# **People's Community Clinic**

Independent Auditor's Report and Financial Statements

December 31, 2016 and 2015



# People's Community Clinic December 31, 2016 and 2015

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### Independent Auditor's Report

Board of Directors People's Community Clinic Austin, Texas

We have audited the accompanying financial statements of People's Community Clinic (the "Organization"), which comprise the balance sheets as of December 31, 2016 and 2015, and the related statements of operations, changes in net assets and cash flows for the years then ended, and the related notes to the financial statements.

#### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

#### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit includes performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



Board of Directors People's Community Clinic Page 2

#### Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of People's Community Clinic as of December 31, 2016 and 2015, and the results of its operations, 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.

#### Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of functional expenses listed in the table of contents is presented for the purpose 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 audits 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.

BKD,LIP

Springfield, Missouri June 27, 2017

# People's Community Clinic Balance Sheets December 31, 2016 and 2015

### Assets

	2016	2015
Current Assets		
Cash and cash equivalents	\$ 6,348,201	\$ 9,154,200
Patient accounts receivable, net of allowance;		
2016 - \$1,923,191, 2015 - \$1,747,215	1,253,570	615,302
Grants and other receivables	129,327	125,289
Contributions receivable - current	1,848,118	2,999,826
Estimated amounts due from third-party payers	831,853	1,804,485
Supplies and inventory	261,415	146,066
Prepaid expenses and other	180,824	34,854
Total current assets	10,853,308	14,880,022
Long-Term Investments	26,506	25,665
Property and Equipment, At Cost		
Land and land improvements	3,246,867	674,850
Buildings and leasehold improvements	13,588,275	2,662,919
Equipment	1,634,757	989,847
Construction in progress	5,870	10,990,132
	18,475,769	15,317,748
Less accumulated depreciation	2,695,115	1,802,360
	15,780,654	13,515,388
Other Assets	254 225	256.056
Contributions receivable	254,237	356,056
Other		4,826
	254,237	360,882
Total assets	\$ 26,914,705	\$ 28,781,957

### Liabilities and Net Assets

	2016	2015	
Current Liabilities			
Current maturities of long-term debt	\$ 55,537	\$ 34,411	
Accounts payable	269,110	1,174,397	
Accrued expenses	884,160	1,365,845	
Deferred revenue	<u> </u>	26,345	
Total current liabilities	1,208,807	2,600,998	
Long-Term Debt	114,785	108,333	
Total liabilities	1,323,592	2,709,331	
Net Assets			
Unrestricted	21,940,777	9,512,465	
Temporarily restricted	3,625,336	16,535,161	
Permanently restricted	25,000	25,000	
Total net assets	25,591,113	26,072,626	
Total liabilities and net assets	\$ 26,914,705	\$ 28,781,957	

# People's Community Clinic Statements of Operations Years Ended December 31, 2016 and 2015

	2016	2015	
Unrestricted Revenues, Gains and Other Support			
Net patient service revenue (net of contractual discounts			
and allowances)	\$ 11,352,238	\$ 9,097,580	
Provision for uncollectible accounts	2,703,330	2,651,162	
Net patient service revenue less provision for		· · ·	
uncollectible accounts	8,648,908	6,446,418	
Grant revenue	2,850,280	2,435,382	
Contributions	2,133,754	2,030,223	
Other	399,919	238,073	
Net assets released from restrictions used for operations	4,680,818	4,408,639	
Total unrestricted revenues, gains and other support	18,713,679	15,558,735	
Expenses and Losses			
Salaries and wages	10,621,598	8,696,706	
Employee benefits	2,416,273	1,916,147	
Purchased services and professional fees	907,028	937,735	
Supplies and other	4,506,393	3,838,484	
Start up costs for new clinic location	815,197	-	
Rent	171,465	274,888	
Depreciation and amortization	909,941	268,431	
Interest	7,035	6,908	
Gain on sale of property and equipment		(7,257)	
Total expenses and losses	20,354,930	15,932,042	
Operating Loss	(1,641,251)	(373,307)	
Other Income			
Investment return	15,200	70,681	
Deficiency of Revenues over Expenses	(1,626,051)	(302,626)	
Net assets released from restriction used for purchase of property and equipment	14,054,363	15,000	
Increase (Decrease) in Unrestricted Net Assets	\$ 12,428,312	\$ (287,626)	

