

UNITED NEIGHBORHOOD HEALTH SERVICES, INC.  
D/B/A NEIGHBORHOOD HEALTH

NASHVILLE, TENNESSEE

FINANCIAL STATEMENTS,  
ADDITIONAL INFORMATION  
AND  
INDEPENDENT AUDITOR'S REPORTS

JANUARY 31, 2023 AND 2022

UNITED NEIGHBORHOOD HEALTH SERVICES, INC. D/B/A NEIGHBORHOOD HEALTH

NASHVILLE, TENNESSEE

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ADDITIONAL INFORMATION

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JANUARY 31, 2023 AND 2022

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UNITED NEIGHBORHOOD HEALTH SERVICES, INC. D/B/A NEIGHBORHOOD HEALTH

NASHVILLE, TENNESSEE

MEMBERS OF THE BOARD OF DIRECTORS

<u>Board Member Name</u>	<u>Title</u>
Claudia Barajas	President
Barb Zipperian	Vice- President
Luis Sura	Secretary
Ashia Blake	Treasurer
Buddy Comer	Member
Angela Ballou	Member
JD Thomas	Member
Brian Haile	Ex-Officio Member
Brian Marshall	Member
John Zirker	Member
Brenda Morrow	Member
John E. Baldwin, III	Member
Nick Scudellari	Member

UNITED NEIGHBORHOOD HEALTH SERVICES, INC. D/B/A NEIGHBORHOOD HEALTH

NASHVILLE, TENNESSEE

MEMBERS OF MANAGEMENT

<u>Board Member Name</u>	<u>Title</u>
Brian Haile	Chief Executive Officer
Ivan Figueredo	Chief Executive Officer
Anthony Villanueva	Chief Information Officer
Vivak Bhatt	Chief Clinical Officer
Shauna Tucker	Interim Chief Operating Officer
Thelma Bigham	Human Resources Director
Mary Bufwack	Chief Executive Officer Emeritus



## INDEPENDENT AUDITOR'S REPORT

The Board of Directors  
United Neighborhood Health Services, Inc. d/b/a Neighborhood Health  
Nashville, Tennessee

### REPORT ON THE AUDITS OF THE FINANCIAL STATEMENTS

#### OPINION

We have audited the accompanying financial statements of United Neighborhood Health Services, Inc. d/b/a Neighborhood Health (the "Center"), which comprise the statements of financial position as of January 31, 2023 and 2022, and the related statements of operations and change in net assets, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements presented fairly, in all material respects, the financial position of the United Neighborhood Health Services, Inc. d/b/a Neighborhood Health as of January 31, 2023 and 2022, 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.

#### BASIS FOR OPINION

We conducted our audits in accordance with the auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to the financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Center and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### EMPHASIS OF MATTER

As discussed in Note 3 to the financial statements, the Center has elected to change its method of accounting for leases during the year ended January 31, 2023. Our opinion is not modified with respect to this matter.

#### RESPONSIBILITIES OF MANAGEMENT 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, and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Center's ability to continue as a going concern within one year after the due date that the financial statements are available to be issued.

## AUDITOR'S RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, internal omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and *Government Audit Standards*, we:

- Exercise professional judgement and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not the purpose of expressing an opinion on the effectiveness of the Center's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Center's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings and certain internal control-related matters that we identified during the audit.

### REPORT ON SUPPLEMENTARY INFORMATION

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards and related notes on pages 27-28 and 30 is required by Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* ("Uniform Guidance"). The schedule of expenditures of state awards and related notes on pages 29 and 30 is required by the *Audit Manual* issued by the Comptroller of the Treasury of the State of Tennessee. The information 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. Such 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 INFORMATION

Management is responsible for the other information included in the annual report. The other information comprises the introductory section on pages i and ii but does not include the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information, and we do not express an opinion or any form of assurance thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and consider whether a material inconsistency exists between the other information and the financial statements, or the other information otherwise appears to be materially misstated. If, based on the work performed, we conclude that an uncorrected material misstatement of the other information exists, we are required to describe it in our report.

## OTHER REPORTING REQUIRED BY GOVERNMENT AUDITING STANDARDS

In accordance with *Government Auditing Standards*, we have also issued our report dated July 31, 2023, on our considerations of the Center's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts, grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Center's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Center's internal control over financial reporting and compliance.

A handwritten signature in black ink that reads "Kraft+CPAs PLLC". The signature is written in a cursive, flowing style.

Nashville, Tennessee  
July 31, 2023

UNITED NEIGHBORHOOD HEALTH SERVICES, INC. D/B/A NEIGHBORHOOD HEALTH

STATEMENTS OF FINANCIAL POSITION

JANUARY 31, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
<u>ASSETS</u>		
CURRENT ASSETS		
Cash and cash equivalents	\$ 8,336,157	\$ 9,843,544
Patient accounts receivable	720,448	582,848
Grants receivable	1,461,982	1,435,299
Other receivables	1,122,527	592,477
Contracts receivable	407,802	283,913
Insurance receivable	107,893	500,000
Prepaid expenses and other current assets	<u>380,931</u>	<u>289,783</u>
TOTAL CURRENT ASSETS	12,537,740	13,527,864
Property and equipment, net	9,784,812	8,340,120
Operating leases, right-of-use assets	326,400	-
Other assets	<u>5,971</u>	<u>5,971</u>
TOTAL ASSETS	<u>\$ 22,654,923</u>	<u>\$ 21,873,955</u>
<u>LIABILITIES AND NET ASSETS</u>		
CURRENT LIABILITIES		
Accounts payable	\$ 669,509	\$ 562,594
Patient refunds payable	141,656	103,070
Accrued expenses	23,382	54,227
Accrued compensation	863,296	774,559
Deferred grant revenue	52,250	118,956
Current maturities of operating lease liabilities	<u>72,431</u>	<u>-</u>
TOTAL CURRENT LIABILITIES	1,822,524	1,613,406
Operating lease liabilities, non-current	<u>255,129</u>	<u>-</u>
TOTAL LIABILITIES	2,077,653	1,613,406
NET ASSETS WITHOUT DONOR RESTRICTIONS		
Board designated for emergency reserve	3,665,097	2,638,706
Undesignated	<u>16,912,173</u>	<u>17,621,843</u>
NET ASSETS WITHOUT DONOR RESTRICTIONS	<u>20,577,270</u>	<u>20,260,549</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 22,654,923</u>	<u>\$ 21,873,955</u>

See accompanying notes to financial statements.



