting and Presentation

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

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, deferred outflows of resources and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash Equivalents

The Authority considers all liquid investments with original maturities of three months or less to be cash equivalents. At June 30, 2014 and 2013, cash equivalents consisted of money market accounts with brokers.

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; medical malpractice; and employee health, dental and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters. Settled claims have not exceeded this commercial coverage in any of the three preceding years.

Investment Income

Investment income includes interest income and income from a joint venture.

Patient Accounts Receivable

The Authority reports patient accounts receivable for services rendered at net realizable amounts from third-party payers, patients and others. The Authority provides an allowance for uncollectible accounts based upon a review of outstanding receivables, historical collection information and existing economic conditions.

Supplies

Supply inventories are stated at the lower of cost, determined using the first-in, first-out method, or market.

Capital Assets

Capital assets are recorded at cost at the date of acquisition, or fair value at the date of donation if acquired by gift. Depreciation is computed using the straight-line method over the estimated useful life of each asset. Assets under capital lease obligations and leasehold improvements are depreciated over the shorter of the lease term or their respective estimated useful lives. The following estimated useful lives are being used by the Authority:

Land improvements	5–20 years
Buildings and improvements	5–40 years
Equipment	3–20 years

Compensated Absences

Authority policies permit most employees to accumulate paid leave benefits that may be realized as paid time off or, in limited circumstances, as a cash payment. Expense and the related liability are recognized as paid leave benefits are earned whether the employee is expected to realize the benefit as time off or in cash. Compensated absence liabilities are computed using the regular pay and termination pay rates 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. The estimated compensated absences liability expected to be paid more than one year after the balance sheet date, if any, is included in other long-term liabilities.

Net Position

Net position of the Authority is classified in three components. Net investment in capital assets consists of capital assets, net of accumulated depreciation and reduced by the outstanding balances of borrowings used to finance the purchase or construction of those assets. Restricted expendable net position consists of noncapital assets that must be used for a particular purpose as specified by creditors, grantors or donors external to the Authority, including amounts deposited with trustees as required by bond indentures, reduced by the outstanding balances of any related borrowings. Unrestricted net position is the remaining net position that does not meet the definition of net investment in capital assets or restricted net position.

Net Patient Service Revenue

The Authority has agreements with third-party payers that provide for payments to the Authority at amounts different from its established rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers and others for services rendered and includes estimated retroactive revenue adjustments and a provision for uncollectible accounts. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered and such estimated amounts are revised in future periods as adjustments become known.

Charity Care

The Authority provides care without charge or at amounts less than its established rates to patients meeting certain criteria under its charity care policy. Because the Authority does not pursue collection of amounts determined to qualify as charity care, these amounts are not reported as net patient service revenue.

Income Taxes

As an essential government function of the City, the Authority is generally exempt from federal and state income taxes under Section 115 of the Internal Revenue Code (IRC) and a similar provision of state law. The Foundation is generally exempt from income taxes under Section 501 of the IRC. However, the Authority and the Foundation are subject to federal income tax on any unrelated business taxable income.

City Appropriations

Effective September 1, 2004, the citizens of the City approved a 1.25% sales tax, with no expiration date, to be used for capital improvements of the Authority. Effective December 1, 2013, the citizens of the City approved a change in the use of the sales tax to be used for debt service payments with any excess to be available for operations and maintenance of the Authority.

The Authority received approximately 14% and 15% of its financial support from city appropriations related to the sales taxes in 2014 and 2013, respectively. Revenue from city appropriations is recognized in the year in which the sales taxes are earned. The revenue earned before December 1, 2013, is reflected in the accompanying statements of revenues, expenses and changes in net position as capital appropriations – City of Alva while the revenue earned effective December 1, 2013, is reflected as noncapital appropriations – City of Alva.

Electronic Health Records Incentive Program

The Electronic Health Records Incentive Program, enacted as part of the *American Recovery and Reinvestment Act of 2009*, provides for one-time incentive payments under both the Medicare and Medicaid programs to eligible hospitals that demonstrate meaningful use of certified electronic health records (EHR) technology. Payments under the Medicare program are generally made for up to four years based on a statutory formula. Payments under the Medicaid program are generally made for three years based upon a statutory formula, as determined by the state, which is approved by the Centers for Medicare and Medicaid Services (CMS). Payment under both programs are contingent on the hospital continuing to meet escalating meaningful use criteria and any other specific requirements that are applicable for the reporting period. The final amount for any payment year is determined based upon an audit by the administrative contractor. Events could occur that would cause the final amounts to differ materially from the initial payments under the program.

The Authority recognizes revenue ratably over the reporting period starting at the point when management is reasonably assured it will meet all of the meaningful use objectives and any other specific grant requirements applicable for the reporting period.

In 2014, the Authority completed the first-year requirements under the Medicare program and has recorded revenue of approximately $1,225,000, which is included in other revenue within operating revenues in the accompanying statements of revenues, expenses and changes in net position. The Authority expects to complete the second-year requirements under the Medicare and Medicaid programs during fiscal year 2015.

Supplemental Hospital Offset Payment Program

On January 17, 2012, CMS approved the State of Oklahoma’s Supplemental Hospital Offset Payment Program (SHOPP). The SHOPP program is retroactive back to July 1, 2011, and is currently scheduled to sunset on December 31, 2017. The SHOPP program is designed to assess Oklahoma hospitals a supplemental hospital offset fee which will be placed in pools after receiving federal matching funds. The total fees and matching funds will then be allocated to hospitals as directed by legislation. In addition to the SHOPP program, there is a separate voluntary pool created to assist hospitals that did not receive sufficient SHOPP funds to cover the assessment fees paid. The Oklahoma Hospital Association (OHA) Foundation receives voluntary contributions from Oklahoma hospitals and remits funds to those providers that did not receive SHOPP funds to reimburse them for the assessment fees paid.

