MATTHEW WALKER COMPREHENSIVE HEALTH CENTER, INC.

INDEPENDENT AUDITORS' REPORT AND FINANCIAL STATEMENTS JANUARY 31, 2018 AND JANUARY 31, 2017

MATTHEW WALKER COMPREHENSIVE HEALTH CENTER, INC.

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors Matthew Walker Comprehensive Health Center, Inc. 1035 14th Avenue North Nashville, TN 37208

Report on the Financial Statements

We have audited the accompanying financial statements of Matthew Walker Comprehensive Health Center (a nonprofit organization), which comprise the statement of financial position as of January 31, 2018, and the related statements of activities, functional expenses, and cash flows for the year 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 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.

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 financial position of Matthew Walker Comprehensive Health Center as of January 31, 2018 and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated October 11, 2018, on our consideration of Matthew Walker Comprehensive Health Center'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 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 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 Matthew Walker Comprehensive Health Center's internal control over financial reporting and compliance.

Report on Summarized Comparative Information

We have previously audited the Matthew Walker Comprehensive Health Center's 2017 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated September 22, 2017. In our opinion, the summarized comparative information presented herein as of and for the year ended January 31, 2017, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Hoskins & Company Nashville, Tennessee

Hookue & Company

October 11, 2018

MATTHEW WALKER COMPREHENSIVE HEALTH CENTER, INC. STATEMENT OF FINANCIAL POSITION JANUARY 31, 2018 AND JANUARY 31, 2017

	2018	2017
Assets		
Current Assets		
Cash and Equivalents	\$ 1,937,996	\$ 1,461,138
Patient Receivables, Net (Note 4)	1,233,115	829,444
Contract Receivables	19,082	358,656
Inventory	18,373	33,906
Prepaid Expenses and Other Current Assets	95,185	80,846
Total Current Assets	3,303,751	2,763,990
Noncurrent		
Property and Equipment, Net (Note 5)	4,885,655	5,074,802
Total Noncurrent Assets	4,885,655	5,074,802
Total Assets	\$ 8,189,406	\$ 7,838,792
Liabilities and Net Assets		
Current Liabilities		
Accounts Payable and Accrued Expenses	\$ 181,106	\$ 284,783
Accrued Compensation and Related Payables (Note 14)	710,618	723,898
Deferred Revenue	143,313	95,279
Current Portion of Notes Payable (Note 6)	237,696	324,555
Total Current Liabilities	1,272,733	1,428,515
Long Term Liabilities		
Long Term Portion of Notes Payable (Note 6)	4,000,609	4,236,758
Total Long Term Liabilities	4,000,609	4,236,758
Net Assets		
Net Assets Without Donor Restrictions	2,916,064	2,173,519
Total Liabilities and Net Assets	\$ 8,189,406	\$ 7,838,792

MATTHEW WALKER COMPREHENSIVE HEALTH CENTER, INC. STATEMENT OF ACTIVITIES FOR THE YEARS ENDED JANUARY 31, 2018 AND JANUARY 31, 2017

	2018	2017
Revenue without Donor Restrictions:		
Patient Services	\$ 5,427,465	\$ 5,513,319
Less: Provision For Bad Debt	1,010,301	1,083,528
Net Patient Services Revenue	4,417,164	4,429,791
Department of Health and Human Services Grant	5,649,084	5,868,086
Grant Revenue	377,674	219,957
Contributions	23,742	20,812
Other Income	42,126	119,324
Total Revenue Without Donor Restrictions	10,509,790	10,657,970
Expenses:		
Program	8,009,141	7,807,215
General and Administrative	1,758,104	1,631,133
Total Expenses	9,767,245	9,438,348
Increase in Net Assets	742,545	1,219,622
Beginning Net Assets	2,173,519	953,897
Ending Net Assets	\$ 2,916,064	\$ 2,173,519

MATTHEW WALKER COMPREHENSIVE HEALTH CENTER, INC. STATEMENT OF CASH FLOWS FOR THE YEARS ENDED JANUARY 31, 2018 AND JANUARY 31, 2017

