HOPE FAMILY HEALTH SERVICES, INC. FINANCIAL STATEMENTS DECEMBER 31, 2009

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Independent Auditor's Report

To the Board of Directors of Hope Family Health Services, Inc. Westmoreland, Tennessee

I have audited the accompanying statement of financial position of Hope Family Health Services, Inc. (a nonprofit Clinic) as of December 31, 2009, and the related statements of activities, functional expenses, and cash flows for the year then ended. These financial statements are the responsibility of the Clinic's management. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted the audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that I plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. I believe that my audit provides a reasonable basis for my opinion.

As explained in Note 6 to the financial statements, the Clinic miscoded certain procedures resulting in overcharging the insurance agencies used by many of the Clinic's patients. The Clinic has yet to determine the extent of these excess charges and the subsequent repayment to these insurance agencies. In our opinion, accounting principles generally accepted in the United States of America require that such contingent liabilities be recorded. It was not practicable to determine the effects of the unrecorded contingent liability on the financial statements.

In my opinion, except for the effects of not recording the contingent liabilities as discussed in the preceding paragraph, the financial statements referred to above present fairly, in all material respects, the financial position of Hope Family Health Services, Inc., as of December 31, 2009, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

The accompanying financial statements have been prepared assuming the Clinic will continue as a going concern. As discussed in Note 6 to the financial statements, the Clinic has suffered a reduction in revenues and increased costs as a higher percentage of the Clinic's patients are uninsured due to the declining economy. These factors raise substantial doubt about the Clinic's ability to continue as a going concern. Management's plans regarding these matters are described in Note 6. The financial statements do not include any adjustments that might result from the outcome of this uncertainty.

John R Pools, CPA

March 31, 2010

Statement of Financial Position

December 31, 2009

Assets

	Current assets:		
9	Cash - checking accounts	\$	27,638
	Certificate of deposits		19,433
_	Accounts receivable, net of allowance		82,588
).	Prepaid insurance		5,370
	Total current assets		135,029
	Total carron access		
•	Property and equipment at cost:		
	Furniture and equipment		100,387
en .	Computer software		5,995
~•	Less: accumulated depreciation		50,881
	Net property and equipment	-	55,501
19	And the first of t		
	Utility deposits		710
(R)	Total assets	\$	191,240
	1 otal assets		
बर)	<u>Liabilities and Net Assets</u>		
889)	Current liabilities:		
	Accounts payable		7,967
	Accrue liabilities	\$	30,400
ল্ট	Total current liabilities		38,367
	Total out out of the second	•	
OT.	Net Assets:		
	Unrestricted	←- -	152,873
	Total net assets	•=	152,873
	Total liabilities and net assets	\$	191,240
Sec.			

Statement of Activities

For the year ended December 31, 2009

Support and Revenue	\$	511,945
Service revenue	J	23,725
Contributions		46,269
Grants		4,850
Interest income		•
Less repayment of overbillings		(32,000)
Total support and revenue	-	554,789
Expenses: Clinic services Management and general Total expenses		711,372 46,365 757,737
Increase (decrease) in net assets		(202,948)
Beginning of year net assets		355,821
End of year net assets	\$	152,873

Statement of Functional Expenses

For the year ended December 31, 2009

	Clinic Services	Management and Development	Total Program Expenses
Salaries and wages	445,458	28,433 2,363	473,891 39,375
Payroll taxes	37,012 16,856	2,303	16,856
Assistance for individuals	982	-	982
Repair and maintenance	38,904	-	38,904
Occupancy	7,316	-	7,316
Telephone	1,917	-	1,917
Training Medical supplies	62,368	-	62,368
Office expenses	14,675	2,590	17,265
Professional services	33,338	10,150	43,488
Insurance	26,607	1,987	28,594
Licenses and dues	2,768	-	2,768
Depreciation	21,092	-	21,092
Miscellaneous	2,079	842	2,921
Total expenses	711,372	46,365	757,737

Statement of Cash Flows

For the year ended December 31, 2009

	Cash flows from operating activities:	\$	497,277
,	Service revenue	2)	69,994
	Contributions and grants received		4,850
	Interest income		4,630
)	Cash paid for:		(512.266)
	Salaries and related expenses		(513,266)
	Program and support services		(199,466)
)	Net cash provided by operating activities	-	(140,611)
	Cash flows used by investing activities		
ħ	Redemption of certificate of deposits		95,567
	Acquisition of fixed assets		(16,770)
	Net cash flows used by investing activities		78,797
7			
	Net increase in cash and cash equivalents		(61,814)
a)	Cash and cash equivalents at beginning of year		89,452
	Cash and cash equivalents at end of year	\$ ——	27,638
8)			
	Reconciliation of Decrease in Net Assets to Net Cash Provided by		
	Operating Activities		
æ			
	Increase (decrease) in net assets	\$	(202,948)
IS	Adjustments to reconcile decrease in net assets to		
	net cash provided by operating activities:		
	Depreciation		21,092
(See	Changes in assets (increase) decrease:		
	Accounts receivable		17,332
	Prepaid insurance		(5,370)
(1)	Changes in liabilities increase (decrease)		
	Accounts payable		(1,117)
	Accrued expenses		30,400
(M)	Net cash provided by operating activities	\$	(140,611)
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Notes to the Financial Statements December 31, 2009

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Activities

Hope Family Health Services, Inc. (also known as Hope Clinic) is a non-profit Clinic in Westmoreland, Tennessee. The Clinic's mission is to provide complete primary health care to individuals from all socio-economic backgrounds in the surrounding communities, but with an emphasis on serving the medically uninsured and indigent population.