UNITED NEIGHBORHOOD HEALTH SERVICES, INC. D/B/A NEIGHBORHOOD HEALTH

STATEMENTS OF OPERATIONS AND CHANGE IN NET ASSETS

FOR THE YEARS ENDED JANUARY 31, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
REVENUES AND OTHER SUPPORT WITHOUT DONOR RESTRICTIONS		
HHS grants	\$ 14,369,862	\$ 13,034,513
Patient services	5,498,631	4,683,617
Contract services	2,263,128	1,504,426
Donated in-kind revenue	1,266,628	1,436,262
Contributions	134,375	189,781
Primary care safety net services	1,910,636	1,208,708
Accountable care organization payments	607,155	564,694
Other revenues	<u>83,106</u>	<u>288,639</u>
 TOTAL REVENUES AND OTHER SUPPORT WITHOUT DONOR RESTRICTIONS	 <u>26,133,521</u>	 <u>22,910,640</u>
 FUNCTIONAL EXPENSES		
Program services	20,697,008	18,380,154
Management and general	<u>5,183,748</u>	<u>4,685,992</u>
 TOTAL FUNCTIONAL EXPENSES	 <u>25,880,756</u>	 <u>23,066,146</u>
 INCOME (LOSS) FROM OPERATIONS	 <u>252,765</u>	 <u>(155,506)</u>
 NON-OPERATING INCOME (EXPENSE)		
Grant income	63,956	725,735
Loss from insurance claims, net	-	(611,034)
Gain on debt extinguishment	-	2,038,300
Loss on disposal of assets	-	(197,255)
Other loss	<u>-</u>	<u>(17,000)</u>
 TOTAL NON-OPERATING INCOME (EXPENSE)	 <u>63,956</u>	 <u>1,938,746</u>
 CHANGE IN NET ASSETS	 316,721	 1,783,240
 NET ASSETS - BEGINNING OF YEAR WITHOUT DONOR RESTRICTIONS	 <u>20,260,549</u>	 <u>18,477,309</u>
 NET ASSETS - END OF YEAR WITHOUT DONOR RESTRICTIONS	 <u>\$ 20,577,270</u>	 <u>\$ 20,260,549</u>

See accompanying notes to financial statements.

UNITED NEIGHBORHOOD HEALTH SERVICES, INC. D/B/A NEIGHBORHOOD HEALTH

STATEMENTS OF FUNCTIONAL EXPENSES

FOR THE YEARS ENDED JANUARY 31, 2023 AND 2022

	2023			2022		
	Program Services	Management and		Program Services	Management and	
		General	Total		General	Total
Salaries and wages	\$11,059,004	\$ 3,242,049	\$ 14,301,053	\$ 9,986,710	\$ 2,927,696	\$ 12,914,406
Employee benefits	<u>2,181,568</u>	<u>639,546</u>	<u>2,821,114</u>	<u>2,009,736</u>	<u>589,172</u>	<u>2,598,908</u>
Total personnel expenses	<u>13,240,572</u>	<u>3,881,595</u>	<u>17,122,167</u>	<u>11,996,446</u>	<u>3,516,868</u>	<u>15,513,314</u>
Advertising and promotion costs	145,670	30,260	175,930	210,783	50,572	261,355
Consumable supplies	732,942	253,796	986,738	407,880	141,237	549,117
Depreciation and amortization	536,397	111,425	647,822	491,051	117,816	608,867
Dues and subscriptions	176,463	41,878	218,341	145,287	42,592	187,879
Equipment and rental	131,881	27,396	159,277	45,472	10,910	56,382
Healthcare consultants and other contractual services	1,056,863	217,658	1,274,521	692,814	162,865	855,679
Insurance	70,639	16,764	87,403	44,547	13,060	57,607
Information technology	853,075	177,209	1,030,284	732,683	175,790	908,473
Laboratory	604,602	-	604,602	658,967	-	658,967
Occupancy	417,473	86,721	504,194	431,161	103,447	534,608
Other	151,514	31,474	182,988	209,044	50,155	259,199
Pharmaceutical drugs	1,353,015	-	1,353,015	1,260,348	-	1,260,348
Printing, postage and publications	91,209	21,646	112,855	98,910	28,996	127,906
Professional services	276,553	93,044	369,597	344,472	115,895	460,367
Radiology	1,568	-	1,568	10,468	-	10,468
Repairs and maintenance	132,715	27,569	160,284	138,174	33,152	171,326
Staff training	139,339	33,067	172,406	105,455	30,915	136,370
Telephone	328,686	78,003	406,689	102,318	29,996	132,314
Travel, conferences and meetings	37,166	8,820	45,986	15,307	4,488	19,795
Utilities	<u>218,666</u>	<u>45,423</u>	<u>264,089</u>	<u>238,567</u>	<u>57,238</u>	<u>295,805</u>
Total other operating expenses	<u>7,456,436</u>	<u>1,302,153</u>	<u>8,758,589</u>	<u>6,383,708</u>	<u>1,169,124</u>	<u>7,552,832</u>
TOTAL EXPENSES	<u>\$ 20,697,008</u>	<u>\$ 5,183,748</u>	<u>\$ 25,880,756</u>	<u>\$ 18,380,154</u>	<u>\$ 4,685,992</u>	<u>\$ 23,066,146</u>

See accompanying notes to financial statements.

UNITED NEIGHBORHOOD HEALTH SERVICES, INC. D/B/A NEIGHBORHOOD HEALTH

STATEMENTS OF CASH FLOWS

FOR THE YEARS ENDED JANUARY 31, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Receipts from HHS grants	\$ 14,369,862	\$ 13,034,513
Receipts from and on behalf of patients	7,183,614	5,809,523
Receipts from contract services	1,733,078	1,565,177
Receipts from other revenue	663,578	1,277,974
Receipts from contributions	134,375	189,781
Payments to suppliers and contractors	(6,858,057)	(5,156,897)
Payments to or on behalf of employees	<u>(17,033,430)</u>	<u>(15,428,274)</u>
<b>NET CASH PROVIDED BY OPERATING ACTIVITIES</b>	<u>\$ 193,020</u>	<u>\$ 1,291,797</u>
<b>INVESTING ACTIVITIES</b>		
Purchases of property and equipment	<u>(2,092,514)</u>	<u>(1,261,632)</u>
<b>NET CASH USED IN INVESTING ACTIVITIES</b>	<u>(2,092,514)</u>	<u>(1,261,632)</u>
<b>FINANCING ACTIVITIES</b>		
Proceeds from insurance claims	<u>392,107</u>	<u>1,323,976</u>
<b>NET CASH PROVIDED BY FINANCING ACTIVITIES</b>	<u>392,107</u>	<u>1,323,976</u>
<b>NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS</b>	(1,507,387)	1,354,141
<b>CASH AND CASH EQUIVALENTS - BEGINNING OF YEAR</b>	<u>9,843,544</u>	<u>8,489,403</u>
<b>CASH AND CASH EQUIVALENTS - END OF YEAR</b>	<u>\$ 8,336,157</u>	<u>\$ 9,843,544</u>
<b>CASH PAID FOR:</b>		
Operating leases	<u>\$ 105,520</u>	<u>\$ -</u>
<b>NONCASH OPERATING ACTIVITIES:</b>		
ROU assets obtained in exchange for operating lease liabilities	<u>\$ 425,869</u>	<u>\$ -</u>
In-kind contributions and expenses	<u>\$ 1,266,628</u>	<u>\$ 1,436,262</u>

See accompanying notes to financial statements.