During the years ended June 30, 2014 and 2013, the Authority had the following activity related to the SHOPP program:

	2014	2013
SHOPP funds received	$ 37,000	$ 74,000
OHA Foundation funds received	224,000	178,000
SHOPP assessment fees paid	(261,000)	(252,000)
	$ -	$ -

The annual amounts to be received and paid by the Authority over the term of the SHOPP program are subject to change annually based on various factors involved in determining the amount of federal matching funds. Based on the current information available, the annual net benefit to the Authority over the term of the SHOPP program is not expected to be materially different than the net amounts received in 2014. The SHOPP revenue is recorded as part of net patient service revenue and the SHOPP assessment fees are recorded as part of other expenses on the accompanying statements of revenues, expenses and changes in net position.

Reclassifications

Certain reclassifications have been made to the 2013 financial statements to conform to the 2014 presentation. These reclassifications had no effect on the changes in net position.

Note 2: Net Patient Service Revenue

The Authority has agreements with third-party payers that provide for payments to the Authority at amounts different from its established rates. These payment arrangements include:

- **Medicare** – Inpatient acute care services and substantially all outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. Inpatient skilled nursing services are paid at prospectively determined per diem rates that are based on the patients' acuity. The Authority is reimbursed for certain services at tentative rates with final settlement determined after submission of annual cost reports by the Authority and audits thereof by the Medicare administrative contractor. The Authority's Medicare cost reports have been audited by the Medicare administrative contractor through June 30, 2012.

- **Medicaid** – The Authority has also been reimbursed for services rendered to patients covered by the state Medicaid program at prospectively determined rates per discharge and fee schedules with no retroactive adjustments. The payment rates vary according to a patient classification system that is based on clinical, diagnostic and other factors.

Approximately 33% and 40% of net patient service revenue is from participation in the Medicare and state-sponsored Medicaid programs for the years ended June 30, 2014 and 2013, respectively. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation and change. As a result, it is reasonably possible that recorded estimates will change materially in the near term.

The Authority has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider 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.

Note 3: Deposits, Investments and Investment Income

Deposits

Custodial credit risk is the risk that in the event of a bank failure a government's deposits may not be returned to it. The Authority's deposit policy for custodial credit risk requires compliance with the provisions of state law. State law requires that all deposits of public trusts be insured with federal depository insurance or collateralized.

At June 30, 2014 and 2013, approximately $101,000 and $59,000, respectively, of the Authority's bank balances of approximately $983,000 and $231,000, respectively, were exposed to custodial credit risk as uninsured and uncollateralized.

Investments

The Authority may legally invest in direct obligations of and other obligations guaranteed as to principal by the U.S. Treasury and U.S. agencies and instrumentalities and in bank repurchase agreements. It may also invest to a limited extent in corporate bonds and equity securities.

At June 30, 2014 and 2013, the Authority had investments of $309,533 and $697,560, respectively, in money market mutual funds.

Interest Rate Risk – Interest rate risk is the exposure to fair value losses arising from rising interest rates. The money market mutual funds are considered an investment with a maturity of less than one year because they are redeemable in full immediately.

Credit Risk – Credit risk is the risk that the issuer or other counterparty to an investment will not fulfill its obligations. At June 30, 2014 and 2013, the Authority's investments in money market mutual funds were not rated.

Custodial Credit Risk – For an investment, custodial credit risk is the risk that in the event of the failure of the counterparty the Authority will not be able to recover the value of its investment or collateral securities that are in the possession of an outside party.

Concentration of Credit Risk – The Authority places no limit on the amount that may be invested in any one issuer. At June 30, 2014 and 2013, all of the Authority's investments were in money market mutual funds and were held in Bank of Oklahoma Short-Term Cash Funds.

Foreign Currency Risk – This risk relates to adverse effects on the fair value of an investment from changes in exchange rates. The Authority had no investments denominated in foreign currency at June 30, 2014 and 2013.

Summary of Carrying Values

The carrying values of deposits are included in the accompanying balance sheets as follows:

	2014	2013
Carrying value		
Deposits	$ 961,920	$ 1,946,756
Investments	309,533	697,560
	$ 1,271,453	$ 2,644,316
Included in the following balance sheet captions		
Cash and cash equivalents	$ 484,621	$ 1,817,285
Restricted cash and cash equivalents – current	13	53,398
Noncurrent cash and cash equivalents	786,819	773,633
	$ 1,271,453	$ 2,644,316

Investment Income

Investment income for the years ended June 30 consisted of:

	2014	2013
Interest income	$ 6,126	$ 2,670
Income from joint venture	266,836	-
	$ 272,962	$ 2,670

Note 4: Patient Accounts Receivable

The Authority grants credit without collateral to its patients, many of whom are area residents and are insured under third-party payer agreements. Patient accounts receivable at June 30 consisted of:

	2014	2013
Medicare	$ 561,269	$ 1,345,287
Medicaid	385,035	773,237
Other third-party payers	475,013	1,543,405
Patients	1,534,322	1,035,297
	2,955,639	4,697,226
Less allowance for uncollectible accounts	1,601,000	2,933,000
	$ 1,354,639	$ 1,764,226

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Note 5: Capital Assets

Capital assets activity for the years ended June 30 was:

