



PREMIER HEALTHCARE, INC.

FINANCIAL STATEMENTS
(Together with Independent Auditors' Report)
YEARS ENDED DECEMBER 31, 2022 AND 2021

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INDEPENDENT AUDITORS' REPORT

The Board of Trustees of
Premier Healthcare, Inc.
New York, NY

Opinion

We have audited the financial statements of Premier Healthcare, Inc. ("PHC"), which comprise the statements of financial position as of December 31, 2022 and 2021, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of Premier Healthcare, Inc. as of December 31, 2022 and 2021, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of PHC and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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 PHC's ability to continue as a going concern for 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS 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.

Mayer Hoffman McCann CPAs

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In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- 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 audits 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 PHC'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 PHC'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.

Mayer Hoffman McCann CPAs

New York, NY
September 20, 2023

PREMIER HEALTHCARE, INC.
STATEMENTS OF FINANCIAL POSITION
AS OF DECEMBER 31, 2022 AND 2021

	2022	2021
ASSETS		
Cash and cash equivalents (Notes 2C and 9)	\$ 493,049	\$ 770,686
Accounts receivable, net (Notes 2D and 4)	1,722,340	2,025,106
Prepaid expenses and other receivables	765,860	709,781
Operating lease right-of-use assets (Note 6)	15,387,346	16,329,566
Finance lease right-of-use assets (Note 6)	62,715	81,217
Property and equipment, net (Notes 2H and 5)	771,642	818,031
TOTAL ASSETS	\$ 19,202,952	\$ 20,734,387
LIABILITIES		
Accounts payable and accrued expenses	\$ 510,480	\$ 956,790
Accrued salary, vacation and benefits (Note 10)	798,170	1,146,524
Note payable (Note 11)	2,552,235	2,552,235
Due to affiliate (Note 2J)	10,059,449	7,677,253
Due to funding sources (Note 7C)	1,713	158,280
Operating lease liabilities (Note 6)	16,227,893	17,038,047
Finance lease liabilities (Note 6)	103,605	192,012
TOTAL LIABILITIES	30,253,545	29,721,141
COMMITMENTS AND CONTINGENCIES (Note 7)		
NET DEFICIT (Notes 2B and 12)		
Without donor restrictions	(11,050,593)	(8,986,754)
TOTAL NET DEFICIT	(11,050,593)	(8,986,754)
TOTAL LIABILITIES AND NET DEFICIT	\$ 19,202,952	\$ 20,734,387

PREMIER HEALTHCARE, INC.
STATEMENTS OF ACTIVITIES
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021

	2022	2021
REVENUE AND SUPPORT		
Medicaid (Notes 2E and 2J)	\$ 12,495,728	\$ 11,533,556
Medicare and client fees (Note 2E)	2,641,943	3,255,093
Grants and contracts (Notes 2F and 8)	86,167	2,425,246
Other income	2,462	30,295
TOTAL REVENUE AND SUPPORT	15,226,300	17,244,190
EXPENSES		
Program services	14,830,407	14,411,379
Management and general	2,289,008	2,508,420
TOTAL EXPENSES	17,119,415	16,919,799
CHANGE IN NET DEFICIT FROM OPERATIONS	(1,893,115)	324,391
CHANGE IN NET DEFICIT WITHOUT DONOR RESTRICTIONS BEFORE DEPRECIATION AND AMORTIZATION	(1,893,115)	324,391
Depreciation and amortization (Notes 2H and 5)	170,724	164,430
CHANGE IN NET DEFICIT WITHOUT DONOR RESTRICTIONS	(2,063,839)	159,961
Net deficit without donor restrictions - beginning of year	(8,986,754)	(9,146,715)
NET DEFICIT WITHOUT DONOR RESTRICTIONS - END OF YEAR	\$ (11,050,593)	\$ (8,986,754)

The accompanying notes are an integral part of these financial statements.