NOTES TO THE FINANCIAL STATEMENTS

JANUARY 31, 2023 AND 2022

NOTE 1 - NATURE OF OPERATIONS

United Neighborhood Health Services, Inc. d/b/a Neighborhood Health (the “Center”) is a not-for-profit corporation that operates Federally Qualified Health Centers (“FQHC”) located in the State of Tennessee in Davidson, Trousdale and Wilson counties. The Center provides a broad range of primary health care services to a largely medically underserved population.

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

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (“GAAP”).

Use of Estimates

The preparation of financial statements in conformity with GAAP 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 and the reported amounts of revenues and expenses during the reporting period. These estimates and assumptions are based on management’s best estimates and judgment. Management evaluates its estimates and assumptions on an ongoing basis using historical experience and other factors, including the current economic environment. Management adjusts such estimates and assumptions when facts and circumstances dictate. As future events and their effects cannot be determined with precision, actual results could differ significantly from these estimates. Changes in those estimates resulting from continuing changes in the economic environment will be reflected in the financial statements in future periods.

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

Revenue Recognition

*Patient Services*

Patient service revenue is reported at the amount that reflects the consideration to which the Center expects to be entitled in exchange for providing patient care to patients, third-party payors and others for services rendered and include estimated retroactive revenue adjustments due to future audits, reviews and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews and investigations. Revenue is recognized as the performance obligations are satisfied.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

JANUARY 31, 2023 AND 2022

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Revenue Recognition (Continued)

*Patient Services (Continued)*

Performance obligations are determined based on the nature of the services provided by the Center. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected (or actual) charges. The Center believes that this method provides an accurate depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Generally, performance obligations satisfied over time relate to patients receiving care. The Center measures the performance obligation from commencement of service to the point when it is no longer required to provide services to the patient.

Performance obligations are determined based on the nature of the services provided by the Center. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected (or actual) charges. The Center believes that this method provides an accurate depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Generally, performance obligations satisfied over time relate to patients receiving care. The Center measures the performance obligation from commencement of service to the point when it is no longer required to provide services to the patient.

The Center determines the transaction price based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured patients in accordance with the Center's policy, or implicit price concessions provided to uninsured patients. The Center determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policies, and historical experience. The Center determines its estimate of implicit price concessions based on its historical collection experience with each class of patients.

*Medicare and Medicaid*

Medicare and Medicaid revenue are reimbursed to the Center at reimbursement rates determined for each program. Reimbursement rates are subject to revisions under the provisions of reimbursement regulations. Adjustments for such revisions are recognized in the fiscal year in which the revisions are made.

*TennCare Managed Care Wraparound Payments*

The State of Tennessee provides additional payments to community health clinics to subsidize the cost of care to TennCare recipients above the payment amount made by the managed care Centers. The Center received \$1,775,441 and \$1,617,594 for the years ended January 31, 2023 and 2022, respectively, and is included within patient services on the statements of operations and change in net assets. At January 31, 2023 and 2022 the Center had an outstanding receivable for the program of \$1,116,531 and \$586,622, which is included in other receivables on the statements of financial position.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

JANUARY 31, 2023 AND 2022

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Revenue Recognition (Continued)

*Grants*

Revenue from government grants and contract agreements, which are generally considered non-exchange transaction with conditions, are recognized when qualifying expenditures are incurred and conditions under the agreements are met. Payments received in advance of conditions being met are recorded as deferred revenue on the statements of financial position. Grants receivable are recorded when conditions have been satisfied but the payment has not yet been received. Deferred grant revenue at January 31, 2023 and 2022 was \$52,250 and \$118,956, respectively.

*Other*

The Center also enters into payment agreements with certain commercial insurance carriers, health maintenance companies, and preferred provider companies. The basis for payment to the entities under these agreements include discounts from established charges and prospectively-determined daily rates. Settlements with third-party payors for retroactive revenue adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor and the Center's historical settlement activity. Estimated settlements are adjusted in future periods as adjustments become known (that is, new information becomes available), or as years are settled or are no longer subject to such audits, reviews and investigations.

Consistent with the Center's mission, care is provided to patients regardless of their ability to pay. Therefore, the Center has determined it has provided implicit price concessions to uninsured and underinsured patients. The implicit price concessions included in estimating the transaction price represents the difference between amounts billed to patients and the amounts the Center expects to collect based on its collection history with those patients.

Generally, patients who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. The Center also provides services to uninsured patients and offers those uninsured patients a discount, either by policy or law, from standard charges. The Center estimates the transaction price for patients with deductibles and coinsurance and from those who are uninsured based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any contractual adjustments, discounts, and implicit price concessions based on historical collection experience. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of the change. Subsequent changes that are determined to be the result of an adverse change in the patient's ability to pay are recorded as implicit price concessions.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

JANUARY 31, 2023 AND 2022

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Revenue Recognition (Continued)

*Other (Continued)*

The Center has determined that the nature, amount, timing, and uncertainty of revenue and cash flows are affected by the following factors:

- Payors (for example, Medicare, Medicaid, other insurance, or patient) have different reimbursement and payment methodologies
- Length of the patient's service or episode of care
- Method of reimbursement

*Contributions*

Contributions are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets and changes therein are classified and reported as net assets with donor restrictions and net assets without donor restrictions. Net assets without donor restrictions are not subject to donor-imposed stipulations. Net assets with donor restrictions are subject to donor-imposed stipulations. Donor-restricted contributions whose restrictions expire during the same fiscal year are recognized as revenue without donor restriction, which require the Center to provide specific services and, if not, the contribution is reported as a net asset with donor restriction until the specific services have been provided. There were no net assets with donor restrictions at January 31, 2023 or 2022.

Donated In-Kind Revenue

Donated goods are recorded as revenue and either an asset or expense in the period received at fair value if there is an objective and measurable basis for determining such value.

Donated services are recognized if they create or enhance non-financial assets or the donated service requires specialized skills, was performed by the donor who possesses such skills, and would have been purchased by the Center if not provided by the donor. Such services are recognized at fair value as revenue and expense in the period the services are performed.

Cash and Cash Equivalents

Cash and cash equivalents include all highly liquid investments with a maturity of three months or less when originally purchased, excluding amounts limited as to use, to be cash equivalents. Cash and cash equivalents consist of deposit accounts with financial institutions and cash deposits with a financial services company.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

JANUARY 31, 2023 AND 2022

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Patient Accounts Receivable

The Center reports patient accounts receivable for services rendered at net realizable amounts from third-party payors, patients and others. The Center has agreements with third-party payors that provide for payments at amounts different from its established rates. In valuing accounts receivables, management estimates contractual discounts from third party payors based on management's estimated reimbursement under agreements with those third-party payors. It is not the policy of the Center to place a patient on non-accrual basis. Patient accounts receivable due directly from patients have also been adjusted to fair value via estimated implicit price concessions to reflect the amount of consideration the Center expects to collect. The Center estimates implied price concessions based on a percentage of aged patient account balances and third-party payor receivables deemed to be uncollectible after all claims submission attempts have been exhausted or upon the expiration of the statutory contract terms with each payor. Accounts determined to be uncollectible are charged off against the allowance in the period of determination. Subsequent recoveries of previously charged off accounts are credited to the allowance in the period received.

