AUDUBON AREA COMMUNITY CARE CLINIC, INC.

FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

MARCH 31, 2022 AND 2021

## AUDUBON AREA COMMUNITY CARE CLINIC, INC. Contents March 31, 2022 and 2021

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## INDEPENDENT AUDITORS' REPORT

To the Board of Directors Audubon Area Community Care Clinic, Inc.

## Opinion

We have audited the accompanying financial statements of Audubon Area Community Care Clinic, Inc. (a nonprofit organization), which comprise the statement of financial position as of March 31, 2022 and 2021, and the related statements of operations and changes 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 referred to above present fairly, in all material respects, the financial position of Audubon Area Community Care Clinic, Inc. as of March 31, 2022 and 2021, and the changes in its net assets and its cash flows for the year 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 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. 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 Audubon Area Community Care Clinic, Inc. 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 opinions.

### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the 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 Audubon Area Community Care Clinic, Inc.'s ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

### Auditors' 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 generally accepted auditing standards 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, intentional 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 judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, we:

• Exercise professional judgment 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 for the purpose of expressing an opinion on the effectiveness of Audubon Area Community Care Clinic, Inc.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Audubon Area Community Care Clinic, Inc.'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.

### Supplementary Information

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

### Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated December 30, 2022 on our consideration of Audubon Area Community Care Clinic, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is 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 Audubon Area Community Care Clinic, Inc.'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 Audubon Area Community Care Clinic, Inc.'s internal control over financial reporting and compliance.

Ultada & Company CPAS PSC

Owensboro, Kentucky December 30, 2022

## AUDUBON AREA COMMUNITY CARE CLINIC, INC. **Balance Sheets** March 31, 2022 and 2021

	2022	2021
ASSETS		
CURRENT ASSETS Cash	\$ 1,199,346	\$ 1,147,695
Patient accounts receivable (net of	149,925	119,741
allowances \$12,215 and \$0 respectively)	140,020	110,741
Grants receivable	62,489	18,072
Prepaid expenses	28,938	6,543
	<u>_</u>	<u>_</u>
TOTAL CURRENT ASSETS	1,440,698	1,292,051
PROPERTY AND EQUIPMENT		
Buildings	506,208	-
Vehicles	213,847	-
Land	207,263	-
Leasehold improvements	102,483	102,483
Equipment	76,667	25,505
Construction in progress	-	106,024
Accumulated depreciation	(65,638)	(18,457)
NET PROPERTY AND EQUIPMENT	1,040,830	215,555
OTHER ASSETS		
Security deposit	9,628	9,628
OTHER ASSETS	9,628	9,628
TOTAL ASSETS	\$ 2,491,156	\$ 1,517,234
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable	\$ 74,228	\$ 28,649
Accrued expenses	44,451	39,771
Current portion of long-term debt	47,521	
TOTAL CURRENT LIABILITIES	166,200	68,420
OTHER LIABILITIES		
Long-term debt, net of current portion	468,630	
TOTAL LIABILITIES	634,830	68,420
NET ASSETS		
Without donor restrictions	1,856,326	1,448,814
TOTAL LIABILITIES AND NET ASSETS	\$ 2,491,156	\$ 1,517,234

## AUDUBON AREA COMMUNITY CARE CLINIC, INC. Statements of Operations and Change in Net Assets For the Years Ended March 31, 2022 and 2021

	2022	2021
NET ASSETS WITHOUT DONOR RESTRICTIONS		
REVENUES		
Patient revenue	\$ 709,679	\$ 1,110,026
Grant revenue	1,411,618	1,144,816
Other revenue	21,625	14,897
TOTAL REVENUES	2,142,922	2,269,739
EXPENSES		
Program services	1,424,350	953,210
General and administrative	311,060	218,254
TOTAL EXPENSES	1,735,410	1,171,464
INCREASE IN NET ASSETS	407,512	1,098,275
NET ASSETS AT BEGINNING OF YEAR	1,448,814	350,539
NET ASSETS AT END OF YEAR	\$ 1,856,326	\$ 1,448,814

## AUDUBON AREA COMMUNITY CARE CLINIC, INC. Statement of Functional Expenses For the Year Ended March 31, 2022

	ealth Care Services	General and aninistrative	E	Total Expenses
Advertising	\$ 225	\$ 25	\$	250
Bank fees	-	1,020		1,020
Contract services	379,714	34,313		414,027
Depreciation	-	47,181		47,181
Dues and subscriptions	3,565	483		4,048
Education and training	1,243	114		1,357
Equipment	38,660	-		38,660
Insurance	17,341	2,198		19,539
Interest	9,713	497		10,210
Medical office lease	51,995	5,777		57,772
Miscellaneous	1,493	535		2,028
Patient assistance	17,307	-		17,307
Printing and copying costs	3,296	366		3,662
Professional fees	16,644	13,851		30,495
Repairs and maintenance	45,575	2,220		47,795
Salaries and fringes	714,878	178,220		893,098
Supplies	85,106	3,027		88,133
Taxes	6,721	344		7,065
Travel	1,793	406		2,199
Utilities	 29,082	 20,482		49,564
	\$ 1,424,350	\$ 311,060	\$	1,735,410