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with generally accepted accounting principles and recommendations of the American Institute of Certified Public Accountants in its industry audit and accounting guide, "Not-for-Profit Organizations."

Basis of Presentation

Financial statement presentation follows the recommendations of the Financial Accounting Standards Board in its Statement of Financial Standards (SAS) No. 117, Financial Statements of Not -for-Profit Organizations. Under SAS No. 117, the Clinic is required to report information regarding its financial position and activities according to the three classes of net assets. In addition, the Clinic is required to present a statement of cash flows. As permitted by the statement, the Clinic has discontinued its use of fund accounting.

Contributions

In accordance with SAS 116, Accounting for Contributions Received and Contributions Made, contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support depending on the existence or nature of any donor restrictions.

Promises to Give

Contributions are recognized when the donor makes a promise to give to the Clinic that is, in substance, unconditional. Contributions that are restricted by the donor are reported as increases in unrestricted net assets if the restrictions expire in the fiscal year in which the contributions are recognized. All other donor-restricted contributions are reported as increases in temporarily or permanently restricted net assets depending on the nature of the restrictions. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets.

Notes to the Financial Statements December 31, 2009

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, continued

Donated Services

Hope Family Health Services, Inc. receives many hours of donated time from various citizens. It is impractical to estimate a value for these services, as such no such value has been placed on these services in the Clinic's financial statements.

Donor -Imposed Restrictions

All contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Amounts received that are restricted for future periods or donor-restricted for specific purposes are reported as temporarily restricted or permanently restricted support that increases those net asset classes. When a donor- stipulated time restriction is accomplished, then the restricted net assets are reclassified to unrestricted net assets. If a restriction is fulfilled in the same time period in which the contribution is received, the contribution is reported as unrestricted.

Depreciation

Depreciation is provided for over the estimated useful lives of the assets. Assets are depreciated using the straight-line method of depreciation.

Promises to Give/Pledges

Unconditional promises to give that are expected to be collected within one year are recorded at their net realizable value. Unconditional promises to give that are expected to be collected in future years are recorded at the present value of estimated future cash flows. Conditional promises to give are not included as support until such time as the conditions are substantially met.

Functional Allocation of Expenses

The costs of providing the Clinic's program and supporting services have been summarized on a functional basis in the statement of activities. Accordingly, certain costs may have been allocated among the programs and supporting services.

Income Taxes

The Clinic is a not-for-profit Clinic that is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code.

Cash and Cash Equivalents

For purposes of the statement of cash flows, the Clinic considers all highly liquid investments with an initial maturity of three months or less to be cash equivalents.

Notes to the Financial Statements December 31, 2009

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, continued

Deferred Revenue

Deferred revenue is recorded when a potential revenue does not meet the criteria for recognition in the current period. In subsequent periods, when this criteria is met, revenue is recognized.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

2. FIXED ASSETS

A summary of fixed asset activity is noted below:

Computer software Furniture and equipment Total Less: Accumulated depreciation	Balance 01/01/09 5,995 83,617 89,612 (29,789) \$ 59,823	Addition - 16,770 16,770	Retirement	Balance 12/31/09 5,995 100,387 106,382 (50,881) 55,501
Net fixed assets	\$ <u>59,823</u>			<u> 23,301</u>

Depreciation expense for the year ended December 31, 2009 was \$21,092.

3. OPERATING LEASE

The Clinic leases office space. During the year ended December 31, 2009 the Clinic's rent expense was \$27,300.

Notes to the Financial Statements December 31, 2009

4. LINE OF CREDIT

The Clinic has a \$10,000 line of credit, there was no outstanding balance on this line of credit at December 31, 2009.

5. INSURANCE CONTRACTS

Amounts received from the various insurance agencies are subject to audit and adjustment by these agencies. Any disallowed claims including amounts already collected, could become a liability of the Clinic

In the prior year, the Clinic discovered it had miscoded certain procedures in its billings to insurance agencies. These miscodings of procedures resulted in overpayments by the insurance agencies to the Clinic. The Clinic cannot estimate the total amount of reimbursements that will be due to these insurance agencies, but believe that it will be material to the financial statements. During the year the Clinic recorded a reserve of \$30,400 related to these overbillings. The Clinic believes the final settlement will be much larger than the amount recorded.

6. DECREASE IN NET ASSETS

For the year ending December 31, 2009 the Clinic's net assets declined by \$202,948 as the Clinic saw lower revenues and higher operating costs as a greater percentage of its patients are uninsured or underinsured due to a declining economy. The Clinic is in the process of reviewing all of its activities with the help of consultants to see where improvements can be made. The Clinic understands that it cannot continue to operate as it has given the current economic constraints.