The Center, like other health care providers, may be subject to investigations, regulatory action, lawsuits, and claims arising out of the conduct of its business, including the interpretation of laws and regulations governing the Medicare and Medicaid programs and other third-party payor agreements. At this time, no specific alleged violations, claims, or assessments are pending. Management intends to fully cooperate with any governmental agencies' requests for information. Noncompliance with laws and regulations can make the Center subject to regulatory action, including fines, penalties, and exclusion from the Medicare and Medicaid program.

Prepaid Expenses

Prepaid expenses are amortized over the estimated period of future benefit, generally on a straight-line basis. Prepaid expenses as of January 31, 2023 and 2022 were \$348,350 and \$265,656, respectively.

Property and Equipment

Property and equipment are recorded at cost. Donated assets are recorded at their estimated fair value in the statements of operations and change in net assets in the period donated. The Center capitalizes all purchases of property and equipment in excess of \$5,000.



NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

JANUARY 31, 2023 AND 2022

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Property and Equipment (Continued)

Depreciation is recorded using accelerated and straight-line methods over the assets' estimated useful lives, except for leasehold improvements, which are depreciated over the shorter of their estimated useful lives or the respective lease term, as follows:

Land improvements	5 years
Buildings and improvements	15 to 40 years
Leasehold improvements	10 years or life of lease
Medical and dental equipment	5 years
Computer software	5 years
Automobiles	3 to 10 years
Furniture and equipment	5 years

Expenditures for maintenance and repairs are expensed when incurred. Expenditures for renewals or improvements are capitalized.

The Center reviews the carrying value of property and improvements for impairment whenever events and circumstances indicate that the carrying value of an asset may not be recoverable from the estimated future cash flows expected to result from its use and eventual disposition. In the event that facts and circumstances indicate that the carrying amount of an asset may not be recoverable, an evaluation of recoverability would be performed.

Leases

The Center made an accounting policy election available under Topic 842 not to recognize right-of-use ("ROU") assets and lease liabilities for leases with a term of 12 months or less. For all other leases, ROU assets and lease liabilities are measured based on the present value of future lease payments over the lease term at the commencement date of the lease. The ROU assets also include any initial direct costs incurred and lease payments made at or before the commencement date and are reduced by any lease incentives. To determine the present value of lease payments, the Center used the discount rate implicit in the lease agreement, if readily determinable. For leases in which the rate implicit in the lease agreement is not readily determinable, the Center made an accounting policy election available to non-public companies to utilize a risk-free borrowing rate, which is aligned with the lease term at the lease commencement date (or remaining term for leases existing upon the adoption of Topic 842).

Compensated Absences

The Center's policy is to compensate employees for unused, earned vacation leave. Accumulated vacation pay is accrued as of the statements of financial position date because it is payable upon termination of employment if certain conditions are met. Compensated absences as of January 31, 2023 and 2022 were \$483,049 and \$459,855, respectively, and are included in accrued compensation in the accompanying statements of financial position.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

JANUARY 31, 2023 AND 2022

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Functional Expenses

Expenditures incurred in connection with the Center's operations and supporting services have been summarized on a functional basis in the statements of operations and change in net assets. The statements of functional expenses presents the natural classification detail of expenses by function. Accordingly, certain costs have been allocated among program and management and general. Salaries and benefits are allocated based on estimates of time and effort. Insurance, telephone, travel, conferences, meetings, dues and subscriptions, printing, postage, publications, and staff training are allocated based on a review of full-time equivalents. Consulting, repairs and maintenance, occupancy, depreciation and amortization, equipment rental and other expenses are allocated based on utilized square footage.

Operating Activity

The Center's primary purpose is to provide healthcare services through its acute care facilities. As such, activities related to the ongoing operations of the Center are classified as operating revenues. Operating revenues include those generated from direct patient care, related support services and miscellaneous revenues related to the operations of the Center. In addition, contributions that are used to support health-related activities are reported as operating revenue.

Income Taxes

The Center is exempt from federal income taxes under the provisions of Internal Revenue Code Section 501(c)(3), and, accordingly, no provision for income taxes is included in the financial statements. However, certain activity of the Center may be subject to unrelated business income tax.

Management performs an evaluation of all income tax positions taken or expected to be taken in the course of preparing the Center's income tax returns to determine whether the income tax positions meet a "more likely than not" standard of being sustained under examination by the applicable taxing authorities. Management has performed its evaluation of all income tax positions taken on all open income tax returns and has determined that there were no positions taken that do not meet the "more likely than not" standard. The Center does not have any uncertain tax positions and did not record any penalties or interest associated with uncertain tax positions as of January 31, 2023 or 2022.

Advertising and Promotion Costs

Advertising and promotion costs are expensed as incurred.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

JANUARY 31, 2023 AND 2022

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Grants

At January 31, 2023 and 2022, the Center has been approved for conditional grants and contracts from governmental and not-for-profit entities in the aggregate amounts of \$8,023,940 and \$11,403,238, respectively, which have not been recorded in these financial statements. These grant contracts require the Center to provide certain healthcare services during specified periods. If such services are not provided during the periods, the grantors are not obligated to expend the funds allotted under the grant contracts.

During the years ended January 31, 2023 and 2022, the Center received \$0 and \$804,111, respectively, from Department of Health and Human Services (“HHS”) Provider Relief Funds and other programs. During the years ended January 31, 2023 and 2022, the Center expended \$63,956 and \$725,735, respectively, of the funds received which is reported in non-operating income.

By a letter dated May 5, 2023, the Center’s application for a grant from the State of Tennessee Department of Health in the amount of \$1,890,500 was approved. The funding is not guaranteed until the Center receives a fully executed grant contract, which management believes will occur during the year ended January 31, 2024.

New Accounting Pronouncement

In September 2020, the Financial Accounting Standards Board (“FASB”) issued Accounting Standards Update (“ASU”) 2020-07, *Not-for-Profit Entities* (Topic 958): *Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets*, which requires a not-for-profit entity to present contributed nonfinancial assets in the statement of activities as a line item that is separate from contributions of cash or other financial assets. ASU 2020-07 also requires additional qualitative and quantitative disclosures about contributed nonfinancial assets received, disaggregated by category. This ASU was effective for the Center beginning February 1, 2022, and did not result in a change to the financial statements.

Reclassifications

Certain amounts in the prior year financial statements have been reclassified for comparative purposes to conform with the presentation in the current year financial statements. Such reclassifications had no effect on the results of operations or change in net assets as previously reported.