# **People's Community Clinic** Statements of Changes in Net Assets Years Ended December 31, 2016 and 2015

	2016	2015	
Unrestricted Net Assets			
Deficiency of revenues over expenses	\$ (1,626,051)	\$ (302,626)	
Net assets released from restriction used for purchase of property and equipment	14,054,363	15,000	
Increase (decrease) in unrestricted net assets	12,428,312	(287,626)	
Temporarily Restricted Net Assets			
Contributions	5,825,356	5,601,640	
Net assets released from restriction	(18,735,181)	(4,423,639)	
Increase (decrease) in temporarily restricted net assets	(12,909,825)	1,178,001	
Change in Net Assets	(481,513)	890,375	
Net Assets, Beginning of Year	26,072,626	25,182,251	
Net Assets, End of Year	\$ 25,591,113	\$ 26,072,626	

# People's Community Clinic Statements of Cash Flows Years Ended December 31, 2016 and 2015

	2016	2015
Operating Activities		
Change in net assets	\$ (481,513)	\$ 890,375
Items not requiring (providing) cash		
Gain on sale of property and equipment	-	(7,257)
Depreciation and amortization	909,941	268,431
Contributions of or for acquisition of property		
and equipment	(656,438)	(1,042,991)
Changes in		
Patient accounts receivable, net	(638,268)	220,331
Contributions receivable	(1,133,923)	(143,645)
Estimated amounts due from and to third-party payers	972,632	(922,303)
Inventory and supplies	(115,349)	97,168
Accounts payable and accrued expenses	180,765	(1,733)
Other current assets and liabilities	(167,489)	7,960
Net cash used in operating activities	(1,129,642)	(633,664)
Investing Activities		
Purchase of investments	(50,578)	(144,195)
Proceeds from disposition of investments	49,737	1,179,940
Purchase of property and equipment	(4,666,376)	(6,361,718)
Proceeds from sale of property and equipment		42,901
Net cash used in investing activities	(4,667,217)	(5,283,072)
Financing Activities		
Proceeds from contributions for acquisition of		
property and equipment	3,039,850	10,304,259
Principal payments on long-term debt	(48,990)	(70,763)
Net cash provided by financing activities	2,990,860	10,233,496
Increase (Decrease) in Cash and Cash Equivalents	(2,805,999)	4,316,760
Cash and Cash Equivalents, Beginning of Year	9,154,200	4,837,440
Cash and Cash Equivalents, End of Year	\$ 6,348,201	\$ 9,154,200
Supplemental Cash Flows Information		
Interest paid (net of amount capitalized)	\$ 7,035	\$ 6,908
Accounts payable incurred for property and equipment	\$ 19,602	\$ 1,587,339
Capital lease obligation incurred for property and equipment	\$ 17,002	÷ 1,007,009
and equipment	\$ 76,568	\$ -

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

#### Nature of Operations

People's Community Clinic (the "Organization") primarily earns revenues by providing physician and related health care services through clinics located in Austin, Texas. The Organization is a federally qualified health center and is supported through public insurance programs such as Medicaid and Medicare, direct federal funding, state and local grants, private grants and contributions.

### Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

### Cash and Cash Equivalents

The Organization considers all liquid investments with initial maturities of three months or less to be cash equivalents. At December 31, 2016 and 2015, cash equivalents consisted primarily of money market accounts with brokers and securities purchased under agreements to resell. The amounts advanced under these agreements are book-entry securities and are subject to a written custodial agreement that explicitly recognizes the Organization's interest in the securities. Securities purchased under agreements to resell amount to \$5,763,000 and \$8,739,000 at December 31, 2016 and 2015, respectively, and are included in cash and cash equivalents. At December 31, 2016, the Organization's cash accounts exceeded federally insured limits by approximately \$310,000.

