

HOPE FAMILY HEALTH SERVICES, INC.

Financial Statements

December 31, 2013 and 2012
(With Independent Auditor's Report Thereon)

HOPE FAMILY HEALTH SERVICES, INC.

Table of Contents

Financial Statements:	<u>Page No.</u>
Independent Auditor’s Report.....	1
Statement of Financial Position.....	3
Statement of Activities.....	4
Statement of Functional Expenses.....	5
Statement of Cash Flows.....	6
Notes to Financial Statements.....	7
Supplemental Information	
Schedule of Expenditures of Federal.....	13
Schedule of Findings and Questioned Cost.....	14
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.....	17
Report on Compliance with Requirements Applicable to Each Major Program And on Internal Control Over Compliance in Accordance With OMB Circular A-133.....	19
Summary Schedule of Prior Year Audit Findings.....	22



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Independent Auditor's Report

The Governing Board
HOPE Family Health Services, Inc.

Report on the Financial Statements

We have audited the accompanying financial statements of HOPE Family Health Services, Inc. (the Organization) which comprise the statement of financial position as of December 31, 2013 and 2012, and the related statements of activities, and cash flows for the years then ended and the related notes to the financial statements. The financial statements of HOPE Family Health Services, Inc. as of December 31, 2012 were audited by other auditors whose report dated September 19, 2013 expressed an unqualified opinion on those 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 and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States.

Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of HOPE Family Health Services, Inc. as of December 31, 2013 and 2012, and the changes in its net

assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The schedule of expenditures of federal awards, as required by Office of Management and Budget Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated July 3, 2014 on our consideration of HOPE Family Health Services, Inc.'s internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards considering HOPE Family Health Services, Inc.'s internal control over financial reporting and compliance.



Lebanon, TN

July 3, 2014

HOPE FAMILY HEALTH SERVICES, INC.

Statement of Financial Position

December 31, 2013 and 2012

ASSETS	<u>2013</u>	<u>2012</u>
<i>Current Assets</i>		
Cash and Cash Equivalents	\$ 72,994	\$ 23,633
Accounts Receivable Net (Note 3)	40,431	42,934
Other Receivable	12,780	11,558
Prepaid Expenses	2,049	710
<i>Total Current Assets</i>	<u>128,254</u>	<u>78,835</u>
<i>Property, and Equipment</i>		
Property and Equipment, at Cost, Net of Accumulated Depreciation (Note 4)	<u>94,838</u>	<u>63,282</u>
<i>Total Property, and Equipment</i>	<u>94,838</u>	<u>63,282</u>
Total Assets	<u><u>\$ 223,092</u></u>	<u><u>\$ 142,117</u></u>
LIABILITIES AND NET ASSETS		
<i>Current Liabilities</i>		
Accounts Payable	\$ 66,674	\$ 48,253
Accrued Compensated Absences	19,099	20,153
Accrued Payroll Liabilities	27,194	19,666
Line of Credit	46,701	7,734
Current Portion of Long Term Debt	49,912	105,153
<i>Total Current Liabilities</i>	<u>209,580</u>	<u>200,959</u>
<i>Long-Term Liabilities</i>		
Insurance Repayments (Note 5)	140,322	265,141
Less Current Portion of Long Term Debt	<u>(49,912)</u>	<u>(105,153)</u>
<i>Total Long-Term Liabilities</i>	<u>90,410</u>	<u>159,988</u>
Total Liabilities	299,990	360,947
Net Assets		
Net Assets - Unrestricted	(76,898)	(230,388)
Net Assets - Temporarily Unrestricted	<u>0</u>	<u>11,558</u>
<i>Total Net Assets</i>	<u>(76,898)</u>	<u>(218,830)</u>
Total Liabilities and Net Assets	<u><u>\$ 223,092</u></u>	<u><u>\$ 142,117</u></u>

The accompanying notes are an integral part of this financial statement.

HOPE FAMILY HEALTH SERVICES, INC.