Events Occurring After Report Date

In preparing these financial statements, the Center has evaluated events and transactions for potential recognition or disclosure through July 31, 2023, the date the financial statements were available to be issued.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

JANUARY 31, 2023 AND 2022

NOTE 3 - CHANGE IN ACCOUNTING PRINCIPLE

In February 2016, the Financial Accounting Standards Board issued Accounting Standards Update Topic 842, *Leases*, to increase transparency and comparability among organizations related to their leasing arrangements. The update requires lessees to recognize most leases on their statements of financial position as a ROU asset representing the right to use an underlying asset and a lease liability representing the obligation to make lease payments over the lease term, measured on a discounted basis. Topic 842 also requires additional disclosure of key quantitative and qualitative information for leasing arrangements. Similar to the previous lease guidance, the update retains a distinction between finance leases (similar to capital leases in Topic 840, *Leases*) and operating leases, with classification affecting the pattern of expense recognition in the statements of operations and change in net assets.

The Center adopted Topic 842 on February 1, 2022, using the optional transition method to the modified retrospective approach, which eliminates the requirement to restate the prior-period financial statements. Under this transition provision, the Center has applied Topic 842 to reporting periods beginning on February 1, 2022, while prior periods continue to be reported and disclosed in accordance with the Center's historical accounting treatment under ASC Topic 840, *Leases*.

The Center elected the “package of practical expedients” under the transition guidance within Topic 842, in which the Company does not reassess (1) the historical lease classification, (2) whether any existing contracts at transition are or contain leases, or (3) the initial direct costs for any existing leases.

The Center determines if an arrangement is or contains a lease at inception, which is the date on which the terms of the contract are agreed to, and the agreement creates enforceable rights and obligations. A contract is or contains a lease when (i) explicitly or implicitly identified assets have been deployed in the contract and (ii) the Center obtains substantially all of the economic benefits from the use of that underlying asset and directs how and for what purpose the asset is used during the term of the contract. The Center also considers whether its service arrangements include the right to control the use of an asset.

Adoption of Topic 842 resulted in the recording of additional ROU assets and lease liabilities related to the Center’s operating leases of \$425,869, at February 1, 2022. The adoption of the new lease standard did not materially impact the change in net assets or cash flows and did not result in a cumulative-effect adjustment to the opening balance of net assets.

UNITED NEIGHBORHOOD HEALTH SERVICES, INC. D/B/A NEIGHBORHOOD HEALTH

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

JANUARY 31, 2023 AND 2022

NOTE 4 - CONTRACT BALANCES

Patient accounts receivable from contracts with customers consisted of the following as of January 31, 2023 and 2022:

	<u>2023</u>	<u>2022</u>
Beginning of year	<u>\$ 582,848</u>	<u>\$ 439,118</u>
End of year	<u>\$ 720,448</u>	<u>\$ 582,848</u>

At January 31, 2023 and 2022 estimated implicit price concessions of \$528,728 and \$537,500 have been recorded as reductions to patient accounts receivable for patient service revenues and the related accounts receivable to be recorded at the estimated amounts the Center expects to collect.

NOTE 5 - LIQUIDITY AND AVAILABILITY

Financial assets available for general expenditures, that is, without donor or other restrictions limiting their use, within one year of the statements of financial position date consist of the following as of January 31:

	<u>2023</u>	<u>2022</u>
Cash and cash equivalents	\$ 8,336,157	\$ 9,843,544
Patient accounts receivable	720,448	582,848
Grants receivable	1,461,982	1,435,299
Other receivables	1,122,527	592,477
Contracts receivable	407,802	283,913
Insurance receivable	<u>107,893</u>	<u>500,000</u>
	<u>\$ 12,156,809</u>	<u>\$ 13,238,081</u>

As part of the Center's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due. In addition, the Center has a policy to maintain a balance of cash to meet 45 days of operating expenses. At January 31, 2023 and 2022, the board of directors had designated \$3,665,097 and \$2,638,706, respectively, of the cash and cash equivalents above as an emergency reserve. Although the Center does not intend to spend from board designated emergency reserve, these amounts could be made available if necessary.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

JANUARY 31, 2023 AND 2022

NOTE 6 - DONATED IN-KIND REVENUE

The Center occupies four facilities that are separately owned by the Metropolitan Development Housing Agency, HCA Health Services of Tennessee, Inc., Nashville Rescue Mission and Nashville CARES. Donated space is recorded at fair value of the space donated. For the years ended January 31, 2023 and 2022, donated space amounted to \$187,800 and \$183,537, respectively, and the offsetting expense is included in occupancy expense on the statements of functional expenses.

The Center receives donated vaccines during the year. Donated vaccines are recorded at the fair market value of the vaccines that were received. For the years ended January 31, 2023 and 2022, vaccines contributed to the Center amounted to \$809,625 and \$798,432, respectively, and the offsetting expense is included in pharmaceuticals on the statements of functional expenses.

The Center receives an in-kind donation of lab services for its indigent patients from the lab supplier through waiver of fees for certain patients who qualify. For the years ended January 31, 2023 and 2022, lab services contributed to the Center amounted to \$269,203 and \$454,293, respectively, and the offsetting expense is included in laboratory on the statements of functional expenses.

NOTE 7 - DISAGGREGATION OF REVENUE

The Center disaggregates its revenue from contracts with customers by payor source, as the Center believes it best depicts how the nature, amount, timing and uncertainty of its revenue and cash flows are affected by economic factors. Patient service revenue for the years ended January 31, 2023 and 2022 is as follows:

	<u>2023</u>	<u>Ratio</u>		<u>2022</u>	<u>Ratio</u>
Medicare	\$ 391,636	7.12 %		\$ 342,109	7.30 %
TennCare managed care	1,424,243	19.70		1,213,281	18.43
Other insurance	1,082,860	47.28		862,707	48.37
Self-pay patients	<u>2,599,892</u>	<u>25.90</u>		<u>2,265,520</u>	<u>25.90</u>
 Total	 <u>\$ 5,498,631</u>	 <u>100.00 %</u>		 <u>\$ 4,683,617</u>	 <u>100.00 %</u>

UNITED NEIGHBORHOOD HEALTH SERVICES, INC. D/B/A NEIGHBORHOOD HEALTH

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

JANUARY 31, 2023 AND 2022

NOTE 8 - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES OPERATING GRANTS

For the year ended January 31, 2023 and 2022, the Center received the following grants from the HHS:

2023			
Grant Number	Grant Period	Total Grant Awarded	Operating Revenue
H80CS00394	02/01/22 - 01/31/23	\$ 9,818,973	\$ 9,818,973
H8FCS40508	04/01/21 - 03/31/23	9,077,750	4,456,876
C8ECS44614	09/15/21 - 09/14/24	<u>842,232</u>	<u>94,013</u>
		<u>\$19,738,955</u>	<u>\$14,369,862</u>
2022			
Grant Number	Grant Period	Total Grant Awarded	Operating Revenue
H80CS00394	02/01/21 - 01/31/22	\$10,692,081	\$10,692,081
H8ECS38129	05/01/20 - 04/30/22	565,009	387,649
C8ECS44614	09/15/21 - 09/14/24	842,232	219,642
H8FCS40508	04/01/21 - 03/31/23	<u>9,012,250</u>	<u>1,735,141</u>
		<u>\$21,111,572</u>	<u>\$13,034,513</u>

As of January 31, 2023 and 2022, the Center had outstanding receivables from HHS of \$889,285 and \$572,666, respectively, and is included in grant receivables on the statements of financial position.