#### Investments and Investment Return

Investments in equity securities having a readily determinable fair value and all debt securities are carried at fair value. Other investments are valued at the lower of cost or fair value. Investment return includes dividend, interest and other investment income; realized and unrealized gains and losses on investments carried at fair value; and realized gains and losses on other investments. Investment return that is initially restricted by donor stipulation and for which the restriction will be satisfied in the same year is included in unrestricted net assets. Other investment return is reflected in the statement of activities and changes in net assets as unrestricted or temporarily restricted based upon the existence and nature of any donor or legally imposed restrictions.

The Organization has held an interest of approximately 3% in a limited partnership. This investment was not considered material to the financial statements and, therefore, was not reflected on the Organization's balance sheet. During 2016 and 2015, the Organization received disbursements following the sale of certain real estate assets held by the partnership. The disbursements were included in investment return on the statements of operations. The partnership was dissolved in 2016.

### Patient Accounts Receivable

Accounts receivable are reduced by an allowance for uncollectible accounts. In evaluating the collectability of accounts receivable, the Organization analyzes its past history and identifies trends for each of its major payer sources or revenue to estimate the appropriate allowance for uncollectible accounts and provision for uncollectible accounts. Management regularly reviews data about these major payer sources of revenue in evaluating the sufficiency of the allowance for uncollectible accounts.

For receivables associated with services provided to patients who have third-party coverage, the Organization analyzes contractually due amounts and provides an allowance for uncollectible accounts and a provision for uncollectible accounts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payer has not yet paid, or for payers who are known to be having financial difficulties that make the realization of amounts due unlikely).

For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Organization records a significant provision for uncollectible accounts in the period of services on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated or provided by the sliding fee or other policy) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for uncollectible accounts.

The Organization's allowance for uncollectible accounts for self-pay patients increased from 14% of self-pay accounts receivable at December 31, 2015, to 91% of self-pay accounts receivable at December 31, 2016. The Organization's write-offs increased approximately \$670,000 from approximately \$1,855,000 for the year ended December 31, 2015, to approximately \$2,525,000 for the year ended December 31, 2016.

#### **Supplies**

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

### Property and Equipment

Property and equipment acquisitions are recorded at cost and are depreciated using the straight-line method over the estimated useful life of each asset. Leasehold improvements and assets under capital lease obligations are depreciated over the shorter of the lease term or their respective useful lives.

The estimated useful lives for each major depreciable classification of property and equipment are as follows:

Buildings, leasehold and land improvements	3 - 40 years
Equipment	3 – 15 years

Certain property and equipment have been purchased with grant funds. Such items may have a reversionary interest by the grantor if not used to further the grant's objectives or held for a specific length of time.

Donations of property and equipment are reported at fair value as an increase in unrestricted net assets unless use of the assets is restricted by the donor. Monetary gifts that must be used to acquire property and equipment are reported as restricted support. The expiration of such restrictions is reported as an increase in unrestricted net assets when the donated asset is placed in service.

### Long-Lived Asset Impairment

The Organization evaluates the recoverability of the carrying value of long-lived assets whenever events or circumstances indicate the carrying amount may not be recoverable. If a long-lived asset is tested for recoverability and the undiscounted estimated future cash flows expected to result from the use and eventual disposition of the asset is less than the carrying amount of the asset, the asset cost is adjusted to fair value and an impairment loss is recognized as the amount by which the carrying amount of a long-lived asset exceeds its fair value.

No asset impairment was recognized during the years ended December 31, 2016 and 2015.

#### Temporarily Restricted Net Assets

Temporarily restricted net assets are those whose use by the Organization has been limited by donors to a specific time period or purpose.

#### Permanently Restricted Net Assets

Permanently restricted net assets have been restricted by donors to be maintained by the Organization in perpetuity.

#### Net Patient Service Revenue

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

#### 340B Revenue

The Organization participates in the 340B "Drug Discount Pricing Program" which enables qualifying health care providers to purchase drugs from pharmaceutical suppliers at a substantial discount. The 340B Drug Discount Pricing Program is managed by the Health Resource and Services Administration (HRSA) Office of Pharmacy Affairs. The Organization earns revenue under this program by purchasing pharmaceuticals at a reduced cost to fill prescriptions to qualified patients. The Organization has a network of participating pharmacies that dispense the pharmaceuticals to its patients under contract arrangement with the Organization. Reported 340B revenue consists of reimbursements from the network of participating pharmacies, net of the initial purchase price of the drugs and is included in net patient service revenue on the accompanying statement of operations and changes in net assets.