Statement of Activities

For The Years Ended December 31, 2013 and 2012

Support and Revenues:	<u>2013</u>	<u>2012</u>
Public Support - U.S. Department of Health and Human Services Operational Grants (Note 7)	\$ 811,084	\$ 362,682
Net Patient Revenue (Note 8)	287,962	277,548
Other Grants and Contracts	152,210	170,216
Contributions	144,965	23,845
Medical Records and Other Income	9,995	17,583
<i>Total Support and Revenues</i>	<u>1,406,216</u>	<u>851,874</u>
Expenses:		
Program Services Expenses	803,994	653,121
General and Administrative Expenses	460,290	119,227
<i>Total Expenses</i>	<u>1,264,284</u>	<u>772,348</u>
Total Excess (Deficiency) of Support and Revenues Over Expenses	<u>141,932</u>	<u>79,526</u>
Net Assets:		
Increase (Decrease) in Unrestricted Net Assets	153,490	67,968
Increase (Decrease) in Temporarily Restricted Net Assets	(11,558)	11,558
Beginning of Year	(218,830)	(298,356)
Net Assets at End of Year	<u>\$ (76,898)</u>	<u>\$ (218,830)</u>

The accompanying notes are an integral part of this financial statement.

HOPE FAMILY HEALTH SERVICES, INC.
Statement of Functional Expenses
For The Years Ended December 31, 2013 and 2012

	<u>Program Services</u>	<u>General and Administrative</u>	<u>2013 Total</u>	<u>2012 Total</u>
Personnel	\$ 602,524	\$ 200,841	\$ 803,365	\$ 509,422
Fringe Benefits	60,593	20,198	80,790	46,506
Contractual Services	28,516	106,606	135,122	51,636
Supplies	35,202	51,387	86,589	37,022
Travel and Training	1,625	771	2,396	14,855
Insurance	6,989	4,201	11,190	11,810
Communications, Telephone and Postage	11,194	2,798	13,992	805
Utilities	8,135	2,034	10,169	17,680
Depreciation	6,147	16,799	22,946	13,305
Building and Equipment Rental	31,440	10,461	41,901	29,575
Maintenance and Repairs	6,985	1,746	8,731	3,654
Dues, Printing and Other	1,040	41,547	42,587	34,204
Interest Expense	3,605	901	4,506	1,874
Total	<u>\$ 803,994</u>	<u>\$ 460,290</u>	<u>\$ 1,264,284</u>	<u>\$ 772,348</u>

The accompanying notes are an integral part of this financial statement.

HOPE FAMILY HEALTH SERVICES, INC.

Statement of Cash Flows

For The Years Ended December 31, 2013 and 2012

Cash Flows from Operating Activities:	<u>2013</u>	<u>2012</u>
Excess (Deficiency) of Support and Revenues Over Expenses	\$ 141,932	\$ 79,526
Adjustments to Reconcile Net Income to Cash Provided From Operations:		
Depreciation	22,946	13,305
Prior Period Adjustment	-	(18,527)
(Increase) Decrease in Accounts Receivable	2,503	(4,685)
(Increase) Decrease in Other Receivables	(1,222)	(11,558)
(Increase) Decrease in Prepaid Items	(1,339)	-
Increase (Decrease) in Accounts Payable	18,421	(10,103)
Increase (Decrease) in Accrued Leave and Payroll Liabilities	6,474	39,632
Increase (Decrease) in Deferred Revenue	-	(48,500)
Increase (Decrease) in Insurance Repayments	(124,819)	(25,851)
Increase (Decrease) in Line of Credit	38,967	(10,889)
Net Cash Provided by Operating Activities:	<u>103,863</u>	<u>2,350</u>
Cash Flows Used in Investing Activities:		
Purchases of Property, Plant and Equipment	(54,502)	(58,758)
Cash Used in Investing Activities	<u>(54,502)</u>	<u>(58,758)</u>
Cash Flows Provided by Financing Activities:		
Increase (Decrease) in Notes Payable	-	-
Cash Provided by Financing Activities	<u>-</u>	<u>-</u>
Net Increase (Decrease) in Cash	<u>49,361</u>	<u>(56,408)</u>
Cash at Beginning of The Year	23,633	80,041
Cash at End of The Year	<u><u>\$ 72,994</u></u>	<u><u>\$ 23,633</u></u>
Supplemental Data:		
Interest Paid in Financing Activities	\$ 4,506	\$ 1,874

The accompanying notes are an integral part of this financial statement.