# AUDUBON AREA COMMUNITY CARE CLINIC, INC. Statement of Functional Expenses For the Year Ended March 31, 2021

			Ģ	Seneral		
	He	ealth Care		and		Total
		Services	Adm	ninistrative	E	xpenses
Advertising	\$	3,287	\$	34	\$	3,321
Bank fees		-		1,160	•	1,160
Contract services		147,383		22,788		170,171
Depreciation		-		14,923		14,923
Dues and subscriptions		2,409		234		2,643
Education and training		1,441		209		1,650
Equipment		9,415		299		9,714
Insurance		11,236		6,759		17,995
Medical office lease		51,991		5,777		57,768
Miscellaneous		1,476		1,410		2,886
Patient assistance		6,424		-		6,424
Printing and copying costs		5,094		566		5,660
Professional fees		-		19,696		19,696
Repairs and maintenance		1,318		189		1,507
Salaries and fringes		642,582		127,498		770,080
Software maintenance agreement		-		26		26
Supplies		47,985		4,067		52,052
Utilities		21,169		12,619		33,788
	\$	953,210	\$	218,254	\$	1,171,464

## AUDUBON AREA COMMUNITY CARE CLINIC, INC. Statements of Cash Flows For the Years Ended March 31, 2022 and 2021

		2022		2021	
CASH FLOWS FROM OPERATING ACTIVITIES Increase in net assets	\$	407,512	\$	1,098,275	
Adjustments to reconcile increase in net assets to net cash provided by operating activities:					
Depreciation (Increase) decrease in:		47,181		14,923	
Patient accounts receivable Grants receivable Prepaid expenses		(30,184) (44,417) (22,395)		(60,315) (17,813) (168)	
Increase (decrease) in: Accounts payable Accrued expenses		45,579 4,680		(28,326) 15,022	
NET CASH PROVIDED BY OPERATING ACTIVITIES		4,000		1,021,598	
CASH FLOWS FROM INVESTING ACTIVITIES					
Purchases of property and equipment		(872,456)		(131,529)	
NET CASH USED IN INVESTING ACTIVITIES		(872,456)		(131,529)	
CASH FLOWS FROM FINANCING ACTIVITIES Principal payments of debt Proceeds of debt issuance		(27,049) 543,200		-	
NET CASH PROVIDED BY FINANCING ACTIVITIES		516,151			
NET INCREASE IN CASH		51,651		890,069	
CASH AT BEGINNING OF YEAR		1,147,695		257,626	
CASH AT END OF YEAR	\$	1,199,346	\$	1,147,695	

## NOTE A – ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### **Organization**

Audubon Area Community Care Clinic, Inc. (Clinic) was founded to serve as a Health Care for the Homeless (HCH) clinic providing comprehensive primary and preventative medical services to the region's under and uninsured homeless individuals and families, as well as individuals and families at risk of becoming homeless. The Clinic provides its services to individuals and families in the counties located in the northwestern region of the Commonwealth of Kentucky including: Daviess, Hancock, Henderson, McLean, Ohio, and Union Counties. The Clinic is an affiliate of Audubon Area Community Services (AACS), a community action agency. Significantly all revenue is derived from patient care services and federal funding from the U.S. Department of Health and Human Services (HHS).

#### Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. Net assets and revenues, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Clinic and changes therein are classified and reported as follows:

<u>Net assets without donor restrictions</u> - Net assets that are not subject to donor-imposed stipulations.

<u>Net assets with donor restrictions</u> - Net assets subject to donor-imposed stipulations that may or will be met.

#### Management Estimates

Management uses estimates and assumptions in preparing financial statements in accordance with accounting principles generally accepted in the United States of America. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenues and expenses. Actual results could vary from the estimates that were used.

#### Cash and Cash Flows Information

The Clinic considers all liquid investments with original maturities of three months or less to be cash equivalents.

At March 31, 2022, the bank balance of the Clinic's cash was \$1,198,995. Of the total cash balance, \$250,000 was covered by Federal depositary insurance and \$948,995 was uninsured.

At March 31, 2021, the bank balance of the Clinic's cash was \$1,147,579. Of the total cash balance, \$250,000 was covered by Federal depositary insurance and \$897,579 was uninsured.