#### **Contributions**

Unconditional gifts expected to be collected within one year are reported at their net realizable value. Unconditional gifts expected to be collected in future years are initially reported at fair value determined using the discounted present value of estimated future cash flows technique. The resulting discount is amortized using the level-yield method and is reported as contribution revenue.

Gifts received with donor stipulations are reported as either temporarily or permanently restricted support. When a donor restriction expires, that is, when a time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified and reported as an increase in unrestricted net assets. Conditional contributions are reported as liabilities until the condition is eliminated or the contributed assets are returned to the donor.

#### Government Grant Revenue

Support funded by grants is recognized as the Organization performs the contracted services or incurs outlays eligible for reimbursement under the grant agreements. Grant activities and outlays are subject to audit and acceptance by the granting agency and, as a result of such audit, adjustments could be required.

#### **In-Kind Contributions**

In addition to receiving cash contributions, the Organization receives certain donated professional services and in-kind contributions of supplies, pharmaceuticals and rent. It is the policy of the Organization to record the estimated fair value of these in-kind contributions as an expense in its financial statements and similarly increase contribution revenue by a like amount. In-kind contributions of \$1,178,746 and \$953,022 are recorded for the years ended December 31, 2016 and 2015, respectively.

#### Income Taxes

The Organization has been recognized as exempt from income taxes under Section 501 of the Internal Revenue Code and a similar provision of state law. However, the Organization is subject to federal income tax on any unrelated business taxable income.

#### Electronic Health Records Incentive Program

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

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

In 2016 and 2015, the Organization completed requirements under the Medicaid program and has recorded revenue of \$127,500 in each year, which is included in other revenue in the statements of operations.

#### Start Up Costs for New Clinic Location

In 2016, the Organization completed construction on the Camino la Costa facility and began providing services to patients from this location. As a result, the Organization incurred expenses related to furnishing, stocking and opening the facility. Costs related to placing the facility in service were approximately \$815,000, including equipment purchases below the Organization's capitalization threshold. These expenses are included in operating expenses in the statements of operations.

#### **Deficiency of Revenues Over Expenses**

The statements of operations include deficiency of revenues over expenses. Changes in unrestricted net assets which are excluded from deficiency of revenues over expenses, consistent with industry practice, include contributions and grants of long-lived assets including assets acquired using contributions or grants which by donor or granting agency restriction are to be used for the purpose of acquiring such assets.

#### Reclassification

Certain reclassifications have been made to the 2015 financial statements to conform to the 2016 financial statement presentation. These reclassifications had no effect on the change in net assets.

#### Subsequent Events

Subsequent events have been evaluated through the date of the Independent Auditor's Report, which is the date the financial statements were available to be issued.

#### Note 2: Grant Revenue

The Organization is the recipient of a Community Health Centers (CHC) grant from the U.S. Department of Health and Human Services. The general purpose of the grant is to provide expanded health care services in Austin, Texas. Terms of the grant generally provide for funding of the Organization's operations based on an approved budget. Grant revenue is recognized as qualifying expenditures are incurred over the grant period. During the years ended December 31, 2016 and 2015, the Organization recognized \$1,989,690 and \$1,183,576 in CHC grant revenue, respectively. Funding for the grant year ending May 31, 2018, has been authorized at \$1,361,883.

In addition to this grant the Organization receives additional financial support from other state and private sources. Generally such support requires compliance with terms and conditions specified in grant agreements and has been renewed on an annual basis.

#### Note 3: Net Patient Service Revenue

The Organization recognizes patient service revenue associated with services provided to patients who have third-party payer coverage on the basis of contractual rates for the services rendered. For uninsured patients that do not qualify for the sliding fee program, the Organization recognizes revenue on the basis of its standard rates for services provided. On the basis of historical experience, a significant portion of the Organization's uninsured patients who do not qualify for the sliding fee program will be unable or unwilling to pay for the services provided. Thus the Organization records a significant provision for uncollectible accounts related to uninsured patients who do not qualify for the sliding fee program in the period the services are provided. This provision for uncollectible accounts is presented on the statement of operations as a component of net patient service revenue.