HOPE FAMILY HEALTH SERVICES, INC.

Notes to Financial Statements

December 31, 2013 and 2012

(1) Summary of Significant Accounting Policies

The financial statements of HOPE Family Health Services, Inc. have been prepared on accrual basis. The significant accounting policies followed are described below to enhance the usefulness of the financial statements to the reader.

(a) Nature of The Business

HOPE Family Health Services, Inc. is a not-for-profit corporation organized under the laws of the State of Tennessee, which provides outpatient health care services. Funding is obtained from a federal grant from the U. S. Department of Health and Human Services, reimbursements from Medicare, Medicaid, private insurance, and payments from patients.

(b) Financial Statement Presentation

The Organization presents its financial statements in accordance with Statement of Financial Accounting Standards (SFAS) No. 117, *Financial Statements of Not-for-Profit Organizations* as promulgated by the Financial Accounting Standards Board. Net assets and revenues, expenses, gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, as required by SFAS No. 117, the Organization reports information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets and permanently restricted net assets.

The financial statements include prior-year comparative information and certain modifications have been made to conform to the current year presentation. Accordingly, such information should be read in conjunction with the Organization's financial statements for the year ended December 31, 2012 from which the prior-year information was derived.

(c) Cash and Cash Equivalents

Cash and cash equivalents consist of cash held in checking and money market accounts and certificates of deposit with maturities of 90 days or less.

(d) Accounts Receivable

Included in patient receivables are amounts due from Medicare and Medicaid. These payments are generally less than established billing rates, the difference being charged against revenue as revenue adjustments at the time the fee for service is recorded. Amounts from these agencies are determined under cost reimbursement formulas and re-determination by the agencies. Accounts receivables from patient fees, other than the above, may be reduced using a sliding fee scale due to a patient's inability to pay. These adjustments are based on income level and number of family members applied to the Federal poverty guidelines.

HOPE FAMILY HEALTH SERVICES, INC.

Notes to Financial Statements

December 31, 2013 and 2012

(e) Property and Equipment

Property and equipment acquired with DHHS funds are considered owned by the Organization while used in the program or in future authorized programs. However, DHHS retains a reversionary interest in these assets as well as the right to determine the use of any proceeds from the sale of such assets. Accordingly, the Organization may not transfer, mortgage, assign, lease or in any other manner encumber certain property items without the prior approval of DHHS.

Property and equipment are depreciated on the straight-line method over estimated useful lives of the assets.

(f) Income Taxes

The Organization is a non-profit corporation as described in Section 501c (3) of the Internal Revenue Code and is exempt from Federal income taxes on related income pursuant to Section 501 (1) of the Code. As of the date of this report the current and two most recent prior years are available for IRS audit.

(g) Contributions

In accordance with SFAS No. 116, *Accounting for Contributions Received and Contributions Made*, contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support depending on the existence and/or nature of any donor restrictions. All contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Amounts received that are designated for future periods or restricted by the donor for specific purposes are reported as temporarily restricted or permanently restricted support that increases those net asset classes. When a temporary restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities. Contributed property and equipment is recorded at fair value at the date of donation.

(h) Estimated Amounts

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

(i) Concentration of Credit and Market Risk

Financial instruments that potentially expose the Organization to concentrations of credit and market risk consist primarily of cash equivalents and investments. Cash equivalents are maintained at high-quality financial institutions and credit exposure is limited at any one institution.

HOPE FAMILY HEALTH SERVICES, INC.

Notes to Financial Statements

December 31, 2013 and 2012

(j) Expense Allocation

Directly identifiable expenses are charged to programs and supporting services. Expenses related to more than one function are charged to programs and supporting services on the basis of salaries, square footage, etc. Management and general expenses include those expenses that are not directly identifiable with any other specific function but provide for the overall support and direction of the Organization.

(k) Recognition of Grant Income

Grant income is recognized over the grant period in relation to the expenditures incurred and services provided, as outlined in the grant documents. Cash received in excess of grant expenditures to date is recorded as deferred revenue, and a receivable is recorded when allowable expenditures exceed cash received.