	2014				
	Beginning Balance	Additions	Disposals	Transfers	Ending Balance
Land	$ 132,829	$ -	$ -	$ -	$ 132,829
Land improvements	86,208	-	-	-	86,208
Buildings and improvements	14,996,580	6,600	-	-	15,003,180
Equipment	9,003,560	243,034	-	-	9,246,594
Construction in progress	18,216	49,933	(18,215)	-	49,934
	24,237,393	299,567	(18,215)	-	24,518,745
Less accumulated depreciation					
Land improvements	84,644	648	-	-	85,292
Buildings and improvements	3,219,566	353,328	-	-	3,572,894
Equipment	6,215,804	745,250	-	-	6,961,054
	9,520,014	1,099,226	-	-	10,619,240
Capital assets, net	$ 14,717,379	$ (799,659)	$ (18,215)	$ -	$ 13,899,505

	2013				
	Beginning Balance	Additions	Disposals	Transfers	Ending Balance
Land	$ 132,829	$ -	$ -	$ -	$ 132,829
Land improvements	86,208	-	-	-	86,208
Buildings and improvements	15,039,264	-	(42,684)	-	14,996,580
Equipment	7,101,424	702,616	(432,541)	1,632,061	9,003,560
Construction in progress	1,317,932	332,345	-	(1,632,061)	18,216
	23,677,657	1,034,961	(475,225)	-	24,237,393
Less accumulated depreciation					
Land improvements	81,305	3,339	-	-	84,644
Buildings and improvements	2,907,044	355,206	(42,684)	-	3,219,566
Equipment	6,067,682	580,663	(432,541)	-	6,215,804
	9,056,031	939,208	(475,225)	-	9,520,014
Capital assets, net	$ 14,621,626	$ 95,753	$ -	$ -	$ 14,717,379

Note 6: Medical Malpractice Claims

Prior to September 2007, the Authority purchased medical malpractice insurance under a claims-made policy on a fixed premium basis. Beginning September 2007, the Authority became a member of Cimarron Insurance Exchange, RRG (Reciprocal Risk Retention Group) (Cimarron) approved by the State of Vermont to provide hospital professional and general liability coverage to its subscribers. Cimarron was formed in order to stabilize the cost and availability of hospital professional and general liability insurance by taking advantage of the self-funding capabilities of a homogenous group of health care providers. Cimarron members are provided hospital professional and general liability insurance under claims-made policies on a fixed premium basis. Effective January 1, 2014, Cimarron was dissolved and the Authority purchased medical malpractice insurance under a claims-made policy on a fixed premium basis from a commercial carrier.

Through January 1, 2014, the Authority had obtained letters of credit totaling approximately $213,000 from a commercial bank to secure equity ownership in Cimarron in accordance with the subscriber agreement set forth between the Authority and Cimarron. As stated by the subscriber agreement, the beneficiary of the letters of credit was the Commissioner of Insurance of the State of Oklahoma. The commissioner had the authority to draw down on the letters of credit as needed to fund Cimarron. No draws were made on the letters of credit, which were cancelled on January 1, 2014.

Accounting principles generally accepted in the United States of America require a health care provider to accrue the expense of its share of malpractice claim costs, if any, for any reported and unreported incidents of potential improper professional service occurring during the year by estimating the probable ultimate costs of the incidents. Based upon the Authority's claims experience, no such accrual has been made. It is reasonably possible that this estimate could change materially in the near term.

Note 7: Lines of Credit

The Authority has a $500,000 revolving line of credit expiring in December 2014, which is collateralized by substantially all of the Authority's assets. Interest at 4% is payable at maturity.

The Authority obtained an additional $750,000 revolving line of credit during 2013 expiring December 2013, which was collateralized by substantially all of the Authority's assets. Interest at 4% was payable at maturity. This line of credit was paid off in full on July 1, 2013.

The following is a summary of lines of credit transactions for the Authority for the years ended June 30:

	2014			
	Beginning Balance	Additions	Deductions	Ending Balance
Line of credit, bank	$ 500,000	$ 359,500	$ (640,000)	$ 219,500
Line of credit, bank	677,675	-	(677,675)	-
	$ 1,177,675	$ 359,500	$ (1,317,675)	$ 219,500

	2013			
	Beginning Balance	Additions	Deductions	Ending Balance
Line of credit, bank	$ 500,000	$ 323,077	$ (323,077)	$ 500,000
Line of credit, bank	-	677,675	-	677,675
	$ 500,000	$ 1,000,752	$ (323,077)	$ 1,177,675

Note 8: Long-Term Obligations

The following is a summary of long-term obligation transactions for the Authority for the years ended June 30:

	2014				
	Beginning Balance	Additions	Deductions	Ending Balance	Current Portion
Revenue Bonds Payable, Series 2005	$ 7,280,000	$ -	$ (7,280,000)	$ -	$ -
Revenue Refunding Note, Series 2013	-	7,500,000	(280,201)	7,219,799	321,292
Note payable to bank (A)	235,979	-	(27,484)	208,495	28,615
Note payable to bank (C)	500,000	-	(500,000)	-	-
Note payable to trust (D)	1,500,000	-	-	1,500,000	1,500,000
Capital lease obligation	27,697	-	(27,697)	-	-
	$ 9,543,676	$ 7,500,000	$ (8,115,382)	$ 8,928,294	$ 1,849,907