The Organization is approved as a Federally Qualified Health Center (FQHC) for both Medicare and Medicaid reimbursement purposes. The Organization has agreements with third-party payers that provide for payments to the Organization at amounts different from its established rates. These payment arrangements include:

*Medicare*. Covered FQHC services rendered to Medicare program beneficiaries are paid in accordance with provisions of Medicare's Prospective Payment System (PPS) for FQHCs. Medicare payments, including patient coinsurance, are paid based on the lesser of the Organization's actual charge or the applicable PPS rate. Services not covered under the FQHC benefit are paid based on established fee schedules.

*Medicaid*. Covered FQHC services rendered to Medicaid program beneficiaries are paid based on a prospective reimbursement methodology. The Organization is reimbursed a set encounter rate for all services provided under the plan. The encounter rate is updated annually based on the Medicare Economic Index (MEI).

Prior to receiving a final prospective payment system (PPS) rate, the Organization was reimbursed for covered Medicaid services at an interim PPS rate. A rate setting cost report was submitted for the year ended December 31, 2013, and final determination of the PPS rate related to this cost report has been received. An estimated settlement for the difference between the interim and final rates is recorded on the balance sheet as estimated amounts due from third-party payers as the settlement. The 2016 net patient service revenue increased approximately \$200,000 due to a change in estimate related to partial settlement payments which applied to dates of service prior to January 1, 2016.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation and change. As a result, it is reasonably possible that recorded estimates will change materially in the near term.

The Organization is a partner in the Central Health Unfunded Program with the Travis County Healthcare District (the "District"). Covered primary care services rendered to Central Health Unfunded Program beneficiaries are paid by the District to the extent of the District's contracted maximum obligation. The Organization's current agreement with the District is effective through September 30, 2017.

The Organization has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to the Organization under these agreements includes prospectively determined rates per unit of service and discounts from established charges.

Patient service revenue, net of contractual allowances and discounts (but before the provision for uncollectible accounts), recognized in the years ended December 31, 2016 and 2015, was approximately:

	2016	2015	
Medicare	\$ 210,643	\$ 227,564	
Medicaid	6,891,880	5,200,680	
Travis County Healthcare District	1,906,694	1,381,278	
Other third-party payers	436,127	314,489	
Self-pay	1,906,894	1,973,569	
Total	\$ 11,352,238	\$ 9,097,580	

### Note 4: Concentration of Credit Risk

The Organization grants credit without collateral to its patients, most of whom are area residents and are insured under third-party payer agreements. The mix of net receivables from patients and third-party payers at December 31, 2016 and 2015, is:

	2016	2015
Medicare	1%	10%
Medicaid	92%	82%
Other third-party payers	5%	3%
Self-pay	2%	5%
	100%	100%

#### Note 5: Investment and Investment Return

Long-term investments at December 31 consisted of the following:

	2016	2015	
Certificates of deposit	\$ 26,506	\$	25,665

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Total investment return is comprised of the following:

	 2016	 2015
Interest income Proceeds from dissolution of limited partnership	\$ 893 14,307	\$ 2,815 67,866
	\$ 15,200	\$ 70,681

### Note 6: Contributions Receivable

Contributions receivable at December 31, 2016 and 2015, consisted of the following:

	2016	2015
Due within one year	\$ 1,848,118	\$ 2,999,826
Due in one to five years	269,833	372,333
	2,117,951	3,372,159
Less unamortized discount	15,596	16,277
	\$ 2,102,355	\$ 3,355,882

The discount rates for 2016 and 2015 were 1.9% and 1.8%, respectively.

#### Note 7: Medical Malpractice Claims

The U.S. Department of Health and Human Services deemed the Organization and its practicing medical professionals covered under the Federal Tort Claims Act (FTCA) for damage for personal injury, including death, resulting from the performance of medical, surgical, dental and related functions. FTCA coverage is comparable to an occurrence policy without a monetary cap.