UNITED NEIGHBORHOOD HEALTH SERVICES, INC. D/B/A NEIGHBORHOOD HEALTH

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

JANUARY 31, 2023 AND 2022

NOTE 9 - PROPERTY AND EQUIPMENT

Property and equipment at January 31, 2023 and 2022 was as follows:

	<u>2023</u>	<u>2022</u>
Land and land improvements	\$ 1,218,743	\$ 1,218,743
Buildings and improvements	12,275,536	10,097,775
Leasehold improvements	681,693	681,693
Medical and dental equipment	803,621	788,691
Computer software	1,154,843	1,154,843
Automobiles	367,796	367,796
Furniture and equipment	437,850	437,850
Construction in progress	<u>1,499,261</u>	<u>1,599,437</u>
	18,439,343	16,346,828
Less: accumulated depreciation	<u>(8,654,531)</u>	<u>(8,006,708)</u>
	<u>\$ 9,784,812</u>	<u>\$ 8,340,120</u>

Construction in-progress consists of costs to improve buildings and are estimated to be completed primarily during the year ended January 31, 2024. Total commitments on construction as of January 31, 2023 are approximately \$270,000.

In the event the HHS grants are terminated, HHS reserves the right to transfer all property and equipment purchased with grant funds to the Public Health Services.

NOTE 10 - EMPLOYEE BENEFIT PLANS

The Center sponsors a 403(b) defined-contribution plan covering substantially all employees. Employees may make contributions to the plan which are limited to a maximum annual amount as set periodically by the Internal Revenue Service. All employee contributions vest immediately. The Center is permitted to make non-elective contributions but has not made any such contributions as of January 31, 2023 and 2022. Employer matching contributions amounted to \$260,510 and \$208,067 for the years ended January 31, 2023 and 2022, respectively, and are included in employee benefits expense on the statements of functional expenses.



NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

JANUARY 31, 2023 AND 2022

NOTE 11 - LEASES

The Center leases space under cancelable operating lease agreements that have initial terms ranging from 1 to 21 years. Some leases include one or more options to renew, generally at the Center's sole discretion, with renewal terms that can extend the lease term up to 1 year. In addition, the leases contain termination options, where the rights to terminate are held by either the Center, the lessor or both parties. These option to extend/terminate the leases are included in the lease terms when it is reasonably certain that the Center will exercise that option. The Center's operating leases generally do not contain any material restrictive covenants or residual value guarantees. Operating lease cost is recognized on a straight-line basis over the lease term.

The components of lease expense are as follows for the year ended January 31, 2023:

Operating lease cost	\$ 88,158
Short-term lease cost	<u>18,523</u>
Total lease cost	<u>\$ 106,681</u>

Total rent expense for various short term operating leases and cancelable leases of space and medical equipment was \$138,232 for the year ended January 31, 2022, and is included in occupancy expense on the statements of functional expenses.

See Note 6 for additional information regarding donated rent.

Additional information related to leases is as follows as of January 31, 2023:

Operating leases:	
Operating leases, right-of-use assets	<u>\$ 326,400</u>
Current maturities of operating lease liabilities	\$ 72,431
Operating lease liabilities, non-current	<u>255,129</u>
Total operating lease liabilities	<u>\$ 327,560</u>

Weighted-average remaining lease term:	
Operating leases	4.79 years

Weighted-average discount rate:	
Operating leases	4.08%

UNITED NEIGHBORHOOD HEALTH SERVICES, INC. D/B/A NEIGHBORHOOD HEALTH

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

JANUARY 31, 2023 AND 2022

NOTE 11 - LEASES (CONTINUED)

Future undiscounted cash flows and a reconciliation to the lease liabilities recognized on the statement of financial position are as follows as of January 31, 2023:

	<u>Operating Leases</u>
<u>Year ending January 31:</u>	
2024	\$ 83,997
2025	70,444
2026	72,557
2027	74,734
2028	57,302
Thereafter	-
Total lease payments	<u>359,034</u>
Less imputed interest	<u>(31,474)</u>
Total present value of lease liabilities	<u>\$ 327,560</u>

NOTE 12 - COMMITMENTS AND CONTINGENT LIABILITIES

The Center has contracted with various funding agencies to perform certain healthcare services and receives Medicare and other revenue from the federal government. Reimbursements received under these contracts and payments under Medicare are subject to audit by federal and state governments and other agencies. Upon audit, if discrepancies are discovered, the Center could be held responsible for reimbursing the agencies for the amounts in question.

Legal Proceedings

The Center is party to various legal proceedings arising in the ordinary course of business. Management is unaware of any liabilities arising from such proceedings that would exceed the insurance coverage as of January 31, 2023.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

JANUARY 31, 2023 AND 2022

NOTE 12 - COMMITMENTS AND CONTINGENT LIABILITIES (CONTINUED)

Healthcare Industry

The delivery of personal and health care services entails an inherent risk of liability. Participants in the health care services industry have become subject to an increasing number of lawsuits alleging negligence or related legal theories, many of which involve large claims and result in the incurrence of significant exposure and defense costs. The Center and its subsidiaries are insured with respect to medical malpractice risk on a claims-made basis. The Center also maintains insurance for general liability, director and officer liability and property. Certain policies are subject to deductibles. Management is not aware of any claims against it or its subsidiaries which would have a material financial impact.

The health care industry is subject to numerous laws and regulations of federal, state and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government health care program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Recently, government activity has increased with respect to investigations and/or allegations concerning possible violations of fraud and abuse statutes and/or regulations by health care providers.

Violations of these laws and regulations could result in expulsion from government health care programs together with the imposition of significant fines and penalties, as well as repayments for patient services previously billed. Management believes that the Center is currently in compliance with fraud and abuse statutes, as well as other applicable government laws and regulations.