(2) Fair Value of Financial Instruments

- A. Cash – The carrying amount reported is the reconciled bank account balances, which are considered to be fair values.
- B. Accounts Receivable – The carrying amount reported is the estimated net collectible amount, which is considered the fair value.
- C. Accounts Payable and Other Liabilities – The carrying amounts reported are the amounts equaled to the required payments. The reported amounts are considered the fair values.

(3) Accounts Receivable

Included in patient receivables are amounts due from the patient, Medicare, Medicaid, and private insurance companies. These payments are generally less than established billing rates, the difference being recorded as revenue adjustments.

Accounts receivable balances as of December 31, 2013 and 2012 are:	<u>2013</u>	<u>2012</u>
Patients Fees	\$ 103,114	\$ 98,095
Less Allowance for Uncollectible Accounts	<u>(62,683)</u>	<u>(55,161)</u>
Accounts Receivable, Net	<u>\$ 40,431</u>	<u>\$ 42,934</u>

HOPE FAMILY HEALTH SERVICES, INC.

Notes to Financial Statements

December 31, 2013 and 2012

(4) Property and Equipment

A summary of property and equipment at December 31, 2013 and 2012 is as follows:

	<u>2013</u>	<u>2012</u>
Leasehold improvements	\$ 26,646	\$ 12,208
Furniture and equipment	<u>180,995</u>	<u>140,931</u>
	207,641	153,139
Less accumulated depreciation	<u>(112,803)</u>	<u>(89,857)</u>
Property and equipment, net	<u>\$ 94,838</u>	<u>\$ 63,282</u>

Property and equipment is depreciable on a straight line basis over the estimated useful life. The depreciation for the fiscal year ended December 31, 2013 and 2012 was \$22,946 and \$13,305.

(5) Insurance Repayments

The Organization has established repayment agreements to repay insurance, Medicaid and Medicare overpayments received in prior years. As of December 31, 2013 and 2012 the balance of this liability is \$140,322 and \$265,141 respectively.

(6) Lease Payable

The Organization began a 24 month lease with C. Warren Rose on November 1, 2012 with an option to purchase at any time during the lease period. This lease requires monthly payments of \$3,275.

Future lease payments required under the above obligation as of December 31, 2013 is as follows:

Years Ending <u>December 31</u>	
2014	\$ 32,750
2015	-
Amount due thereafter	<u> -</u>
	<u>\$ 32,750</u>

(7) Federal Grant Support

The Organization received grants from the U.S. Department of Health and Human Services of \$811,084 and \$362,682 of which all was obligated for the fiscal year ended December 31, 2013 and 2012. Under the terms of these grants the Organization is required to comply with certain federal and state guidelines and the grantor retains a residual interest in assets acquired with grant funds.

HOPE FAMILY HEALTH SERVICES, INC.

Notes to Financial Statements

December 31, 2013 and 2012

(8) Net Patient Revenue

Patient service revenue is recorded at amounts that the Organization anticipates collecting from Medicare, Medicaid, insurance, or individuals less a provision for uncollectible accounts. The rates charged to individuals are determined by an income discount scale that is based on the Federal poverty level guidelines. A summary of the net patient service revenue is as follows:

	<u>2013</u>	<u>2012</u>
Gross charges and cost settlements	\$669,845	\$675,759
Less revenue adjustments	<u>(381,883)</u>	<u>(398,211)</u>
Total net revenue	<u>\$287,962</u>	<u>\$277,548</u>

(9) Charity Care

The Organization provides medical services to patients who qualify under federal guidelines and other corporate policies of the Organization at fees less than established rates. The amount of charity care is reduced from the amount of fees for services presented in the statement of activities. The charity amount calculation is based on the Organization's standard billing rates for services provided. These fees approximate the total cost of providing charity care. The amount of charity care for the fiscal year ended 2013 and 2012 was \$234,677 and \$237,800 respectively.

(10) Significant Source of Revenue

Approximately 57% of the Organization's revenue was provided by grants from the U.S. Department of Health and Human Services.