Claim liabilities are to be determined without consideration to insurance recoveries. Expected recoveries are presented separately. Based upon the Organization's claim experience, no such accrual has been made for the Organization's medical malpractice costs for the years ended December 31, 2016 and 2015. However because of the risk in providing health care services, it is possible that an event has occurred which will be the basis of a future material claim.

### Note 8: Long-Term Debt

Long-term debt consists of the following at December 31, 2016 and 2015:

		2015			
Capital lease obligations (A) Less current maturities	\$	170,322 55,537	\$ 142,744 34,411		
	\$	114,785	\$ 108,333		

(A) At varying rates of imputed interest from 3.25% to 17.10%, due through December 2019; collateralized by equipment. Equipment includes the following under capital lease:

	2016			2015			
Equipment Less accumulated depreciation	\$	254,335 122,119	\$	177,767 72,607			
	\$	132,216	\$	105,160			

Aggregate annual payments on capital lease obligations at December 31, 2016, are:

2017	\$ 61,006
2018	59,659
2019	59,656
	 180,321
Less amount representing interest	 9,999
Present value of future minimum lease payments	 170,322
Less current maturities	 55,537
Noncurrent portion	\$ 114,785

### Note 9: Temporarily Restricted Net Assets

Temporarily restricted net assets are available for the following purpose or periods:

	2016	2015
Capital and renovation projects	\$ 382,644	\$ 13,938,798
Behavioral health	294,835	294,183
Prenatal and parenting	424,292	739,454
Patient education	91,922	55,023
For periods after December 31	2,431,643	1,507,703
	\$ 3,625,336	\$ 16,535,161

During 2016 and 2015, net assets were released from donor restrictions by incurring expenses, satisfying the restricted purposes of capital and renovation projects, behavioral health, prenatal and parenting programs, health care services and patient education in the amounts of \$18,735,181 and \$4,423,639, respectively.

#### Note 10: Retirement Plan

The Organization has a 403(b) defined contribution plan covering substantially all employees. For each eligible participant, the Organization provides an employer contribution equal to the employee's contribution or 4% of the employee's annual salary, whichever is less. Retirement plan expense for the years ended December 31, 2016 and 2015 was \$270,909 and \$219,870, respectively.

### Note 11: Functional Expenses

The Organization provides health care services primarily to residents within its geographic area. Expenses related to providing these services are as follows:

	2016	2015
Health care services	\$ 17,348,837	\$ 13,462,833
General and administrative	2,273,002	1,690,887
Fundraising	733,091	778,322
	\$ 20,354,930	\$ 15,932,042

### Note 12: Related Party

People's Community Clinic Foundation (the "Foundation") was formed to assist the Organization with fundraising efforts. The Organization is the sole member of the Foundation. Separate financial statements are not prepared as no activity or account balances are recorded by the Foundation. All funds raised by the Foundation are reflected in the financial statements of the Organization.

### Note 13: Significant Estimates and Concentrations

Accounting principles generally accepted in the United States of America require disclosure of certain significant estimates and current vulnerabilities due to certain concentrations. Those matters include the following:

#### **Contribution Revenue**

Approximately 67% and 56% of contribution revenue received during the years ended December 31, 2016 and 2015, respectively, was received from one donor.

#### Grant Revenue

Concentration of revenues related to grant awards and other support is described in Note 2.

#### Allowance for Net Patient Service Revenue Adjustments

Estimates of allowances for adjustments included in net patient service revenue are described in *Notes 1* and *3*.

#### Medical Malpractice Claims

Estimates related to the accrual for medical malpractice claims are described in Note 7.

#### **Current Economic Conditions**

The current economic environment presents community health centers with difficult circumstances and challenges. Any changes to the *Affordable Care Act*, including the health insurance exchanges and Medicaid expansion, will directly impact community health centers' net revenues. Further, the effect of economic conditions on federal and state budgets could adversely impact the grant revenues available to community health centers and the programs they administer. Each of these factors could have an adverse impact on the Organization's future operating results.