	2018	2017
Cash Flows from Operating Activities		
Change in Net Assets	\$ 742,545	\$ 1,219,622
Adjustments to Reconcile Change in Net Assets to Net Cash		
Provided by Operations:		
Depreciation	250,313	251,447
Increase in Accounts Receivable	(64,097)	(534,183)
Increase in Prepaid Expenses	(14,339)	(48,049)
Decrease in Accounts Payable	(103,677)	(39,838)
Decrease in Accrued Compensation and Related Payables	(13,280)	(554,075)
Decrease (Increase) in Inventory	15,533	(10,889)
Increase in Deferred Revenues	48,034	64,729
Total Cash Flows Provided by Operating Activities	861,032	348,764
Cash Flows from Investing Activities		
Purchases of Property and Equipment	(61,166)	(163,242)
Total Cash Flows Used in Investing Activities	(61,166)	(163,242)
Cash Flows from Financing Activities		
Proceeds from Notes Payable	-	4,573,578
Payments of Principal on Notes Payable	(323,008)	(4,239,963)
Total Cash Flows (Used in) Provided by Financing	(323,008)	333,615
Net Increase in Cash and Cash Equivalents	476,858	519,137
Cash and Cash Equivalents at Beginning of Period	1,461,138	942,001
Cash and Cash Equivalents at End of Period	\$ 1,937,996	\$ 1,461,138
Interest paid	\$ 193,315	\$ 255,863

MATTHEW WALKER COMPREHENSIVE HEALTH CENTER, INC. STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED JANUARY 31, 2018

	Program Services	eneral and ministrative	Total
Salaries and wages	\$ 4,477,183	\$ 982,796	\$5,459,979
Fringe benefits	796,800	174,907	971,707
Healthcare consultants	268,008	58,831	326,839
Consultants and professional fees	64,195	14,092	78,287
Laboratory fees	252,034	55,324	307,358
Consumable supplies	372,834	81,842	454,676
Occupancy	823,872	180,850	1,004,722
Insurance	39,111	8,586	47,697
Equipment rental and maintenance	129,675	28,465	158,140
Telephone	178,979	39,288	218,267
Travel, conferences and meetings	84,244	18,493	102,737
Dues and subscriptions	29,470	6,469	35,939
Printing, publications and postage	56,546	12,412	68,958
Interest	158,518	34,797	193,315
Bank and finance charges	26,344	5,783	32,127
Governing board expenses	5,859	1,286	7,145
Patient education and assistance	15,346	3,369	18,715
Depreciation	205,257	45,056	250,313
Other	24,866	 5,458	30,324
Total Functional Expenses	\$ 8,009,141	\$ 1,758,104	\$9,767,245

MATTHEW WALKER COMPREHENSIVE HEALTH CENTER, INC. STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED JANUARY 31, 2017

	 Program Services	eneral and ninistrative	 Total
Salaries and wages	\$ 4,501,042	\$ 775,432	\$ 5,276,474
Fringe benefits	806,887	217,271	1,024,158
Healthcare consultants	326,391	-	326,391
Consultants and professional fees	-	46,466	46,466
Laboratory fees	301,768	-	301,768
Consumable supplies	407,323	26,641	433,964
Occupancy	763,605	229,291	992,896
Insurance	30,400	20,929	51,329
Equipment rental and maintenance	70,605	24,827	95,432
Telephone	78,942	65,173	144,115
Travel, conferences and meetings	50,093	30,378	80,471
Dues and subscriptions	12,562	8,339	20,901
Printing, publications and postage	33,414	16,970	50,384
Interest	170,955	84,908	255,863
Bank and finance charges	1,519	42,201	43,720
Governing board expenses	154	5,591	5,745
Patient education and assistance	2,371	-	2,371
Depreciation	235,353	16,094	251,447
Other	 13,831	 20,622	 34,453
Total Functional Expenses	\$ 7,807,215	\$ 1,631,133	\$ 9,438,348

NOTE 1---NATURE OF ORGANIZATION

Matthew Walker Comprehensive Health Center, Inc. (the "Center") operates community health centers located in Nashville, Smyrna, and Clarksville, Tennessee. The Center provides a broad range of health services to a largely medically underserved population.