(11) Subsequent Events

On May 16, 2014, the Organization entered into a contract to purchase a building and land for \$275,000. This purchase required a down payment of \$55,000 which was borrowed from Mary and Guthrie Hammer. This loan accrues interest at a rate of 6%. The seller has agreed to finance the remaining balance of \$219,000 at 6.5% interest over 20 years beginning in November of 2014 if other long term financing options cannot be secured. The Organization is currently working with the USDA to finance this purchase.

Management has evaluated the events and transactions subsequent to the statement of financial position through the date of the auditor's report (the date the financial statements were available to be issued) for potential recognition or disclosure in the financial statements. With the exception of the information listed above, management has not identified any items requiring recognition or disclosure.

SUPPLEMENTAL SCHEDULES

HOPE FAMILY HEALTH SERVICES, INC.

Schedule of Expenditures of Federal Awards

For the Year Ended December 31, 2013

<u>Grantor/Pass-Through Grantor Program Title</u>	<u>Federal CFDA Number</u>	<u>Expenditures</u>
<u>U.S. Department of Health and Human Services</u>		
Health Center Cluster Affordable Care Act-Grants for Expanded Service Under Health Center Program <i>Grant No. H80CS 24109</i>	93.527	<u>\$811,084</u>
Total Federal Grants		<u>\$811,084</u>

Note to Schedule of Expenditures of Federal Awards

Note A- Basis of Presentation

The accompanying schedule of federal awards includes the federal grant activity of HOPE Family Health Services, Inc. and is presented in the accrual basis of accounting. The information in this schedule is presented in accordance with the requirements of OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Therefore, some amounts presented in this schedule may differ from amounts presented in, or used in the preparation of, the basic financial statements.

HOPE FAMILY HEALTH SERVICES, INC.

Schedule of Findings and Questioned Costs

For the Year Ended December 31, 2013

Section A-Summary of Auditor's Results

Financial Statements

Type of auditor's report issued: Unqualified

Significant Deficiency disclosed? _____yes X no

Significant Deficiencies reported as Material Weaknesses? _____yes X no

Noncompliance material to financial statements noted? _____yes X no

Federal Awards

Internal Control over major programs:

Significant Deficiency identified? X yes _____no

Significant deficiencies reported as Material Weaknesses? _____yes X no

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

Any audit findings disclosed that are required to be reported in accordance with Section 510(a) of OMB Circular A-133? _____yes X no

Identification of major programs:

<u>CFDA Number</u>	<u>Name of Federal Program</u>
<u>93.527</u>	Health Center Cluster Affordable Care Act-Grants for Expanded Service Under Health Center Program

Dollar threshold used to distinguish between Type A and Type B programs: \$300,000

Auditee qualified as low-risk auditee? _____yes X no

HOPE FAMILY HEALTH SERVICES, INC.

Schedule of Findings and Questioned Cost

For the Year Ended December 31, 2013

Section B- Financial Statement Findings

This section identifies the significant deficiencies, material weaknesses, and instances of noncompliance related to the financial statements that are required to be reported in accordance with paragraphs 5.18 through 5.20 of Government Auditing Standards.

None Reported

Section C-Federal Award Findings and Questioned Costs

This section identifies the audit findings required to be reported by Circular A-133, Section .510(a), significant deficiencies, material weaknesses, and instances of noncompliance, including questioned costs.

Significant Deficiencies

Finding: 2013-C1 - Patient Eligibility & Patient Revenue

Federal Programs: U.S. Department of Health and Human Services
Affordable Care Act-Grants for Expanded Service
Under Health Center Program, CFDA 93.527
Grant Number H80CS24109

Condition: Procedures have not been developed to ensure that sliding fee applications are completed accurately and adequately maintained and that patient income and sliding fee discounts are correctly calculated. During the audit, the following errors were noted:

- Five patients received discounts after the initial self declaration visit without proof of income until after the initial visit
- Two patients received incorrect discounts due to clerical errors
- One patient received discount with an incomplete sliding fee application (number of household members not noted)

Criteria: OMB Circular A-133, Compliance Supplement

Context: Forty sliding fee transactions were selected for review. Subsequent tests and analysis revealed significant errors noted above.

Cause: It appears that the above exceptions resulted primarily from failure to follow established policies and procedures related to sliding fee discounts.

Effect: The weakness in internal control over patient eligibility could result in incorrect eligibility determinations and loss of revenue.