#### Patient Accounts Receivable

The Clinic reports accounts receivable for services rendered at net realizable amounts due from third-party payers and patients. The Clinic provides an allowance for doubtful accounts based upon a review of outstanding receivables, historical collection information and existing economic conditions. Client accounts receivable are due in full when billed. Accounts are considered delinquent and subsequently written off as bad debts based on individual credit evaluation and specific circumstances of the account. As of March 31, 2022 and 2021, there was \$12,215 and \$0 in allowance for doubtful accounts, respectively. Management expects to collect essentially all of patient accounts receivable presented.

## NOTE A – ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

### Property and Equipment

Donations of property and equipment are recorded as support at their estimated fair value. Such donations are reported as net assets without donor restrictions unless the donor has restricted the donated asset to a specific purpose. Assets donated with explicit restrictions regarding their use and contributions of cash that must be used to acquire property and equipment are reported as net assets with donor restrictions. Absent donor stipulations regarding how long those donated assets must be maintained, the Clinic reports expirations of donor restrictions when the donated or acquired assets are placed in service as instructed by the donor. The Clinic reclassifies net assets with donor restrictions to net assets without donor restrictions at that time. Property and equipment is stated at cost when purchased. The Clinic capitalizes fixed assets with a value greater than \$5,000 and a life greater than a year. Property and equipment are depreciated using the straight-line method as follows:

Buildings	40 years
Vehicles	5 - 10 years
Leasehold improvements	10 years
Equipment	5 years

Depreciation expense for the years ended March 31, 2022 and 2021 was \$47,181 and \$14,923.

#### Revenue from Customer Contracts

Patient service revenue is reported at the amount that reflects the consideration to which the Clinic expects to be entitled to in exchange for providing patient care. These amounts are due from patients, third-party payers (including health insurers and government programs) and others and includes variable consideration for retroactive adjustments due to settlement of audits, reviews and investigations. Generally, the Clinic bills patients and third-party payers several days after the services are performed. Revenue is recognized as performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided by the Clinic. Revenue for performance obligations satisfied at a point in time is recognized when goods or services are provided and the Organization does not believe it is required to provide additional goods or services to the patient.

The Clinic determines the transaction price based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payers, discounts provided to underinsured or uninsured patients in accordance with the Clinic's sliding fee policy. The Clinic determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policies, and historical experience.

Agreements with third-party payers provide for payments at amounts less than established charges. A summary of the payment arrangements with major third-party payers follows:

Medicare: Certain medical care services are paid at prospectively determined rates per discharge based on multiple factors. Certain services are paid based on a cost reimbursement methodologies subject to certain limits. Physical services are paid based upon established fee schedules. Outpatient services are paid using prospectively determined rates.

Medicaid: Reimbursements for Medicaid services are generally paid at prospectively determined rates per discharge, per occasion of services, or per covered member.

Other: Payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations provide for payment using prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

## NOTE A – ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

### Revenue from Customer Contracts (continued)

Laws and regulations concerning government programs, including Medicare and Medicaid, are complex and subject to varying interpretation. As a result of investigations by governmental agencies, various health care organizations have received requests for information and notices regarding alleged noncompliance with those laws and regulations, which, in some instances, have resulted in organizations entering into significant settlement agreements. Compliance with such laws and regulations may also be subject to future government review and interpretation as well as significant regulatory action, including fines, penalties, and potential exclusion from the related programs. There can be no assurance that regulatory authorities will not challenge the Clinic's compliance with these laws and regulations, and it is not possible to determine the impact (if any) such claims or penalties would have upon the Clinic. In addition, the contracts the Clinic has with commercial payers also provide for retroactive audit and review of claims.

Settlements with third-party payers for retroactive adjustments due to audits, review or investigations are considered variable consideration and are included in the determination of estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreement with the payer, correspondence from the payer and the Clinic's historic settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. 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. Adjustments arising from a change in the transaction price, were insignificant in 2022 and significant in 2021. During the year ended March 31, 2021, Medicaid established a final rate for the Clinic based on a cost report for the period ending June 30, 2019. As a result of receiving the final rate, a mass adjustment was made for prior claims affected. As a result of the mass adjustment, the Clinic received \$672,879, which was recognized as revenue during the year ended March 31, 2021.

Generally, patients who are covered by third-party payers are responsible for related deductibles and coinsurance, which vary in amount. The Clinic also provides services to uninsured patients, and offers those uninsured patients a discount, either by policy or law, from standard charges. The Clinic 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. 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 bad debt expense. Bad debt expense for the years ended March 31, 2022 and 2021 was \$18,969 and \$2,400 respectively.

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

Patients who meet the Organization's criteria for charity care are provided care at amounts less than established rates. Such amounts determined to quality as charity care are not reported as revenue.

#### Grant Revenue

The Clinic's grant revenue is primarily from the U.S. Department of Health and Human Services. Grant revenues are recognized in accordance with the terms grant agreements.