The U.S. Department of Health and Human Services (the "DHHS") provides substantial support to the Center. The Center is obligated under the terms of the DHHS grants to comply with specified conditions and program requirements set forth by the grantor.

NOTE 2---SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements of the Center have been prepared on the accrual basis of accounting and accordingly, reflect all significant receivables, payables and other liabilities. The financial statement presentation follows the recommendations of the Financial Accounting Standard Board's Accounting Standard Codification (FASB ASC 958), Financial Statements of Not-for-Profit Organizations. Under FASB ASC 958, the Center is reporting information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions, and net assets with donor restrictions.

Financial position and activities are classified based on the existence or absence of donor restrictions as follows:

<u>Net Assets Without Donor Restrictions</u> — Net assets that are not restricted by purpose or time either temporarily or perpetually by explicit donor stipulations or by law. Board designation does not constitute a donor restriction.

<u>Net Assets With Donor Restrictions</u> — Net assets that are restricted by purpose or time either temporarily or perpetually by explicit donor stipulations or by law.

The Center does not have any net assets with donor restrictions at January 31, 2018.

The statements of activities and changes in net assets without donor restrictions (deficit) include excess or (deficiency) of revenue and support over (under) expenses that represents the results of operations. Changes in net assets without donor restrictions which are excluded from excess (deficiency) of revenue and support over (under) expenses, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purpose of acquiring such assets).

NOTE 2---SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Use of Estimates in the Preparation of Financial Statements

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 disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenue and expenses during the reporting period. The more significant estimates include contractual adjustments and related allowances for net patient services receivable, bad debt allowances and the recovery period of property and equipment. Actual results could differ from those estimates.

Cash and Cash Equivalents

All highly liquid investments held with maturities of three months or less, when purchased, are considered to be cash equivalents.

Patient Services Revenue and Receivable

Patient services revenue is reported at the estimated net realizable amounts from patients, third-party payers and others for services rendered. Self-pay revenue is recorded at published charges with charitable allowances deducted to arrive at net self-pay revenue. All other patient services revenue is recorded at published charges with estimated contractual allowances deducted to arrive at net patient services revenue.

Patient services receivable are reported at their outstanding unpaid balances reduced by allowances for contractual discounts provided to third-party payers and an allowance for doubtful accounts. The Center estimates doubtful accounts based on historical bad debts, factors related to specific payers' ability to pay and current economic trends. The Center writes-off patient services receivable against the allowance when a balance is determined to be uncollectible. Recoveries of accounts previously written-off are recorded when received (See Notes 4 and 10).

Inventory

Inventory, included in other assets, consists of certain medical supplies and pharmaceuticals and is recorded at the lower of cost (first-in, first-out) or market. Donated pharmaceuticals are recorded at fair value on the date of donation.

Property and Equipment

Property and equipment is recorded at cost. Depreciation is recorded on a straight-line basis over the estimated useful lives of the assets, which range from 3 to 10 years for furniture, equipment and vehicles, 5 to 20 years for building improvements and 50 years for building. The Center capitalizes all purchases of property and equipment in excess of \$2,000. Leasehold improvements are amortized over the shorter of the asset's useful life or the lease term.

NOTE 2---SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Contributions and Donations

Contributions are recorded at fair value when received or pledged. Amounts are recorded as revenue with donor restrictions if they have donor stipulations that limit the use of the donated asset. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the statement of operations and changes in net assets without donor restrictions (deficit) as net assets released from restrictions. Donor-restricted contributions whose restrictions expire during the same fiscal year are recognized as revenue without donor restrictions.

Conditional contributions are recognized in the period in which the conditions have been substantially met.

Donated goods and services are recognized in the accompanying financial statements based on fair value on the date of donation.