	2013				
	Beginning Balance	Additions	Deductions	Ending Balance	Current Portion
Revenue Bonds Payable, Series 2005	$ 7,555,000	$ -	$ (275,000)	$ 7,280,000	$ 285,000
Note payable to bank (A)	262,372	-	(26,393)	235,979	27,479
Note payable to bank (B)	80,248	-	(80,248)	-	-
Note payable to bank (C)	-	500,000	-	500,000	500,000
Note payable to trust (D)	-	1,500,000	-	1,500,000	1,500,000
Capital lease obligation	53,557	-	(25,860)	27,697	27,697
	$ 7,951,177	$ 2,000,000	$ (407,501)	$ 9,543,676	$ 2,340,176

Revenue Bonds Payable, Series 2005

The Revenue Bonds Payable, Series 2005 (the Bonds) in the original amount of $9,250,000 were dated June 1, 2005, and bore interest from 3.00% to 5.25%. The Bonds were payable with principal payments due annually and interest payments due semiannually. Proceeds from the issuance of these bonds were used to fund capital improvements of the Authority. The Bonds were secured by substantially all the assets of the Authority as described in Section 2.01 of the General Bond Indenture.

The General Bond Indenture required that certain funds be established with the trustee. Accordingly, these funds are included as assets held by trustee for debt service in the accompanying balance sheets. The General Bond Indenture also required the Authority to comply with certain restrictive covenants, including minimum insurance coverage, maintaining a historical debt service coverage ratio of at least 1.10 to 1.00 and restrictions on incurrence of additional debt.

The Bonds were refinanced in August 2013 into the Sales Tax and Hospital Revenue Refunding Note, Series 2013.

Revenue Refunding Note, Series 2013

The Sales Tax and Hospital Revenue Refunding Note, Series 2013 (the Revenue Refunding Note) in the original amount of $7,500,000 is dated August 1, 2013, and bears interest at 3.8%. Principal and interest at 3.8% are payable monthly starting October 2013 through June 2029 in the amount of $51,614 per month. Proceeds from the issuance of the Revenue Refunding Note were primarily used to refinance the outstanding balance of the Series 2005 Bonds. The Revenue Refunding Note is secured by a pledge of the sales tax revenue and certain revenues derived from the operations of the Hospital.

The Note Indenture required that certain funds be established with the trustee. Accordingly, these funds are included as assets held by trustee for debt service in the accompanying balance sheets. The Note Indenture also requires the Authority to comply with certain restrictive covenants, including maintaining an average annual debt service coverage ratio of at least 1.20 to 1.00 and restrictions on incurrence of additional debt.

In August 2013, the Authority issued the Revenue Refunding Note in the amount of $7,500,000 which, along with other available funds, were used to defease $7,280,000 of the outstanding Series 2005 Bonds by purchasing securities that were deposited in trust under an escrow agreement sufficient in amount to pay future principal, interest and redemption premiums on the defeased bonds. This advanced refunding transaction resulted in an extinguishment of debt since the Authority was legally released from its obligation on the Bonds at the time of defeasance. Accordingly, the Bonds, aggregating $6,995,000 at June 30, 2014, remain outstanding but are excluded from the Authority's 2014 balance sheet.

Aggregate cash flows on the refunded Series 2005 Bonds from the refunding date through maturity of the Series 2013 Bonds total approximately $10,738,000 while aggregate cash flows for the Series 2013 Bonds total approximately $10,014,000 resulting in a positive net cash flow differential for the refunding transaction of approximately $724,000. The economic gain (generally defined as the present value of the net cash flow discounted at the effective interest rate of the new debt) equals approximately $106,000.

The 2013 advance refunding transaction resulted in an accounting loss on the extinguishment of the long-term debt of approximately $572,000. This loss on refunding is shown as a deferred outflow of resources on the accompanying balance sheets and is being amortized using the straight-line method over the life of the respective new bond issue.

The Revenue Refunding Note debt service requirements as of June 30, 2014, are as follows:

Year Ending June 30,	Total to be Paid	Principal	Interest
2015	$ 590,710	$ 321,292	$ 269,418
2016	619,368	363,482	255,886
2017	619,368	377,538	241,830
2018	619,368	392,137	227,231
2019	619,368	407,300	212,068
2020–2024	3,096,840	2,285,285	811,555
2025–2029	3,406,953	3,072,765	334,188
	$ 9,571,975	$ 7,219,799	$ 2,352,176

Notes Payable

(A) Due December 2020, principal and interest at 4% payable monthly, secured by certain equipment.

(B) Due March 2013, principal and interest at 6% payable monthly, secured by certain equipment. This note was paid in full in September 2012.

(C) Due November 2013, principal and interest at 4% due at maturity, secured by certain equipment. This note was paid in full in December 2013.

(D) Due on demand, principal due upon demand and interest at 4% due annually.

The notes payable debt service requirements as of June 30, 2014, are as follows:

Year Ending June 30,	Total to be Paid	Principal	Interest
2015	$ 1,596,548	$ 1,528,615	$ 67,933
2016	36,548	29,798	6,750
2017	36,548	31,030	5,518
2018	36,548	32,313	4,235
2019	36,548	33,649	2,899
2020–2021	54,812	53,090	1,722
	$ 1,797,552	$ 1,708,495	$ 89,057

Capital Lease Obligation

The Authority was obligated under a lease for equipment that was accounted for as a capital lease. Assets under the capital lease at June 30, 2013, totaled $122,670, net of accumulated depreciation of $104,270. The capital lease obligation was paid in full in 2014.