HOPE FAMILY HEALTH SERVICES, INC.

Schedule of Findings and Questioned Cost

For the Year Ended December 31, 2013

Recommendation: We recommend that the patient eligibility personnel be trained to follow established eligibility policies and procedures and periodic audits of patient financial data should be performed to ensure compliance with established procedures. Retraining of patient eligibility personnel should be performed on a regular basis.

Auditee's Response and Corrective Action Plan: Procedures will be established to ensure that eligibility personnel are properly trained to ensure that sliding fee applications are maintained, and patient income and related discounts are correctly calculated for all patients receiving sliding fee discounts.

Contact Person: Mario Flores, CFO

Anticipated Date of Completion: September 30, 2014

Questioned Costs: None Reported



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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

Independent Auditor's Report

The Governing Board
HOPE Family Health Services, Inc.

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 HOPE Family Health Services, Inc. which comprise the statement of financial position as of December 31, 2013, and the related statements of activities, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated July 3, 2014.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered HOPE Family Health Services, Inc. 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 HOPE Family Health Services, Inc.'s internal control. Accordingly, we do not express an opinion on the effectiveness of HOPE Family Health Services, Inc.'s internal control.

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

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

Compliance and Other Matters

As part of obtaining reasonable assurance about whether HOPE Family Health Services, 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*.**

We noted certain matters that we reported to management of HOPE Family Health Services, Inc. in a separate letter dated July 3, 2014.

Purpose of this Report

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

A handwritten signature in black ink that reads "Jerry Home CPA". The signature is written in a cursive style.

Lebanon, TN

July 3, 2014



TERRY L. HORNE, CPA

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Report on Compliance For Each Major Federal Program; Report on Internal Control Over Compliance; and Report on Schedule of Expenditures of Federal Awards Required by OMB
Circular A-133

Independent Auditor's Report

The Governing Board
HOPE Family Health Services, Inc.

Report on Compliance for Each Major Federal Program

We have audited HOPE Family Health Services, Inc.'s compliance with the types of compliance requirements described in the OMB Circular A-133 Compliance Supplement that could have a direct and material effect on each of HOPE Family Health Services, Inc.'s major federal programs for the year ended December 31, 2013. HOPE Family Health Services, Inc.'s major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of HOPE Family Health Services, Inc.'s major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States; and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about HOPE Family Health Services, Inc.'s compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

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

Opinion on Each Major Federal Program

In our opinion, HOPE Family Health Services, 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 program for the year ended December 31, 2013.

Other Matters

The results of our auditing procedures disclosed instances of noncompliance, which are required to be reported in accordance with OMB Circular A-133 and which are described in the accompanying schedule of findings and questioned costs as item 2013-C1. Our opinion on each major federal program is not modified with respect to these matters.

HOPE Family Health Services, Inc.'s response to the noncompliance findings identified in our audit are described in the accompanying, schedule of findings and questioned costs. HOPE Family Health Services, Inc.'s response was not subjected to the auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

Report on Internal Control Over Compliance

Management of HOPE Family Health Services, Inc. is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered HOPE Family Health Services, Inc.'s internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with OMB Circular A-133, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of HOPE Family Health Services, Inc.'s internal control over compliance.

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

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. **However, we identified certain deficiencies in internal control over compliance, as described in the accompanying schedule of findings and questioned costs as item 2013-C1 that we consider to be significant deficiencies.**

HOPE Family Health Services, Inc.'s response to the internal control over compliance findings identified in our audit are described in the accompanying schedule of findings and questioned costs. HOPE Family Health Services, Inc.'s response was not subjected to the auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

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 OMB Circular A-133. Accordingly, this report is not suitable for any other purpose.

A handwritten signature in black ink that reads "Jerry Home CPA". The signature is written in a cursive style with a large initial "J".

Lebanon, TN

July 3, 2014

HOPE FAMILY HEALTH SERVICES, INC.

Summary Schedule of Prior Year Audit Findings

December 31, 2013

There were no findings in the prior year audit. However, there were certain matters involving internal controls that were reported to the management of HOPE Family Health Services, Inc., in a separate letter. These matters were reviewed and it was determined that the necessary corrective action had been taken to improve these controls.