Grants and Contracts

Revenue from government grants and contracts designated for use in specific activities is recognized in the period when expenditures have been incurred in compliance with the grantor's restrictions. Grants and contracts awarded for the acquisition of long-lived assets are reported as unrestricted non-operating revenue during the fiscal year in which the assets are acquired. Cash received in excess of revenue recognized is recorded as refundable advances. These grants and contracts require the Center to provide certain healthcare services during specified periods. If such services are not provided, the governmental entities are not obligated to disburse the funds allotted under the grants and contracts.

Functional Expenses

Directly identifiable expenses are charged to programs and supporting services. Expenses related to more than one function are charged to programs and supporting services on the basis of periodic time and expense studies. Management and general expenses include those expenses that are not directly identifiable with any other specific function but provide for the overall support and direction of the Center.

Tax Status

The Center was incorporated as a not-for-profit corporation under the laws of the State of Tennessee and is exempt from income taxes under Section 501(c) (3) of the Internal Revenue Code. Accordingly, there is no provision for income taxes in the accompanying financial statements.

NOTE 2---SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Tax Status - Continued

The Center recognizes tax benefits from an uncertain tax position only if it is "more likely than not" that the tax position will be sustained on examination by taxing authorities, based on the technical merits of the position. The tax benefits recognized in the financial statements from such a position are measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement. The guidance on accounting for uncertainty in income taxes also addresses derecognition, classification, interest and penalties on income taxes, and accounting in interim periods.

Management has evaluated the Center's tax positions and concluded that the Center had taken no uncertain tax positions that require adjustment to the financial statements. Due to the expiration of statute of limitations, with a few exceptions, the Center is no longer subject to tax examinations by U.S. federal, state or local tax authorities for years before 2012.

Financial Instruments

The Center's financial instruments consist of a line-of-credit and notes payable. The carrying value of the line-of-credit and notes payable are not materially different from the estimated fair value of these instruments.

NOTE 3---FINANCIAL CONDITION AND RELATED CONTINGENCIES

Health Resources and Services Administration (HRSA) notified the Center in December 2016 regarding their 3 year project award, beginning February 2017 through January 2020. See Note 9 regarding concentration of revenue.

NOTE 4---PATIENT SERVICES RECEIVABLES

Patient services receivable, net, consists of the following at January 31:

	2018	2017
Medicaid	\$1,727,406	\$1,315,118
Medicare	305,570	223,565
Private insurance	1,010,955	836,467
Self-pay	978,163	2,011,467
Medicaid managed care wraparound	188,345	207,777
Tennessee Department of Health –		
Essential Access Pool	<u>18,786</u>	102,835
	4,229,225	4,697,229
Less allowance for doubtful accounts		
and contractual allowances	<u>(2,996,110)</u>	(3,867,785)
	<u>\$1,233,115</u>	<u>\$ 829,444</u>

NOTE 5---PROPERTY AND EQUIPMENT

Property and equipment, net, consists of the following at January 31, 2018 and January 31, 2017:

	2018	2017
Land	\$ 506,269	\$ 506,269
Building and improvements	5,599,617	5,599,617
Furniture and equipment	4,176,021	4,122,606
Leasehold improvements	392,839	385,088
Vehicle	24,093	<u>24,093</u>
	10,698,839	10,637,673
Less accumulated depreciation	(5,813,184)	(5,562,871)
Total	<u>\$ 4,885,655</u>	<u>\$5,074,802</u>

Depreciation expense for the year ended January 31, 2018 and January 31, 2017 was \$250,313 and \$251,447, respectively.

DHHS maintains a federal interest in all property purchased with federal funds. Accordingly, in the event the DHHS grants are terminated, the DHHS reserves the right to transfer property and equipment purchased with grant funds.