Note 9: Charity Care

In support of its mission, the Authority voluntarily provides free care to patients who lack financial resources and are deemed to be medically indigent. Because the Authority does not pursue collection of amounts determined to qualify as charity care, they are not reported in net patient service revenue. In addition, the Authority provides services to other medically indigent patients under certain government-reimbursed public aid programs. Such programs pay providers amounts which are less than established charges for the services provided to the recipients and many times the payments are less than the cost of rendering the services provided.

Uncompensated costs relating to these services are as follows:

	2014	2013
Charity allowances	$ 55,000	$ 35,000
State Medicaid programs	351,000	256,000
	$ 406,000	$ 291,000

The cost of uncompensated care is estimated by applying the ratio of costs to gross charges to the gross uncompensated charges from the most recent Medicare cost report.

In addition to uncompensated charges, the Authority also commits significant time and resources to endeavors and critical services which meet otherwise unfilled community needs. Many of these activities are sponsored with the knowledge that they will not be self-supporting or financially viable. Such programs include health screenings and assessments, home health programs, community educational services and various support groups.

Note 10: Pension Plan

The Authority contributes to a defined contribution pension plan covering substantially all employees. Pension expense is recorded for the amount of the Authority's required contributions, determined in accordance with the terms of the plan. The plan is administered by the Authority's Board of Trustees. The plan provides retirement benefits to plan members and their beneficiaries. Benefit provisions are contained in the plan document and were established and can be amended by action of the Authority's governing body. Contributions actually made by the Authority during 2014 and 2013 were approximately $26,000 and $0, respectively. Contributions actually made by plan members during 2014 and 2013 were approximately $83,000 and $92,000, respectively.

Note 11: Patient Protection and Affordable Care Act

The *Patient Protection and Affordable Care Act* (PPACA) will substantially reform the United States health care system. The legislation impacts multiple aspects of the health care system, including many provisions that change payments from Medicare, Medicaid and insurance companies. Starting in 2014, the legislation requires the establishment of health insurance exchanges, which will provide individuals without employer-provided health care coverage the opportunity to purchase insurance. It is anticipated that some employers currently offering insurance to employees will opt to have employees seek insurance coverage through the insurance exchanges. It is possible the reimbursement rates paid by insurers participating in the insurance exchanges may be substantially different than rates paid under current health insurance products. Another significant component of the PPACA is the expansion of the Medicaid program to a wide range of newly eligible individuals. In anticipation of this expansion, payments under certain existing programs, such as Medicare disproportionate share, will be substantially decreased. Each state's participation in an expanded Medicaid program is optional.

The state of Oklahoma has currently indicated it will not expand the Medicaid program, which may result in revenues from newly covered individuals not offsetting the Authority's reduced revenue from other Medicare/Medicaid programs.

The PPACA is extremely complex and may be difficult for the federal government and each state to implement. While the overall impact of the PPACA cannot currently be estimated, it is possible it will have a negative impact on the Authority's net patient service revenue. In addition, it is possible the Authority will experience payment delays and other operational challenges during the PPACA's implementation.

Note 12: Contingencies

Litigation

In the normal course of business, the Authority is, from time to time, subject to allegations that may or do result in litigation. Some of these allegations are in areas not covered by the Authority's commercial insurance; for example, allegations regarding employment practices or performance of contracts. The Authority evaluates such allegations by conducting investigations to determine the validity of each potential claim. Based upon the advice of legal counsel, management records an estimate of the amount of ultimate expected loss, if any, for each. Events could occur that would cause the estimate of ultimate loss to differ materially in the near term.

Note 13: Combining Component Unit Information

As discussed in *Note 1*, the Authority consists of operations of Share Medical Center. The Foundation is a component unit of the Authority.

The following tables include combining balance sheet information for the Authority and its component unit as of June 30, 2014 and 2013:

	June 30, 2014			
	Authority	Share Medical Center Foundation	Eliminations	Combined Total
Assets and Deferred Outflows of Resources				
Current Assets				
Cash and cash equivalents	$ 149,393	$ 335,228	$ -	$ 484,621
Restricted cash and cash equivalents – current	13	-	-	13
Short-term investments	214,365	-	-	214,365
Patient accounts receivable, net of allowance	1,354,639	-	-	1,354,639
Other receivables	165,336	1,650	-	166,986
Supplies	122,992	-	-	122,992
Prepaid expenses and other	83,357	-	-	83,357
Total current assets	2,090,095	336,878	-	2,426,973
Noncurrent Cash and Cash Equivalents				
Held by trustee for debt service	309,520	-	-	309,520
Restricted for specific operating activities	217,117	-	-	217,117
Restricted for capital acquisition	260,182	-	-	260,182
	786,819	-	-	786,819
Capital Assets, Net	13,896,833	2,672	-	13,899,505
Deferred Outflows of Resources	546,467	-	-	546,467
Other Assets	-	35,473	-	35,473
Total assets and deferred outflows of resources	$ 17,320,214	$ 375,023	$ -	$ 17,695,237

	June 30, 2014			
	Authority	Share Medical Center Foundation	Eliminations	Combined Total
Liabilities and Net Position				
Current Liabilities				
Outstanding checks in excess of bank balance	$ 95,245	$ -	$ -	$ 95,245
Lines of credit	219,500	-	-	219,500
Current maturities of long-term debt	1,849,907	-	-	1,849,907
Accounts payable	1,029,744	-	-	1,029,744
Accrued expenses	456,772	-	-	456,772
Estimated amounts due to third-party payer	227,000	-	-	227,000
Total current liabilities	3,878,168	-	-	3,878,168
Long-Term Debt	7,078,387	-	-	7,078,387
Total liabilities	10,956,555	-	-	10,956,555
Net Position				
Net investment in capital assets	6,778,059	2,672	-	6,780,731
Restricted – expendable for				
Debt service	51,627	-	-	51,627
Capital acquisitions	260,182	13,370	-	273,552
Specific operating activities	217,117	225,067	-	442,184
Unrestricted	(943,326)	133,914	-	(809,412)
Total net position	6,363,659	375,023	-	6,738,682
Total liabilities and net position	$ 17,320,214	$ 375,023	$ -	$ 17,695,237