Tornado

On March 3, 2020, the Center lost one of its largest medical and dental clinics as a result of a tornado. The Center received approximately \$392,000 and \$1,323,000 of insurance proceeds related to the loss during the years ended January 31, 2023 and 2022, respectively. Renovations to fix the damage were completed in the year ending January 31, 2024. Additional insurance proceeds of approximately \$108,000 are expected to be received for reconstruction costs in the year ending January 31, 2024, as the Center completes the renovations and is recorded as a receivable at January 31, 2023.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

JANUARY 31, 2023 AND 2022

NOTE 12 - COMMITMENTS AND CONTINGENT LIABILITIES (CONTINUED)

COVID-19

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security (“CARES”) Act was signed into law. The CARES Act provides an economic relief package to many businesses in the US as a direct response to the adverse impacts of COVID-19. Additionally, the CARES Act provided for HHS to distribute funds from the Public Health and Social Services Emergency Fund (“Provider Relief Fund”) and American Rescue Plan Rural Distribution (“ARP”) to healthcare providers. PRF funds were distributed to healthcare providers that billed Medicare in 2019 and provided treatment to individuals with possible or actual cases of COVID-19 during 2020, amongst other various certifications required in the Act. ARP funds were distributed to healthcare providers who have served rural Medicaid, Children’s Health Insurance Program and Medicare beneficiaries from January 1, 2019 to September 30, 2020. The funds are distributed in multiple stages and are grant funds, not loans, to healthcare providers, and may not need to be repaid if the conditional terms for the uses of those funds are met. Within 30 days of receiving the payment, providers must sign an attestation confirming receipt of the funds and agreeing to the terms and conditions of payment. The terms and conditions governing the Provider Relief Fund and ARP payments are complex and subject to interpretation and change. If the Center is unable to attest to or comply with current or future terms and conditions, the Center's ability to retain some or all of the distributions received may be affected. Provider Relief Fund and ARP payments are subject to government oversight, including potential audits. Generally, providers are required to retain documentation for three years from the date of the final HHS expenditure report. The Center must report the use of these funds subject to the established reporting portal deadlines determined by HHS based on the funds period of availability, which is based on payment date. As of January 31, 2023, the Center has received approximately \$1,260,000 of PRF and ARP payments. The Center recognized grant income of approximately \$64,000 and \$740,000 for PRF and ARP payments, for the years ended January 31, 2023 and 2022, respectively. The remaining funds were recognized as grant income in prior years. As of March 2023, the Center has reported the complete expenditure of all its PRF and ARP funds. See Note 2.

NOTE 13 - CREDIT RISK AND OTHER CONCENTRATIONS

Financial instruments that potentially subject the Center to concentrations of credit risk are cash and accounts receivable. The Center’s policy is to place cash in highly-rated financial institutions. The Center grants credit without collateral to its patient most of who are insured under third-party payor agreements.

Cash Deposits

The Center maintains cash balances at financial institutions whose accounts are insured by the Federal Deposit Insurance Corporation (“FDIC”) up to statutory limits. The Center’s cash balances may, at times, exceed statutory limits. The Center has not experienced any losses in such accounts, and management considers this to be a normal business risk. At January 31, 2023 and 2022, deposits exceeded the federally insured limits by approximately \$5,058,000 and \$6,157,000, respectively.

UNITED NEIGHBORHOOD HEALTH SERVICES, INC. D/B/A NEIGHBORHOOD HEALTH

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

JANUARY 31, 2023 AND 2022

NOTE 13 - CREDIT RISK AND OTHER CONCENTRATIONS (CONTINUED)

Payor Mix of Patient Accounts Receivable

Concentration of credit risk relating to patient accounts receivable is limited to some extent by the diversity and number of patients and payors. The mix of accounts receivable from patients, third party payors and others as of January 31, 2023 and 2022 is as follows:

	<u>2023</u>		<u>2022</u>
Medicare	15	%	15 %
TennCare managed care	33		33
Other insurance	31		28
Self-pay patients	<u>21</u>		<u>24</u>
Total	<u>100</u>	%	<u>100</u> %

In addition to patient accounts receivable, a significant portion of the Center's outstanding receivables as of January 31, 2023 and 2022 are from governmental agencies, as such, management believes it represents negligible credit risk.

NOTE 14 - MEDICAL MALPRACTICE INSURANCE

The Center maintains medical malpractice coverage, through an insurer, that complies with the Federal Tort Claims Act ("FTCA"). FTCA limits malpractice awards to eligible PHS-supported programs and applies to the Center and its employees while providing services within the scope of their responsibilities 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.

ADDITIONAL INFORMATION

UNITED NEIGHBORHOOD HEALTH SERVICES, INC. D/B/A NEIGHBORHOOD HEALTH

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

FOR THE YEAR ENDED JANUARY 31, 2023

Federal Grantor/Pass-through Grantor/Program Title	Assistance Listing Number	Contract/grant Number	Beginning Receivable	Cash Receipts	Expenditures	Ending Receivable
Direct programs:						
U.S. Department of Health and Human Services:						
Health Center Program	93.224 <sup>(1)</sup>	H80CS00394	\$ 572,666	\$ 9,848,280	\$ 9,818,973	\$ 543,359
Health Center Program	93.224 - COVID-19 <sup>(1)</sup>	H8FCS40508	-	4,110,950	4,456,876	345,926
Grants for Capital Development in Health Centers Provider Relief Fund and American Rescue Plan Rural Distribution	93.526	C8ECS44614	-	94,013	94,013	-
	93.498 - COVID-19 <sup>(1)</sup>	N/A	-	804,111	804,111	-
<b>Total Direct Programs</b>			<u>572,666</u>	<u>14,857,354</u>	<u>15,173,973</u>	<u>889,285</u>
Passed through Tennessee Department of Health:						
Cancer and Control Programs for State, Territorial and Tribal Organizations	93.898	34347-70323	2,352	11,385	16,512	7,479
Cancer and Control Programs for State, Territorial and Tribal Organizations	93.898	34347-87423	-	9,309	17,078	7,769
HIV Care Formula Grants	93.917	GR-22-74470	81,509	373,091	410,615	119,033
Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises	93.391 - COVID-19	34352-87621	-	110,903	204,206	93,303
Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	93.323 - COVID-19	34349-58122	-	154,165	200,073	45,908
Passed through Tennessee Department of Mental Health and Substance Abuse Services:						
Block Grants for Prevention and Treatment of Substance Abuse	93.959	DGA74098_2022- 2023_035	7,656	130,977	138,023	14,702

(continued on next page)

See accompanying notes to schedules of expenditures of federal and state awards.

UNITED NEIGHBORHOOD HEALTH SERVICES, INC. D/B/A NEIGHBORHOOD HEALTH

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

FOR THE YEAR ENDED JANUARY 31, 2023

<u>Federal Grantor/Pass-through Grantor/Program Title</u>	<u>Assistance Listing Number</u>	<u>Contract/grant Number</u>	<u>Beginning Receivable</u>	<u>Cash Receipts</u>	<u>Expenditures</u>	<u>Ending Receivable</u>
Passed through Tennessee Department of Human Services: Community Based Two Generation Services	93.588	34530-75321	<u>112,940</u>	<u>421,977</u>	<u>316,131</u>	<u>7,094</u>
Total Federal Awards			<u>\$ 777,123</u>	<u>\$ 16,069,161</u>	<u>\$ 16,476,611</u>	<u>\$ 1,184,573</u>

(1) Denotes a major program

Total Expenditures by Assistance Listing Number:

93.224	\$ 14,275,849
93.526	94,013
93.498	804,111
93.898	33,590
93.917	410,615
93.268	204,206
93.323	200,073
93.959	138,023
93.588	<u>316,131</u>
	<u>\$ 16,476,611</u>

See accompanying notes to schedules of expenditures of federal and state awards.