NOTE 6---NOTES PAYABLE

Long-term debt was comprised of the following:	2018	2017
The Center has a mortgage payable that is collaterized by the Center's building in Nashville. The note bears interest at a rate 3.6261% and is payable in monthly principal and interest payments of \$28,663 per month, with the remaining balance due July, 2023.	3,762,376	3,962,255
The Center has a note payable used to finance operating cost. The note is unsecured, bears interest at 6% and is payable in monthly principal and interest payments of \$7,568, with the remaining balance due November 2018.	- -	97,844
The Center has a note payable used to finance an IRS liability. The note is unsecured, bears interest at 3.6261% and is payable in monthly principal and interest payments of \$3,626, with the remaining balance due July 2023.	475,929	501,214
	4,238,305	4,561,313
Less Current Portion	(237,696)	(324,555)
Long-Term Debt	<u>\$ 4,000,609</u>	<u>\$ 4,236,758</u>

Annual maturities of long-term debt, after giving effect to the above refinancing, are as follows:

Years Ending January 31,	
2019	\$ 237,696
2020	246,460
2021	255,546
2022	264,968
2023	274,737
Thereafter	2,958,898
	<u>\$ 4,238,305</u>

NOTE 7---DHHS GRANTS

For the year ended January 31, 2018, the Center received the following grants from the United States Department of Health and Human Services ("DHHS"):

		Total	Operating	Nonoperating
Grant Number	Grant Period	<u>Grant</u>	Revenue	Revenue
6 H80CS00710	02/01/17 - 01/31/18	\$5,649,084	\$5,649,084	\$ -
6 H80CS00710	02/01/16 - 01/31/17	\$5,868,086	\$5,868,086	\$ -

NOTE 8---CONCENTRATION OF REVENUE

The Center obtained approximately 50% of its revenue from the United States Department of Health and Human Services, Health Resources Services Administration. Any change in regulation surrounding this department will affect the Center's revenue.

NOTE 9---PATIENT SERVICES REVENUE

For the year ended January 31, 2018, patient services revenue consisted of the following:

	Gross Charges	Charitable and Contractual Allowances	Net <u>Revenue</u>
Medicaid Medicare Private insurance Self-pay	\$ 1,772,376 360,269 2,003,790 4,639,871	\$ (1,070,396) (204,978) (1,019,357) (2,301,749)	\$ 701,980 155,291 984,433 2,338,122
	<u>\$ 8,776,306</u>	<u>\$ 4,596,480</u>	<u>\$4,179,826</u>
Medicaid managed care wraparound Tennessee Department of Health -			1,040,405
Essential Access Pool			207,234
			\$ 5,427,465

NOTE 9---PATIENT SERVICES REVENUE (CONTINUED)

For the year ended January 31, 2017, patient services revenue consisted of the following:

	Gross Charges	Charitable and Contractual Allowances	Net <u>Revenue</u>
Medicaid Medicare Private insurance Self-pay	\$ 1,739,031 353,703 2,000,444 4,758,318	\$ (1,137,599) (119,492) (776,826) (2,800,249)	\$ 601,432 234,211 1,223,618 1,958,069
	<u>\$ 8,851,496</u>	<u>\$ 4,834,166</u>	<u>\$ 4,017,330</u>
Medicaid managed care wraparound Tennessee Department of Health -			1,169,443
Essential Access Pool			326,546
			\$ 5,513,319

Medicaid and Medicare and reimburse the Center at the net reimbursement rates as determined by the programs. Reimbursement rates are subject to revisions under the provisions of the reimbursement regulations. Adjustments for such revisions are recognized in the year incurred.

NOTE 10---CHARITY CARE

The Center is a not-for-profit healthcare provider established to meet the healthcare needs of area residents. The Center provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than established rates. Because the Center does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue. The Center maintains certain records to identify and monitor the level of charity care it provides. The amount of direct and indirect costs of providing charity care, provided during the year ended January 31, 2018 and January 31, 2017, amounted to approximately \$2,301,749, and \$2,800,249, respectively. Such costs have been determined by applying a ratio of costs to gross charges.