## NOTE A – ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

#### Contributed Services

Contributed services are reported as contributions at their fair value if such services create or enhance non-financial assets, or require specialized skills, and are provided by individuals possessing such specialized skills and the services would have been purchased if not donated. For the year March 31, 2022 and 2021, there were no contributed services meeting the requirements for recognition in the financial statements.

#### Functional Allocation of Expenses

The costs of providing program services and general and administrative expenses have been summarized on a functional basis in the notes to the financial statements. Accordingly, certain costs have been allocated between program services and general administrative.

#### Advertising

Advertising costs are charged to expense in the period incurred and totaled \$250 and \$3,321 for the years ended March 31, 2022 and 2021.

#### Tax Position

The Clinic maintains the tax position that it is a nonprofit voluntary welfare agency, exempt from income tax under Section 501(c)(3) of the U.S. Internal Revenue Code, qualified for the 50% charitable contribution deduction, and classified as an organization that is not a private foundation under Section 509(a) of the Internal Revenue Code. The Clinic did not pay any interest or penalties as a result of its tax position. The tax years 2019 through 2021 remain subject to examination by the Internal Revenue Service.

#### Adoption of New Revenue Recognition Guidance

Effective April 1, 2020, the Clinic retrospectively changed its accounting methods for revenue recognition as a result of implementing the requirement in the Financial Accounting Standard Board's Accounting Standards Codification (ASC) 606, *Revenue from Contracts with Customers*. The new revenue recognition guidance requires the recognition of revenue when services are provided to customers in an amount that reflects the consideration to which the Clinic expects to be entitled in exchange for those services. The Clinic adopted the requirement of the new revenue recognition guidance to all customer contracts as of the date of initial application (April 1, 2020), utilizing the full retrospective transition method. The adoption of the new guidance did not change the Clinic's beginning net assets.

### **Reclassifications**

Certain accounts in the prior-year financial statements have been reclassified for comparative purposes to conform with the presentation in the current-year financial statements

### NOTE B – REVENUE RECOGNITION

#### Contract Balances

As of March 31, 2022 and 2021, contract balances from contracts with customers was as follows:

	2022		 2021		
Beginning of year	\$	119,741	\$ 59,426		
End of year	\$	149,925	\$ 119,741		

## **NOTE B – REVENUE RECOGNITION (continued)**

## **Disaggregation of Revenue**

For the years ended March 31, 2022 and 2021, disaggregated patient revenue was as follows:

	2022		2021
Patient responsibility	\$ 74	6 \$	6,445
Medicare	33,40	9	28,049
Medicaid	629,63	51	1,032,774
Commercial health insurance	45,89	3	42,758
Net patient revenue	\$ 709,67	<u>'9</u> \$	1,110,026

## NOTE C – GRANTS RECEIVABLE

As of March 31, 2022 and 2021, grants receivable consisted of the following:

		2022	 2021
American Rescue Plan Act Funding for Health Centers Health Center CARES Act Funding FY 2020 Expanding Capacity for Coronavirus Testing		62,489 - -	\$ - 14,204 3,868
	\$	62,489	\$ 18,072

## NOTE D – LONG-TERM DEBT

Debt consisted of the following as of March 31:

	2022		 2021	
Note payable Truist Bank, payable in 120 monthly installment payments, including principal and interest, of \$5,322. The loan matures August 10, 2031 and bears an interest rate of 3.260%. The note is secured by the building.	\$	516,151	\$ -	
Less current portion		(47,521)	 	
Long-term portion	\$	468,630	\$ 	

## NOTE D – LONG-TERM DEBT (continued)

Minimum future principal payments are as follows as of March 31:

2023	\$ 47,521
2024	49,077
2025	50,763
2026	52,466
2027	54,227
Thereafter	 262,097
	\$ 516,151

## NOTE E - LIQUIDITY AND AVAILABILITY OF FINANCIAL ASSETS

The following reflects the Clinic's financial assets as of the balance sheet date, reduced by amounts not available for general use because of contractual or donor-imposed restrictions within one year of the balance sheet date.

	2022	2021
Financial assets, at year end: Cash Patient accounts receivable Grants receivable	\$ 1,199,346 149,925 62,489	\$ 1,147,695 119,741 18,072
Total financial assets, at year end	\$ 1,411,760	\$ 1,285,508
Financial assets available to meet cash needs for general expenditures within one year	\$ 1,411,760	\$ 1,285,508

The Clinic is substantially supported by its grants and contracts with the U.S. Department of Health and Human Services. Financial assets are generally readily available for general expenditures within one year. In the event of unanticipated liquidity needs, the Clinic could use it substantial amount of cash reserves or obtain a line of credit.