UNITED NEIGHBORHOOD HEALTH SERVICES, INC. D/B/A NEIGHBORHOOD HEALTH

SCHEDULE OF EXPENDITURES OF STATE AWARDS

FOR THE YEAR ENDED JANUARY 31, 2023

<u>Federal Grantor/Pass-through Grantor/Program Title</u>	<u>Assistance Listing Number</u>	<u>Contract Number</u>	<u>Beginning Receivable</u>	<u>Cash Receipts</u>	<u>Expenditures</u>	<u>Ending Receivable</u>
State Financial Assistance:						
Tennessee Department of Health:						
FQHC Care Coordination Services (1)	N/A	Z-22-245406	\$ 862,633	\$ 862,633	\$ -	\$ -
Primary Care/ Dental Care Services to Uninsured Adults in Tennessee Ages 19-64 (FQHC) (1)	N/A	Z-23-264406	<u>-</u>	<u>1,337,939</u>	<u>1,910,636</u>	<u>572,697</u>
Total State Awards			<u>\$ 862,633</u>	<u>\$ 2,200,572</u>	<u>\$ 1,910,636</u>	<u>\$ 572,697</u>

(1) Based on revenues earned per award.

See accompanying notes to schedules of expenditures of federal and state awards.

UNITED NEIGHBORHOOD HEALTH SERVICES, INC. D/B/A NEIGHBORHOOD HEALTH

NOTES TO SCHEDULES OF EXPENDITURES OF FEDERAL AND STATE AWARDS

YEAR ENDED JANUARY 31, 2023

NOTE 1 - BASIS OF PRESENTATION

The accompanying schedule of expenditures of federal and state awards (the “Schedules”) includes the federal and state grant activity of the Center. The information in the Schedules is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations (“CFR”) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (“Uniform Guidance”) and the *Audit Manual* issued by the Comptroller of the Treasury of the State of Tennessee. Because the Schedules present only a selected portion of the operations of the Center, it is not intended to and does not present the financial position, changes in net assets, or cash flows of the Center.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Expenditures reported on the Schedules are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement. The Center has elected to use the 10-percent de minimis indirect cost rate allowed under the Uniform Guidance.

NOTE 3 - PASSED THROUGH TO SUBRECIPIENTS

The Center provided no federal awards to subrecipients.

NOTE 4 - PROVIDER RELIEF FUND AND AMERICAN RESCUE PLAN RURAL DISTRIBUTION

Based on guidance from the Department of Health and Human Services (“HHS”), the Provider Relief Fund (“PRF”) and American Rescue Plan (“ARP”) Rural Distribution funds are reported on the SEFA as the funds are reported to HHS thru the Provider Relief Funding Portal. Therefore, the amount of PRF and ARP expenditures included on the SEFA at January 31, 2023 is based upon the PRF reporting portal guidelines for Period 4 reporting, as specified by HHS. Reporting Period 4 includes PRF and ARP receipts from July 1, 2021 to December 31, 2021 for qualifying expenditures during the period of January 1, 2020 through December 31, 2022.

OTHER REPORTS

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

The Board of Directors  
United Neighborhood Health Services, Inc. d/b/a Neighborhood Health  
Nashville, Tennessee

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statement of United Neighborhood Health Services, Inc. d/b/a Neighborhood Health (the “Center”) which comprises the statements of financial position as of January 31, 2023, and the related statement of operations and change in net assets, functional expenses, cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated July 31, 2023.

REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING

In planning and performing our audit of the financial statements, we considered the Center’s internal control over financial reporting (“internal control”) as a basis for designing 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 Center’s internal control. Accordingly, we do not express an opinion on the effectiveness of the Center’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 or significant deficiencies may exist that were not identified.

## REPORT ON COMPLIANCE AND OTHER MATTERS

As part of obtaining reasonable assurance about whether the Center'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 financial statements. 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 entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Nashville, Tennessee  
July 31, 2023

INDEPENDENT AUDITOR’S REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM  
AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE  
IN ACCORDANCE WITH THE UNIFORM GUIDANCE

The Board of Directors  
United Neighborhood Health Services, Inc. d/b/a Neighborhood Health  
Nashville, Tennessee

REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM

OPINION ON EACH MAJOR FEDERAL PROGRAM

We have audited United Neighborhood Health Services, Inc. d/b/a Neighborhood Health’s (the “Center”) compliance with the types of compliance requirements identified as subject to audit in the *OMB Compliance Supplement* that could have a direct and material effect on each of the Center’s major federal programs for the year ended January 31, 2023. The Center’s major federal programs are identified in the summary of auditor’s results section of the accompanying schedule of findings and questioned costs.

In our opinion, the Center complied, in all material respects, with the 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, 2023.

BASIS FOR OPINION ON EACH MAJOR FEDERAL PROGRAM

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*); 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). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the Center and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of the Center’s compliance with the compliance requirements referred to above.

## RESPONSIBILITIES OF MANAGEMENT FOR COMPLIANCE

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statues, regulations, rules and provisions of contracts or grant agreements applicable to the Center's federal programs.

## AUDITOR'S RESPONSIBILITIES FOR THE AUDIT OF COMPLIANCE

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the Center's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material, if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the Center's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance, we

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the Center's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- obtain an understanding of the Center's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances 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 the Center's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

## REPORT ON 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 a 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 Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

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.

Nashville, Tennessee  
July 31, 2023



UNITED NEIGHBORHOOD HEALTH SERVICES, INC. D/B/A NEIGHBORHOOD HEALTH

SCHEDULE OF FINDINGS AND QUESTIONED COSTS

YEAR ENDED JANUARY 31, 2023

**SECTION I - SUMMARY OF AUDITOR'S RESULTS**

***Financial Statements***

Type of auditor's report issued:

Unmodified

Internal control over financial reporting:

- Are any material weaknesses identified?        Yes   X   No
- Are any significant deficiencies identified?        Yes   X   None Reported
- Is any noncompliance material to financial statements noted?        Yes   X   No

***Federal Awards***

Internal control over major programs:

- Are any material weaknesses identified?        Yes   X   No
- Are any significant deficiencies identified?        Yes   X   None Reported

Type of auditor's report issued on compliance for major programs:

Unmodified

Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?

       Yes   X   No

Identification of major program(s):

**Assistance Listing Number(s)**

**Name of Federal Program or Cluster**

Health Centers Cluster:

United States Department of Health and Human Services:

93.224

Consolidated Health Centers Program

93.498 - COVID-19

Provider Relief Fund and American Rescue Plan Rural Distribution

Dollar threshold used to distinguish between type A and type B programs:

\$750,000

Auditee qualified as low-risk auditee?

  X   Yes        No

UNITED NEIGHBORHOOD HEALTH SERVICES, INC. D/B/A NEIGHBORHOOD HEALTH

SCHEDULE OF FINDINGS AND QUESTIONED COSTS (CONTINUED)

YEAR ENDED JANUARY 31, 2023

**SECTION II - FINANCIAL STATEMENT FINDINGS**

There were no audit findings in the prior or current year.

**SECTION III - FEDERAL AWARD FINDINGS AND QUESTIONED COSTS**

There were no federal award findings or questioned costs in the prior or current year.