	June 30, 2013 (Restated – *Note 15*)			
	Authority	**Share Medical Center Foundation**	**Eliminations**	**Combined Total**
Assets				
Current Assets				
Cash and cash equivalents	$ 1,501,589	$ 315,696	$ -	$ 1,817,285
Restricted cash and cash equivalents – current	53,398	-	-	53,398
Patient accounts receivable, net of allowance	1,764,226	-	-	1,764,226
Other receivables	133,792	1,750	-	135,542
Supplies	120,364	-	-	120,364
Prepaid expenses and other	38,636	-	-	38,636
Total current assets	3,612,005	317,446	-	3,929,451
Noncurrent Cash and Cash Equivalents				
Held by trustee for debt service	644,162	-	-	644,162
Restricted for specific operating activities	44,838	-	-	44,838
Restricted for capital acquisition	84,633	-	-	84,633
	773,633	-	-	773,633
Capital Assets, Net	14,714,707	2,672	-	14,717,379
Other Assets	-	30,882	-	30,882
Total assets	$ 19,100,345	$ 351,000	$ -	$ 19,451,345

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	June 30, 2013 (Restated – *Note 15*)			
	Authority	Share Medical Center Foundation	Eliminations	Combined Total
Liabilities and Net Position				
Current Liabilities				
Outstanding checks in excess of bank balance	$ 351,044	$ -	$ -	$ 351,044
Lines of credit	1,177,675	-	-	1,177,675
Current maturities of long-term debt	2,340,176	-	-	2,340,176
Accounts payable	1,725,723	-	-	1,725,723
Accrued expenses	510,613	-	-	510,613
Estimated amounts due to third-party payer	123,000	-	-	123,000
Total current liabilities	6,228,231	-	-	6,228,231
Long-Term Debt	7,203,500	-	-	7,203,500
Total liabilities	13,431,731	-	-	13,431,731
Net Position				
Net investment in capital assets	6,961,583	2,672	-	6,964,255
Restricted – expendable for				
Debt service	187,190	-	-	187,190
Capital acquisitions	84,633	14,417	-	99,050
Specific operating activities	44,838	233,236	-	278,074
Unrestricted	(1,609,630)	100,675	-	(1,508,955)
Total net position	5,668,614	351,000	-	6,019,614
Total liabilities and net position	$ 19,100,345	$ 351,000	$ -	$ 19,451,345

The following tables include combining statements of revenues, expenses and changes in net position for the Authority and its component unit for the years ended June 30, 2014 and 2013:

	Year Ended June 30, 2014			
	Authority	Share Medical Center Foundation	Eliminations	Combined Total
Operating Revenues				
Net patient service revenue, net of provision for uncollectible accounts	$ 8,927,597	$ -	$ -	$ 8,927,597
Other	2,116,056	-	-	2,116,056
Total operating revenues	11,043,653	-	-	11,043,653
Operating Expenses				
Salaries and wages	5,655,781	-	-	5,655,781
Employee benefits	1,025,230	-	-	1,025,230
Purchased services and professional fees	1,177,831	-	-	1,177,831
Supplies and other	2,769,040	80,623	(65,912)	2,783,751
Depreciation	1,099,226	-	-	1,099,226
Total operating expenses	11,727,108	80,623	(65,912)	11,741,819
Operating Loss	(683,455)	(80,623)	65,912	(698,166)
Nonoperating Revenues (Expenses)				
Investment income	271,036	1,926	-	272,962
Noncapital gifts	42,019	87,236	(65,912)	63,343
Noncapital appropriations – City of Alva	1,023,192	-	-	1,023,192
Contribution expense	(250,000)	-	-	(250,000)
Interest expense	(366,272)	-	-	(366,272)
Total nonoperating revenues (expenses)	719,975	89,162	(65,912)	743,225
Excess of Revenues over Expenses Before Capital Appropriations and Capital Grants and Gifts	36,520	8,539	-	45,059
Capital Appropriations – City of Alva	658,525	-	-	658,525
Capital Grants and Gifts	-	15,484	-	15,484
Increase in Net Position	695,045	24,023	-	719,068
Net Position, Beginning of Year	5,668,614	351,000	-	6,019,614
Net Position, End of Year	$ 6,363,659	$ 375,023	$ -	$ 6,738,682

	Year Ended June 30, 2013			
	Authority	Share Medical Center Foundation	Eliminations	Combined Total
Operating Revenues				
Net patient service revenue, net of provision for uncollectible accounts	$ 8,449,285	$ -	$ -	$ 8,449,285
Other	753,619	-	-	753,619
Total operating revenues	9,202,904	-	-	9,202,904
Operating Expenses				
Salaries and wages	5,922,903	-	-	5,922,903
Employee benefits	1,028,136	-	-	1,028,136
Purchased services and professional fees	1,221,733	-	-	1,221,733
Supplies and other	2,797,437	434,803	(421,942)	2,810,298
Depreciation	939,208	-	-	939,208
Total operating expenses	11,909,417	434,803	(421,942)	11,922,278
Operating Loss	(2,706,513)	(434,803)	421,942	(2,719,374)
Nonoperating Revenues (Expenses)				
Investment income	1,119	1,551	-	2,670
Noncapital gifts	78,132	519,589	(72,297)	525,424
Interest expense	(458,952)	-	-	(458,952)
Total nonoperating revenues (expenses)	(379,701)	521,140	(72,297)	69,142
Excess (Deficiency) of Revenues over Expenses Before Capital Appropriations and Capital Grants and Gifts	(3,086,214)	86,337	349,645	(2,650,232)
Capital Appropriations – City of Alva	1,735,402	-	-	1,735,402
Capital Grants and Gifts	392,438	44,356	(349,645)	87,149
Increase (Decrease) in Net Position	(958,374)	130,693	-	(827,681)
Net Position, Beginning of Year	6,626,988	220,307	-	6,847,295
Net Position, End of Year	$ 5,668,614	$ 351,000	$ -	$ 6,019,614