NOTE 11---CONTRACT SERVICES AND OTHER GRANTS

Contract services and other grant revenues consisted of the following for the year ended January 31, 2018:

	2018	2017
Walgreens Pharmacy Grant	\$ 110,303	\$ 104,040
American Cancer Revenue	49,441	40,208
Meharry Medical College - Community Networks Program	-	27,908
Family Resource Center	-	18,220
Austin Peay Grant	12,280	14,618
Sickle Cell Grant	5,068	11,763
Project Diabetes	6,250	3,125
Hospital Corporation of America Foundation	-	75
West End Foundation	6,250	-
Baptist Healing Trust Grant	34,938	-
Medicaid EHR	85,668	-
Ryan White Grant	48,882	
State of TN Breastfeeding Grant	4,596	-
Community Foundation of Mid TN	13,925	-
Nashville Health Disparities	73	
	<u>\$ 377,674</u>	<u>\$ 219,957</u>

NOTE 12---RETIREMENT PLAN

The Center has a defined contribution retirement plan covering substantially all employees who meet certain eligibility requirements. The amounts contributed to the plan are a fixed percentage of a participant's defined compensation. Expense relating to the retirement plan amounted to \$154,086 and \$270,247 for the years ended January 31, 2018 and January 31, 2017, respectively.

NOTE 13---COMMITMENTS AND CONTINGENCIES

Insurance and Legal Claims

The Center maintains medical malpractice coverage under the Federal Tort Claims Act ("FTCA"). FTCA provides malpractice coverage to eligible PHS-supported programs and applies to the Center and its employees while providing services within the scope of employment included under grant-related activities. The Attorney General, through the U.S. Department of Justice, has the responsibility for the defense of the individual and/or grantee for malpractice cases approved for FTCA coverage.

The Center is involved in one known claim for legal action arising in the ordinary course of business. Although the outcome of these items is not presently determinable, management is of the opinion that the ultimate outcome of these matters would not have a material adverse impact on the financial position of the Center or the results of its operations.

Operating Leases

The Center leases certain facility space and equipment under non-cancelable operating leases. Rent expense for the year ended January 31, 2018 and January 31, 2017 was \$213,223 and \$211,654. Facilities and equipment leased under non-cancelable operating leases require future minimum payments exceeding one year as follows:

Years Ending January 31,

2019	159,477
2020	129,154
2021	<u>27,910</u>
	\$ 316,541

Healthcare Industry

The healthcare industry is subject to voluminous and complex laws and regulations from federal, state and local governments. Compliance with such laws and regulations can be subject to future government review and interpretation as well as regulatory actions unknown or unasserted at this time. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government healthcare program participation requirements, reimbursement laws and regulations, anti-kickback and anti-referral laws, and false claims prohibitions. In recent years, government activity has increased with respect to investigations and allegations concerning possible violations of reimbursement, false claims, anti-kickback and anti-referral statutes and regulations by healthcare providers. Management and the Board of Directors believe that the Center is in material compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing regarding healthcare laws.

NOTE 13---COMMITMENTS AND CONTINGENCIES – CONTINUED

The Administrative Simplification Provisions of HIPAA and its implementing regulations require the use of uniform electronic data transmission standards for certain health care claims and payment transactions submitted or received electronically. These provisions are intended to encourage electronic commerce in the health care industry. HHS is in the process of adopting standards for additional electronic transactions and establishing operating rules to promote uniformity in the implementation of each standardized electronic transaction, as required by the Health Reform Law. In addition, HIPAA requires that each provider use a National Provider Identifier.

The Centers for Medicare and Medicaid Services published a final rule requiring the use of updated standard code sets for certain diagnoses and procedures known as ICD-10 code sets. Implementing the ICD-10 code sets required significant administrative changes and use of the new code sets was required to begin October 1, 2015. The Center is prepared and met the implementation deadline for the ICD-10 by training providers and billing staff; which began in May 2015. The Center also underwent significant improvements to the information technology infrastructure that included hardware and software upgrades. The Center is currently operating daily utilizing the new code set with no known issues.