### NOTE F – EXPENSES BY NATURE AND FUNCTION

The financial statements report certain categories of expenses that are attributable to program services and support services. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. The expenses are allocated on the basis of estimates of time and effort.

### NOTE G - RELATED PARTY TRANSACTIONS

The Clinic purchases medical supplies for its patient visits from Danhauer Drug Store. The drug store is owned by a board member for the Clinic. The amounts of these purchases for 2022 and 2021 were \$2,822 and \$782, respectively.

The Clinic utilizes services for its recruitment process from 323 Staffing Solutions LLC (doing business as Purus Clean). The recruitment business's account manager is a board member for the Clinic. The amounts of these purchases for 2022 were \$12,889 and \$9,209, respectively.

#### NOTE H – MEDICAL OFFICE LEASE

The Clinic has a lease agreement with On Site, LLC/Michael Jones for space to provide clinical services. The term of the lease commenced August 1, 2019 and ends July 31, 2024. The terms of the lease allows for a renewal or extension of term. Rent payments are \$4,814 per month. Under this agreement rent expense for the years ended March 31, 2022 and 2021 was \$57,772 and \$43,326. The future minimum required lease payments for the next five years are as follows:

57,768
57,768
 14,442
\$ 129,978
\$

## NOTE I – PENSION EXPENSE

Through Audubon Area Community Services, Inc., the Clinic participates in a multi-employer pension plan.

#### Multi-Employer Pension Plan

The Clinic participates in the County Employee Retirement System (CERS) which is a cost-sharing multiemployer defined benefit pension plan and is administered by the Board of Trustees of the Kentucky Retirement Systems (KRS). The following presents certain information regarding the plan.

The risks of participating in multiemployer defined benefit pension plans differ from single-employer plans because: (a) assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers, (b) if a participating employer stops contributing to the plan, the unfunded obligations of the plan may be required to be borne by the remaining participating employers, and (c) if the Clinic chooses to stop participating in the plan, it may be required to pay a withdrawal liability to the plan. At this time, the Clinic has no plans to withdraw from the plan.

All full-time employees of the Audubon Area Community Care Clinic, Inc. are covered by the CERS (Non-Hazardous) plan. KRS 78.510 through 78.852 of the Commonwealth of Kentucky assigns the authority to establish and amend the benefit provision of the plan. The CERS issues a publicly available financial report that includes financial statements and required supplementary information. That report may be obtained by writing to Kentucky Retirement Systems, Perimeter Park West, 1260 Louisville Road, Frankfort, KY 40601-6124.

Participants have a vested right to retirement benefits at age 65 with at least 4 years of service or at any age with at least 27 years of service, if they do not withdraw deposits. A member may receive a reduced standard annuity at age 55 with 5 or more years of service or any age below 55 with 25 or more years of service. Benefits under CERS will vary based on final compensation, years of service and other factors as fully described in the plan documents.

Non-hazardous duty employees were required to contribute 5.0% (6.0% for new hires effective July 1, 2008) of their annual creditable compensation, which is withheld by the Clinic. The Clinic was required to contribute at an actuarially determined rate of 21.17% for nine months ended March 31, 2022 and 19.30% for the 15 months ended June 30, 2021 of participating non-hazardous duty employees' annual creditable compensation.

Normal compensation and past service contribution rates are determined in accordance with KRS 61.565 (3) on the basis of an annual valuation.

The Clinic contributed \$116,052 and \$66,396 for the years ending March 31, 2022 and 2021. There are no funding improvement, or rehabilitation plans, surcharges or collective bargaining agreements.

All required contributions were paid at year-end or within thirty (30) days thereafter.

### NOTE I – PENSION EXPENSE (continued)

## *Multi-Employer Pension Plan (continued)*

Based on latest annual actuarial valuation from KRS for fiscal years ended June 30, 2021 and 2020 for CERS Non-Hazardous employee group are as follows (\$ in Thousands):

	2021	2020
Plan fiduciary net position	\$ 8,565,652	\$ 7,027,327
Total pension liability	14,941,437	14,697,244
Unfunded liability	\$ 6,375,785	\$    7,669,917
Level of funding	57.33%	47.81%

The Clinic is not required to accrue its proportionate share of the unfunded liability shown above.

The Plan's Employer Identification Number is 61-1431278.

The Clinic is providing less than 5% of the total contributions to the plan.

Form 5500 is not required for this plan.

### Multi-Employer Postretirement Benefits Other than Pension Plans

The Clinic has elected to participate in the Kentucky Retirement Systems Insurance Fund (KRS Insurance Fund), which is administered by the Board of Trustees of the Kentucky Retirement System. This is a multiemployer public post-retirement system established to provide hospital and medical insurance for members receiving benefits from CERS and other state-backed retirement systems. The KRS Insurance Fund pays a prescribed contribution for whole or partial payment of required premiums to purchase hospital and medical insurance. The dollar amount is subject to adjustment annually based on the retiree COLA and the Kentucky General Assembly reserves the right to suspend or reduce this benefit if, in its judgement, the welfare of the Commonwealth of Kentucky so demands.