Alva Hospital Authority
d/b/a Share Medical Center
Notes to Financial Statements
June 30, 2014 and 2013

The following tables include condensed combining statements of cash flows information for the Authority and its component unit for the years ended June 30, 2014 and 2013:

	Year Ended June 30, 2014			
	Authority	Share Medical Center Foundation	Eliminations	Combined Total
Net Cash Provided by (Used in) Operating Activities	$ 559,705	$ (80,523)	$ -	$ 479,182
Net Cash Provided by (Used in) Noncapital Financing Activities	(602,865)	87,236	-	(515,629)
Net Cash Provided by (Used in) Capital and Related Financing Activities	(1,405,906)	15,484	-	(1,390,422)
Net Cash Provided by (Used in) Investing Activities	56,671	(2,665)	-	54,006
Increase (Decrease) in Cash and Cash Equivalents	(1,392,395)	19,532	-	(1,372,863)
Cash and Cash Equivalents, Beginning of Year	2,328,620	315,696	-	2,644,316
Cash and Cash Equivalents, End of Year	$ 936,225	$ 335,228	$ -	$ 1,271,453

	Year Ended June 30, 2013			
	Authority	Share Medical Center Foundation	Eliminations	Combined Total
Net Cash Used in Operating Activities	$ (1,227,937)	$ (413,171)	$ -	$ (1,641,108)
Net Cash Provided by Noncapital Financing Activities	1,910,149	519,589	-	2,429,738
Net Cash Provided by Capital and Related Financing Activities	759,914	44,356	-	804,270
Net Cash Provided by (Used in) Investing Activities	1,119	(3,773)	-	(2,654)
Increase in Cash and Cash Equivalents	1,443,245	147,001	-	1,590,246
Cash and Cash Equivalents, Beginning of Year	885,375	168,695	-	1,054,070
Cash and Cash Equivalents, End of Year	$ 2,328,620	$ 315,696	$ -	$ 2,644,316

Note 14: Management's Consideration of Going Concern Matters

The Authority has incurred significant operating losses since 2010 and has negative working capital. The accompanying financial statements have been prepared assuming the Authority will continue as a going concern, realizing assets and liquidating liabilities in the ordinary course of business. Management is considering several alternatives for mitigating these conditions during the next year, including reviewing expenses and evaluating profitability of current and new lines of service. Although not currently planned, realization of assets in other than the ordinary course of business in order to meet liquidity needs could incur losses not reflected in the accompanying financial statements.

Note 15: Restatements of Prior Year's Financial Statements

The fiscal year 2013 financial statements have been restated for an error of $292,742 in the ending balance of capital assets and accounts payable related to equipment associated with the new EHR system. The fiscal year 2013 financial statements have also been restated for an error of $1,500,000 related to the classification as a current liability of long-term debt that is due on demand and the classification within the components of net position. These restatements had no impact on the previously reported 2013 change in net position.

Note 16: Change in Accounting Principle

In 2014, the Authority changed its accounting for deferred financing costs as a result of the implementation of Governmental Accounting Standards Board Statement No. 65, *Items Previously Reported as Assets and Liabilities*, which became effective for reporting periods beginning after December 15, 2012. The impact of the change in accounting principle was to recognize as expense deferred financing costs that were previously classified as assets. This change had no impact on net position of the Authority as of July 1, 2013, or on the change in net position for the year ended June 30, 2013. In 2014, the Authority recognized expenses of $163,000 for financing costs associated with the issuance of the Revenue Refunding Note, Series 2013 (see *Note 8*).

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Independent Auditor's Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of the Financial Statements Performed in Accordance with *Government Auditing Standards*

Board of Trustees
Alva Hospital Authority
d/b/a Share Medical Center
Alva, 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 basic financial statements of Alva Hospital Authority d/b/a Share Medical Center (the Authority), which comprise the balance sheet as of June 30, 2014, and the related statements of revenues, expenses and changes in net position and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated February 10, 2015, which contained *Emphasis of Matter* paragraphs regarding the restatement of prior year's financial statements for error corrections, substantial doubt about the Authority's ability to continue as a going concern for a reasonable period of time and a change in accounting principle.

Internal Control over Financial Reporting

Management of the Authority is responsible for establishing and maintaining effective internal control over financial reporting (internal control). In planning and performing our audit, we considered the Authority's 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 the Authority's internal control. Accordingly, we do not express an opinion on the effectiveness of the Authority's internal control.

Our consideration of internal control was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control that might be material weaknesses and, therefore, there can be no assurance that all material weaknesses have been identified. However, as discussed in the accompanying schedule of findings and responses, we identified certain deficiencies in internal control that we consider to be material weaknesses.