NOTE 14---OTHER INFORMATION

Accrued compensation and related payables is comprised of the following:

	2018	2017
Accrued Payroll	\$ 369,396	\$ 281,867
Vacation Accrual	183,339	253,960
401k Liability	<u> 157,883</u>	188,071
	<u>\$ 710,618</u>	<u>\$ 723,898</u>

NOTE 15---SUBSEQUENT EVENTS

The Center evaluates events occurring after the date of the financial statements to consider whether or not the impact of such events needs to be reflected or disclosed in the financial statements. Such evaluation has been performed through the date the financial statements were available to be issued, which is October 11, 2018. The forgoing footnotes disclose substantial information and observations relative to information developed during the period from the date of the financial statements to the date the financial statements were available for issuance.

SUPPLEMENTAL INFORMATION



1900 Church Street, Suite 200 ■ Nashville, TN 37203 phone 615.321.7333 ■ fax 615.523.1868

INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

To the Board of Directors for Matthew Walker Comprehensive Health Center, Inc. 1035 14th Avenue North Nashville, TN 37208

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 Matthew Walker Comprehensive Health Center, Inc. (a nonprofit organization), which comprise the statement of financial position as of January 31, 2018, 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 October 11, 2018.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered Matthew Walker Comprehensive Health Center, Inc.'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 Matthew Walker Comprehensive Health Center, Inc.'s internal control. Accordingly, we do not express an opinion on the effectiveness of Matthew Walker Comprehensive Health Center, Inc.'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 not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Matthew Walker Comprehensive Health Center, Inc.'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.

Hoskins & Company Nashville, Tennessee

Hookus & Company

October 11, 2018



1900 Church Street, Suite 200 ■ Nashville, TN 37203 phone 615.321.7333 ■ fax 615.523.1868

INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE

To the Board of Directors for Matthew Walker Comprehensive Health Center, Inc. 1035 14th Avenue North Nashville, TN 37208

Report on Compliance for Each Major Federal Program

We have audited Matthew Walker Comprehensive Health Center, Inc.'s compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of Matthew Walker Comprehensive Health Center, Inc.'s major federal programs for the year ended January 31, 2018. Matthew Walker Comprehensive Health Center, Inc.'s major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of Matthew Walker Comprehensive Health Center, Inc's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Matthew Walker Comprehensive Health Center, Inc.'s compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of Matthew Walker Comprehensive Health Center, Inc.'s compliance.

Opinion on Each Major Federal Program

In our opinion, Matthew Walker Comprehensive Health Center, Inc. complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended January 31, 2018.

Other Matters

The results of our auditing procedures disclosed instances of noncompliance, which are required to be reported in accordance with the Uniform Guidance and which are described in the accompanying schedule of findings and questioned costs as items found on pages 26-27. Our opinion on each major federal program is not modified with respect to these matters.

Matthew Walker Comprehensive Health Center, Inc.'s response to the noncompliance findings identified in our audit is described in the accompanying schedule of findings and questioned costs. Matthew Walker Comprehensive Health Center, Inc. response was not subjected to the auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

Report on Internal Control Over Compliance

Management of Matthew Walker Comprehensive Health Center, Inc.'s is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered Matthew Walker Comprehensive Health Center, Inc.'s internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Matthew Walker Comprehensive Health Center, Inc.'s internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A material weakness in internal control over compliance is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A significant deficiency in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance

We have audited the financial statements of Matthew Walker Comprehensive Health Center, Inc. as of and for the year ended January 31, 2018, and have issued our report thereon dated October 11, 2018, which contained an unmodified opinion on those financial statements. Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by the Uniform Guidance and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated in all material respects in relation to the financial statements as a whole.

Hoskins & Company Nashville, Tennessee

Hookue & Company

October 11, 2018

MATTHEW WALKER COMPREHENSIVE HEALTH CENTER, INC. SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE FOR THE FISCAL YEAR ENDED JANUARY 31, 2018