Some spouse and dependents also qualify for the same proportion of coverage. The amount of contributions paid by the KRS Insurance Fund is based on a member's years of service. Effective January 1, 2013, the self-funding of healthcare benefits for most KRS Medicare eligible retirees ceased and these services were contracted through a fully-insured Medicare Advantage Plan with Humana Insurance Company.

Plan sponsors are required to contribute annually at an actuarially determined rate. The required contribution rates for the year ended March 31, 2021 was 4.76% and nine months ended March 31, 2022 was 5.78% of participating members' compensations. The contribution requirement of the Clinic to the KRS Insurance Fund for the year ended March 31, 2022 and 2021 was \$31,685 and \$16,375, respectively.

### NOTE J – AFFILIATION AGREEMENT

The Clinic has an affiliation agreement with Audubon Area Community Services, Inc. (AACS) to provide administrative support for the Clinic. Administrative support includes property acquisition and management, administrative, accounting, human resources, and information technological oversite for and in regard to the Clinic, which includes services as the recipient of and fiscal agent for the 330(h) grant and disbursement of funds. Under the affiliation agreement the Clinic's employees are paid through the payroll process of AACS. Total salaries and wages, health, dental and vision insurance, retirement, workers compensation, unemployment, EAP, FICA, vacation and sick leave compensation paid through AACS payroll process during March 31, 2022 and 2021 was \$893,098 and \$770,080. As of March 31, 2022 and 2021 the total amounts due to AACS for payroll reimbursement and miscellaneous accounts payable was \$4,259 and \$12,209, which is included in accounts payable.

## **NOTE J – AFFILIATION AGREEMENT (continued)**

Under the affiliation agreement the Clinic agrees to reimburse indirect costs to AACS at an indirect cost rate of 15% of the Clinic's gross payroll. The terms of the agreement allow for an annual negotiation of the indirect cost rate beginning July 1 of each year. Total indirect costs paid to AACS and included in contract services for the years ended March 31, 2022 and 2021 was \$88,542 and \$85,438.

## NOTE K – SLIDING FEE DISCOUNT

The amount of charges forgone for services furnished under the Clinic's sliding fee discount policy totaled approximately \$26,193 and \$13,763 for the years ended March 31, 2022 and 2021, when measured at its established rates.

## **NOTE L - CONCENTRATIONS**

### Grant Revenue

The Clinic received significant funding from the U.S. Department of Health and Human Services (HHS) for the years ended March 31, 2022 and 2021. All HHS grants awarded during 2022 and 2021 were under CFDA 93.224 Consolidated Heath Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care). HHS Grants of \$2,479,700 and \$1,609,363 were awarded the years ended March 31, 2022 and 2021. HHS grant revenue recognized for the years ended March 31, 2022 and 2021 was \$1,411,618 or 66% of total revenue and \$1,144,816 or 50% of total revenue.

#### Patient Revenue

For the years ended March 31, 2022 and 2021 patient revenues from third party payer Medicaid net of contractual adjustments totaled \$629,631 or 29% of total revenues and \$1,032,774 or 46% of total revenues, respectively.

## NOTE M – CONCENTRATIONS OF CREDIT RISK

The Clinic grants credit without collateral to its patients, most of who are area residents. The concentration of receivables from patients and third party payers at March 31, 2022 and 2021 was as follows:

	2022	2021
Medicaid	42%	56%
Medicare	29%	15%
Patient	3%	7%
Commercial	26%	22%
	100%	100%

## NOTE N – COMMITMENTS AND CONTINGENCIES

#### Medical Malpractice Claims

The Clinic's officers, governing board members, employees, and contractors who are physicians or other licensed or certified healthcare practitioners, are covered under the Federal Tort Claims Act (FTCA) which is available to clinics funded under section 330 of the Public Health Service Act. The Clinic also maintains additional malpractice and general liability coverage. There are no known claims or incidents that may result in the assertion of additional claims as of the date of this report.

## NOTE N – COMMITMENTS AND CONTINGENCIES (continued)

#### Grant Expenses

Expenses reimbursed under grants and contracts are subject to audit by governmental agencies or their representatives. Adjustments of amounts received under grants could result if the grants are audited by such agencies. Management believes all expenses are properly charged to grants.

#### Medicare and Medicaid Programs

Laws and regulations governing Medicare and Medicaid programs are complex and subject to interpretation. The Clinic believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoings. While no such regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs.