Supplementary Information

# **People's Community Clinic** Schedule of Functional Expenses Year Ended December 31, 2016

	 Adult Health Services	Adolescent Health Services		Pediatric Health Services		Prenatal Health Services		Family Planning	
Personnel	\$ 3,120,629	\$	1,366,870	\$	2,798,999	\$	2,642,449	\$	959,974
Staff development and travel	20,592		14,241		21,782		13,265		7,871
Contractual services	106,692		19,893		26,757		103,043		9,393
Laboratory/diagnostic	202,037		55,034		50,719		227,676		74,507
Pharmacy	131,861		768		3,507		1,534		340,084
Patient care and records	88,427		23,240		88,180		91,908		30,771
Facility and equipment	317,666		173,148		463,365		265,138		62,708
Administrative	69,446		50,971		96,213		60,682		16,045
Depreciation	171,448		77,700		252,903		147,300		34,846
Fundraising	-		-		-		-		-
Collaborations	157,182		13,675		44,511		25,925		6,133
In-kind expenses	 136,730		100,283		510,951		85,427		118,516
Total expenses	\$ 4,522,710	\$	1,895,823	\$	4,357,887	\$	3,664,347	\$	1,660,848

Social Services		Total Program Services		General and Administrative		ndraising ctivities	Total		
\$	728,964	\$	11,617,885	\$	1,051,714	\$ 368,272	\$	13,037,871	
	8,604		86,355		26,485	10,821		123,661	
	57,599		323,377		567,078	16,573		907,028	
	-		609,973		-	-		609,973	
	-		477,754		-	-		477,754	
	2,625		325,151		-	-		325,151	
	143,879		1,425,904		229,813	44,624		1,700,341	
	28,106		321,463		154,546	150,549		626,558	
	78,970		763,167		127,756	19,018		909,941	
	-		-		-	77,236		77,236	
	198,475		445,901		-	-		445,901	
	-		951,907		115,610	 45,998		1,113,515	
\$	1,247,222	\$	17,348,837	\$	2,273,002	\$ 733,091	\$	20,354,930	

# **People's Community Clinic** Schedule of Functional Expenses Year Ended December 31, 2015

		Adult Health Services		Health Health		Pediatric Health Services		Prenatal Health Services		Family Planning	
Personnel	\$	2,784,045	\$	989,313	\$	1,983,045	\$	2,371,831	\$	735,817	
Staff development and travel		34,574		17,134		26,381		38,244		7,408	
Contractual services		84,171		90,419		165,968		84,340		1,183	
Laboratory/diagnostic		176,871		38,653		42,416		182,838		61,090	
Pharmacy		125,818		2,951		3,664		2,046		257,696	
Patient care and records		29,378		10,014		25,526		27,923		9,342	
Facility and equipment		164,635		65,230		191,429		210,299		21,965	
Administrative		54,519		23,679		55,114		64,436		8,728	
Depreciation		49,854		19,140		57,708		64,223		5,944	
Fundraising		-		-		-		-		-	
Collaborations		49,636		5,744		17,320		19,275		1,784	
In-kind expenses		697,982		-		-		92,222		-	
(Gain)/loss on disposal						-					
Total expenses	\$	4,251,483	\$	1,262,277	\$	2,568,571	\$	3,157,677	\$	1,110,957	

Social Services					eneral and ninistrative	ndraising ctivities	Total
\$	614,622	\$	9,478,673	\$	764,353	\$ 369,827	\$ 10,612,853
	8,189		131,930		49,076	12,070	193,076
	50,090		476,171		447,341	14,223	937,735
	-		501,868		-	-	501,868
	353		392,528		-	-	392,528
	1,512		103,695		-	-	103,695
	82,409		735,967		124,679	36,956	897,602
	22,109		228,585		148,289	159,621	536,495
	25,177		222,046		38,090	8,295	268,431
	-		-		-	77,308	77,308
	307,407		401,166		-	-	401,166
	-		790,204		126,316	100,022	1,016,542
	-		-		(7,257)	 -	 (7,257)
\$	1,111,868	\$	13,462,833	\$	1,690,887	\$ 778,322	\$ 15,932,042