Source/Grant Name	CFDA Number	Contract/ Grantor Number	(A	Seginning Accrued) / Deferred	_	Cash Receipts	Federal Expenditures	Ending (Accrued) / Deferred
FEDERAL AWARDS	-							
U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES								
Direct Awards								
Health Centers Cluster:								
Consolidated Health Centers Program *	93.224	H80CS000710	\$	(347,453)	\$	2,431,512	\$ (2,084,059)	\$ -
Affordable Care Act - Expanded Services	93,257	H80CS000710		-		3,565,024	(3,565,024)	-
Pass Through Awards								
Passed through United Way Metropolitan Nashville:								
The Ryan White HIV/AIDS Treatement Extension Act of 2009 (Ryan White Part B)	93.914	N/A		-		40,114	(48,882)	(8,768)
Passed through Vanderbilt University:								
Maternal and Child Health Federal								
Consolidated Programs (Sickle Cell Program)	93.110	VUMC38771		(932)		11,536	(10,604)	-
Total U.S. Department of Health & Human Services				(348,385)	=	6,048,186	(5,708,569)	(8,768)
TOTAL FEDERAL AWARDS				(348,385)		6,048,186	(5,708,569)	(8,768)
STATE FINANCIAL ASSISTANCE								
Passed through Tennessee Department of Health:	_							
Essential Access Pool	N/A	GR-12-36444-00		(102,835)		291,283	(207,234)	(18,786)
TN Breast & Cervical Cancer Early Detection Program		GR-14-37805-00		(52,768)		60,201	(59,823)	(52,390)
TOTAL STATE AWARDS				(155,603)		351,484	(267,057)	(71,176)
TOTAL FEDERAL & STATE AWARDS			\$	(503,988)		6,399,670	\$ (5,975,626)	\$ (79,944)

MATTHEW WALKER COMPREHENSIVE HEALTH CLINIC, INC. NOTES TO THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE FOR THE YEAR ENDED JANUARY 31, 2018

NOTE 1---BASIS OF PRESENTATION

The accompanying schedule of expenditures of federal awards and state financial assistance include the federal and state grant activity, respectively of Matthew Walker Comprehensive Health Center, Inc. (the "Center") and are presented on the accrual basis of accounting. The information in these schedules is presented in accordance with the requirements of the Uniform Guidance for Audits of States, Local Governments, and Non-Profit Organizations and the State of Tennessee.

MATTHEW WALKER COMPREHENSIVE HEALTH CENTER, INC. SCHEDULE OF FINDINGS AND QUESTIONED COSTS FOR THE YEAR ENDED JANUARY 31, 2018

SECTION I—Summary of Independent Auditors' Results

Financial Statements

Type of auditors' report issued: [Unmodified]

Internal control over financial reporting:

·Material weaknesses identified?

None Reported

·Significant deficiencies identified that are

not considered to be material weaknesses?

None Reported

Noncompliance material to financial statements noted?

None Reported

Federal Awards

Internal control over major programs:

·Material weaknesses identified?

None Reported

·Significant deficiencies identified that are

not considered to be material weaknesses?

None Reported

Type of auditors' report issued on compliance for major programs: [Unmodified]

Any audit findings disclosed that are required to be reported in accordance Uniform Guidance?

No

Identification of major programs:

CFDA NUMBER	NAME OF FEDERAL PROGRAM		AMOUNT EXPENDED
93.224	U. S. Department of Health and Human S Consolidated Health Centers Program	ervices -	\$2,084,059
93.257	U. S. Department of Health and Human S Affordable Care Act – Expanded Services	\$3,565,024	
	used to distinguish and type B programs:	\$750,000	
Auditee qualifie	d as a low-risk auditee?	No	

MATTHEW WALKER COMPREHENSIVE HEALTH CENTER, INC. SCHEDULE OF FINDINGS AND QUESTIONED COSTS FOR THE YEAR ENDED JANUARY 31, 2018

SECTION II—Findings Related to the Financial Statements Audited in Accordance with Government Auditing Standards

None reported for fiscal year ended January 31, 2018.

SECTION III - Findings and Questioned Costs for Federal Awards

U.S. Department of Health and Human Services - Consolidated Health Centers Program CFDA No. 93.224 and Affordable Care Act - Extended Services CFDA No. 93.257

None reported for fiscal year ended January 31, 2018.

Prior Audit Findings and Questioned Costs

None reported for fiscal year ended January 31, 2017.