#### NOTE P – COVID-19 PANDEMIC

On March 11, 2020, the World Health Organization declared COVID-19 a pandemic. On March 13, 2020, the President of the United States declared a national emergency to confront the potential public health crisis. Due to the current uncertainties surrounding COVID-19, the Clinic is unable to determine all the short or long-term impacts of the public health crisis on its operations and financial statements.

As of March 31, 2022, the state where the Clinic operates did not have any restrictions that would impede business activities.

#### NOTE Q – SUBSEQUENT EVENTS

The Clinic did not have any subsequent events through December 30, 2022 which is the date the financial statements were available to be issued, for events requiring recording or disclosure in the financial statements as of March 31, 2022.

# SUPPLEMENTARY INFORMATION

## AUDUBON AREA COMMUNITY CARE CLINIC, INC. Health Center Program Contract Number H80CS30714 Schedule of Grant Activity For the Period April 1, 2021 through March 31, 2022

REVENUES	
Grant revenue	\$ 1,178,417
	4 470 447
TOTAL REVENUES	 1,178,417
EXPENSES	
Advertising	250
Bank fees	737
Contract services	190,568
Dues and subscriptions	2,025
Education and training	1,122
Equipment	32,610
Insurance	20,652
Medical office lease	43,326
Miscellaneous	68,234
Patient assistance	10,848
Printing and copying costs	3,425
Professional fees	3,794
Repairs and maintenance	38,920
Salaries and fringes	680,886
Supplies	47,940
Travel	1,393
Utilities	 31,687
TOTAL EXPENSES	 1,178,417
REVENUE OVER (UNDER) EXPENSES	\$ 

## AUDUBON AREA COMMUNITY CARE CLINIC, INC. American Rescue Plan Act Funding for Health Centers Contract Number H8FCS40749 Schedule of Grant Activity For the Period April 1, 2021 through March 31, 2022

REVENUES Grant revenue	\$ 62,489
TOTAL REVENUES	62,489
<b>EXPENSES</b> Miscellaneous Salaries and fringes Vehicle	5,806 56,360 323
TOTAL EXPENSES	62,489
REVENUE OVER (UNDER) EXPENSES	\$ -

## AUDUBON AREA COMMUNITY CARE CLINIC, INC. Health Center CARES Act Funding Contract Number H8DCS36339 Schedule of Grant Activity For the Period April 1, 2021 through March 31, 2022

REVENUES	
Grant revenue	\$ 169,272
TOTAL REVENUES	 169,272
EXPENSES	
	405 005
Equipment	165,035
Miscellaneous	(381)
Repairs and maintenance	7,629
Salaries and fringes	(3,173)
Supplies	72
Travel	 90
TOTAL EXPENSES	 169,272
REVENUE OVER (UNDER) EXPENSES	\$ _

## AUDUBON AREA COMMUNITY CARE CLINIC, INC. FY 2020 Expanding Capacity for Coronavirus Testing (ECT) Contract Number H8ECS38167 Schedule of Grant Activity For the Period April 1, 2021 through March 31, 2022

REVENUES	•	4.440
Grant revenue	\$	1,440
TOTAL REVENUES		1,440
EXPENSES		
Repairs and maintenance		1,376
Salaries and fringes		2
Travel		62
TOTAL EXPENSES		1,440
REVENUE OVER (UNDER) EXPENSES	\$	-

## AUDUBON AREA COMMUNITY CARE CLINIC, INC. Schedule of Expenditures of Federal Awards For the Year Ended March 31, 2022

Federal Grantor/Pass-through Grantor/Program or Cluster Title	Federal Assistance Listing Number	Pass-through Entity Identifying Number	Passed Through to Subrecipients E		Through Total to Federal	
Health Center Program Cluster						
<u>U.S. Department of Health and Human Services</u> <i>Direct:</i> Health Center Program COVID-19 Coronavirus Supplemental Funding for Health Centers Health Center CARES Act Funding COVID-19 Expanding Capacity for Coronavirus Testing (ECT)	93.224 93.224 93.224 93.224	H80CS30714 H8CCS34612 H8DCS36339 H8ECS38167	\$	- - -	\$	1,178,417 62,489 169,272 1,440
TOTAL U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES IN CLU	ISTER			_		1,411,618
TOTAL HEALTH CENTER PROGRAM CLUSTER				_		1,411,618
TOTAL EXPENDITURES OF FEDERAL AWARDS			\$	-	\$	1,411,618

### AUDUBON AREA COMMUNITY CARE CLINIC, INC. Notes to Schedule of Expenditures of Federal Awards Year Ended March 31, 2022

## NOTE A – BASIS OF PRESENTATION

The accompanying schedule of expenditures of federal awards (the Schedule) includes the federal grant activity of Audubon Area Community Care Clinic, Inc. under programs of the federal government for the year ended March 31, 2022. The information in this schedule is presented in accordance with the requirements of *OMB Circular Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards; Subpart F- Audit Requirements.* Because the Schedule presents only a selected portion of the operations of Audubon Area Community Care Clinic, Inc., it is not intended to and does not present the financial position, changes in net assets, or cash flows of Audubon Area Community Care Clinic, Inc.

## NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in *OMB Circular Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards; Subpart E- Cost Principles,* wherein certain types of expenditures are not allowable or are limited as to reimbursement.

## NOTE C – OTHER FEDERAL AWARDS

Audubon Area Community Care Clinic, Inc. did not receive any noncash insurance or have any loan or loan guarantees outstanding at the end of the year.

## NOTE D – INDIRECT COST RATE

Audubon Area Community Care Clinic, Inc. has elected not to use the 10% de-minimus indirect cost rate allowed under the Uniform Guidance.

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

To the Board of Directors Audubon Area Community Care Clinic, Inc.

& COMPANY CPAS PSC

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Audubon Area Community Care Clinic, Inc. (a nonprofit organization), which comprise the balance sheet as of March 31, 2022, and the related statements operations and change in net assets and cash flows for the year ended, and the related notes to the financial statements, and have issued our report thereon dated December 30, 2022

### **Report on Internal Control over Financial Reporting**

In planning and performing our audit of the financial statements, we considered Audubon Area Community Care Clinic, Inc.'s internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Audubon Area Community Care Clinic, Inc.'s internal control. Accordingly, we do not express an opinion on the effectiveness of Audubon Area Community Care Clinic, Inc.'s internal control.

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

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

#### **Report on Compliance and Other Matters**

As part of obtaining reasonable assurance about whether Audubon Area Community Care Clinic, Inc.'s financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

#### **Purpose of This Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

alitade & Company CPAS PSC

Owensboro, Kentucky December 30, 2022

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

To the Board of Directors Audubon Area Community Care Clinic, Inc.

& COMPANY CPAS PSC

#### **Report on Compliance for Each Major Federal Program**

### **Opinion on Each Major Federal Program**

We have audited Audubon Area Community Care Clinic, Inc.'s 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 Audubon Area Community Care Clinic, Inc.'s major federal programs for the year ended March 31, 2022. Audubon Area Community Care Clinic, Inc.'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, Audubon Area Community Care Clinic, Inc. complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended March 31, 2022.

#### 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; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). 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 Audubon Area Community Care Clinic, Inc. 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 Audubon Area Community Care Clinic, Inc.'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, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to Audubon Area Community Care Clinic, Inc.'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 Audubon Area Community Care Clinic, Inc.'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 generally accepted auditing standards, *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 Audubon Area Community Care Clinic, Inc.'s compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with generally accepted auditing standards, *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 Audubon Area Community Care Clinic, Inc.'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 Audubon Area Community Care Clinic, Inc.'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 Audubon Area Community Care Clinic, Inc.'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 is a deficiency or a combination of deficiencies, in internal control over compliance 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 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.

Hade & Company CPAS PSC

Owensboro, Kentucky December 30, 2022

#### AUDUBON AREA COMMUNITY CARE CLINIC, INC. Schedule of Findings and Questioned Costs March 31, 2022

## SUMMARY OF AUDITORS' RESULTS

- 1. The auditors' report expresses an unmodified opinion on whether the financial statements of Audubon Area Community Care Clinic, Inc. were prepared in accordance with GAAP.
- 2. No significant deficiencies was disclosed during the audit of the financial statements.
- 3. No significant deficiencies were reported in the Independent Auditors' Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*. No material weaknesses are reported.
- 4. No instances of noncompliance material to the financial statements of Audubon Area Community Care Clinic, Inc. which would be required to be reported in accordance with *Government Auditing Standards* were disclosed during the audit.
- 5. No significant deficiencies in internal control over major federal award programs were disclosed during the audit or reported in the Independent Auditors' Report on Compliance for Each Major Program and on Internal Control Over Compliance Required by the Uniform Guidance. No material weaknesses are reported.
- 6. The auditors' report on compliance for the major federal awards programs for Audubon Area Community Care Clinic, Inc. expresses an unmodified opinion on the major federal program.
- 7. There are no audit findings required to be reported in accordance with 2CFR Section 200.516(a).
- 8. The programs tested as major programs were:

93.224 Health Center Program

- 9. The threshold for distinguishing Type A and B programs was \$750,000.
- 10. The Clinic was determined to be a low-risk auditee.

## FINDINGS – FINANCIAL STATEMENT AUDIT

None

## FINDINGS AND QUESTIONED COSTS - MAJOR FEDERAL AWARD PROGRAMS AUDIT

None