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 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. 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 Authority's financial statements will not be prevented or detected and corrected on a timely basis. We consider the deficiencies described in the accompanying schedule of findings and responses as items 2014-1, 2014-2, 2014-3 and 2014-4 to be material weaknesses.

Praxity MEMBER
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Board of Trustees
Alva Hospital Authority
d/b/a Share Medical Center

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Authority's financial statements are free of 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*.

Authority's Responses to the Findings

The Authority's responses to the findings identified in our audit are described in the accompanying schedule of findings and responses. The Authority's responses were not subjected to the auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on them.

We also noted certain matters that we reported to the Authority's management in a separate letter dated February 10, 2015.

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 Authority's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

BKD, LLP

Tulsa, Oklahoma
February 10, 2015

Alva Hospital Authority
d/b/a Share Medical Center
Schedule of Findings and Responses
Year Ended June 30, 2014

Reference Number	Finding
2014-1	Criteria or Specific Requirement – Management is responsible for establishing and maintaining effective internal control over financial reporting. Condition – The payroll manager has incompatible duties in the payroll transactions cycle. Context – This employee has the ability to establish employees in the payroll system; input payroll data, such as hours worked; record payroll transactions and electronic funds transfers; change direct deposit information; and perform other recording and reconciling duties. Also, the payroll reports produced by this employee are not reviewed by another member of management prior to submission for payment. Effect – Potential material misstatements in the financial statements or material misappropriation of assets due to error or fraud could occur and not be prevented or detected in a timely manner. Cause – Duties in the payroll transactions cycle are not adequately segregated and monitoring or other compensating controls are insufficient, and controls surrounding review procedures are insufficient to make sure payroll reports are reviewed and accurate. Recommendation – Management should periodically evaluate the costs versus the benefits of further segregation of duties or addition of monitoring or other compensating controls and implement those changes it deems appropriate for which benefits are determined to exceed costs. Management should also review procedures to ensure review and documentation of the review of payroll reports are performed. Views of Responsible Officials and Planned Corrective Actions – Management concurs with the finding and recommendation. Management will perform the suggested evaluation and make any changes deemed appropriate that are cost beneficial within the next year.

Alva Hospital Authority
d/b/a Share Medical Center
Schedule of Findings and Responses
Year Ended June 30, 2014

Reference Number	Finding
2014-2	Criteria or Specific Requirement – Management is responsible for establishing and maintaining effective internal controls to promote accurate recording, classification and reporting of accounting transactions. Condition – Management's procedures for recording and monitoring capital asset additions and accounts payable did not prevent inaccurate recording of transactions. Additionally, management's procedures for recording due on demand debt did not prevent inaccurate reporting of transactions. Context – Material journal entries were required for the prior period to correct a misstatement to capital assets and accounts payable balances due to improper cutoff procedures and to properly present due on demand debt as a current liability. Effect – Potential material misstatements in the financial statements could occur and not be prevented or detected in a timely manner. Cause – Recording and monitoring procedures in the internal control over financial reporting process were not performed correctly. Recommendation – Management should ensure a reconciliation of capital asset activity is performed timely and all unpaid invoices are property accrued, as well as reviewing all debt agreements for due on demand provisions. Views of Responsible Officials and Planned Corrective Actions – Management concurs with the finding and recommendation. Management will take steps to evaluate the current internal controls over the recording of accounts payable related to capital asset additions and the reporting of due on demand debt.

Alva Hospital Authority
d/b/a Share Medical Center
Schedule of Findings and Responses
Year Ended June 30, 2014

Reference Number	Finding
2014-3	Criteria or Specific Requirement – Management is responsible for establishing and maintaining effective internal control over financial reporting. Condition – Journal entries and the operating bank statement reconciliation lack documentation of review by someone other than the preparer. Context – Our testing of controls surrounding bank statement reconciliations and journal entries indicate a review of reconciliations prepared by the chief financial officer and a review of journal entries during the year were not performed. Effect – Potential material misstatements in the financial statements or material misappropriation of assets due to error or fraud could occur and not be prevented or detected in a timely manner. Cause – Controls surrounding reconciliations and journal entries are insufficient to make sure the reconciliations and entries are reviewed and the review is documented. Recommendation – Management should review procedures to ensure review and documentation of the review of reconciliations and adjusting journal entries as part of the month-end closing procedures are performed in accordance with its policy. Views of Responsible Officials and Planned Corrective Actions – Management concurs with the finding and recommendation. Management will perform the suggested evaluation and make any changes deemed appropriate that are cost beneficial within the next year.

Alva Hospital Authority
d/b/a Share Medical Center
Schedule of Findings and Responses
Year Ended June 30, 2014

Reference Number	Finding
2014-4	Criteria or Specific Requirement – Management is responsible for establishing and maintaining effective internal control over significant allowances and estimates in the financial statements. Condition – Management's procedures for evaluating and recording significant allowances and estimates do not produce materially accurate results. Context – Management does not have a process that allows for consistent, unbiased methodologies to estimate significant balances on the financial statements. Effect – Material journal entries were made to the general ledger to correct misstatements identified related to estimated allowances for contractual adjustments and uncollectible accounts on patient accounts receivable. Cause – Management is not applying consistent or accurate methodologies to estimate allowances and not posting allowances identified during the close process. Recommendation – Management should periodically evaluate the methodology used to estimate significant allowances and estimates in the financial statements to determine that methodologies used to prepare estimates are still appropriate when compared to actual data. Views of Responsible Officials and Planned Corrective Actions – Management concurs with the finding and recommendation. Management will take steps to periodically evaluate the methodologies used in accurately estimating the balances.