PREMIER HEALTHCARE, INC.
STATEMENTS OF FUNCTIONAL EXPENSES
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021

	Year Ended December 31, 2022			Year Ended December 31, 2021		
	Program Services	Management and General	Total 2022	Program Services	Management and General	Total 2021
Personnel services	\$ 8,071,785	\$ 157,955	\$ 8,229,740	\$ 7,063,474	\$ 258,120	\$ 7,321,594
Employee benefits and payroll taxes (Note 10)	1,324,096	25,919	1,350,015	1,345,582	49,089	1,394,671
Total personnel services, benefits and taxes	9,395,881	183,874	9,579,755	8,409,056	307,209	8,716,265
Contracted services	1,186,509	298,135	1,484,644	1,502,228	421,251	1,923,479
Professional fees	3,968	149,501	153,469	23,986	117,722	141,708
Program recreational and supplies	433,327	-	433,327	473,323	12,868	486,191
Transportation	75,081	3,358	78,439	33,412	4,789	38,201
Office and expensed equipment	127,231	-	127,231	143,469	11,386	154,855
Staff development	36,116	4,473	40,589	66,042	3,092	69,134
Occupancy (Notes 6 and 11)	1,606,858	4,960	1,611,818	1,703,325	-	1,703,325
Repairs and maintenance	419,845	2,922	422,767	620,260	-	620,260
Insurance	430,107	141,719	571,826	455,622	86,006	541,628
Utilities	47,839	232	48,071	73,682	-	73,682
Telephone	107,776	1,090	108,866	76,531	-	76,531
Information technology	664,820	-	664,820	503,488	-	503,488
Interest (Notes 6 and 11)	-	115,257	115,257	20,898	85,476	106,374
Bad debt	295,049	-	295,049	306,035	-	306,035
Miscellaneous	-	16,564	16,564	22	28,693	28,715
Support services (Note 11)	-	1,366,923	1,366,923	-	1,429,928	1,429,928
TOTAL EXPENSES BEFORE DEPRECIATION AND AMORTIZATION	14,830,407	2,289,008	17,119,415	14,411,379	2,508,420	16,919,799
Depreciation and amortization (Notes 2H, 5 and 6)	170,724	-	170,724	161,311	3,119	164,430
TOTAL EXPENSES	<u>\$ 15,001,131</u>	<u>\$ 2,289,008</u>	<u>\$ 17,290,139</u>	<u>\$ 14,572,690</u>	<u>\$ 2,511,539</u>	<u>\$ 17,084,229</u>

The accompanying notes are an integral part of these financial statements.

PREMIER HEALTHCARE, INC.
STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021

	2022	2021
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in net deficit	\$ (2,063,839)	\$ 159,961
Adjustments to reconcile change in net deficit to net cash (used in) provided by operating activities:		
Amortization of finance lease	18,502	14,967
Depreciation and amortization	170,724	164,430
Bad debt	295,049	306,035
Reduction in carrying amount of right-of-use assets - operating leases	132,066	154,802
Loss on disposal of fixed assets	9,438	-
Subtotal	(1,438,060)	800,195
Changes in operating assets and liabilities:		
(Increase)/decrease in assets:		
Accounts receivable	7,717	(347,846)
Prepaid expenses and other receivables	(56,079)	(223,139)
Increase/(decrease) in liabilities:		
Accounts payable and accrued expenses	(446,310)	252,130
Accrued salary, vacation and benefits	(348,354)	(30,167)
Due to funding sources	(156,567)	(121,151)
Net Cash (Used in) Provided by Operating Activities	(2,437,653)	330,022
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchases of property and equipment	(133,773)	(106,848)
Net Cash Used in Investing Activities	(133,773)	(106,848)
CASH FLOWS FROM FINANCING ACTIVITIES:		
Advances from (repayments to) affiliate, net	2,382,196	(225,625)
Payment of finance lease liabilities	(88,407)	(67,733)
Net Cash Provided by (Used in) Financing Activities	2,293,789	(293,358)
NET DECREASE IN CASH AND CASH EQUIVALENTS	(277,637)	(70,184)
Cash and cash equivalents - beginning of year	770,686	840,870
CASH AND CASH EQUIVALENTS - END OF YEAR	\$ 493,049	\$ 770,686
Supplemental Disclosure of Cash Flow Information:		
Cash paid for interest	\$ 115,257	\$ 106,374

The accompanying notes are an integral part of these financial statements.

PREMIER HEALTHCARE, INC.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE 1 – ORGANIZATION AND NATURE OF ACTIVITIES

Premier Healthcare, Inc. (“PHC”) was incorporated in 1995 under the Not-for-Profit Corporation Law of New York State and commenced operations on April 1, 1997. PHC is a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code. PHC has an equivalent exemption from income tax at the state and local level.

PHC is an outpatient diagnostic and treatment center offering health care services to the general public with a specialty in medical services for people with developmental and learning disabilities and their families in many sites throughout the New York area. PHC is a quality health care practice providing outpatient clinic services which include primary health, pediatrics, internal medicine, dentistry (including desensitization), nutrition, audiology, neurology, podiatry, psychiatry, physical therapy, occupational therapy, ophthalmology, speech pathology and psychology. PHC’s primary source of revenue is patient service fees received from Medicaid, Medicare and other third-party payers. Young Adult Institute, Inc., (“YAI”), a non-profit organization, is the sole member of PHC.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. *Basis of Accounting and Use of Estimates* - PHC’s financial statements have been prepared on the accrual basis of accounting. PHC adheres to accounting principles generally accepted in the United States of America (“U.S. GAAP”). The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures 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.

B. *Basis of Presentation* - PHC maintains its net assets under the following two classes:

Without donor restrictions - This represents net assets not subject to donor-imposed stipulations or time restrictions. Such resources are available for support of PHC’s operations over which the Board of Directors has discretionary control.

With donor restrictions - This represents net assets subject to donor-imposed stipulations that will be met by actions of PHC or by the passage of time. When a stipulated time restriction ends or purpose restriction is accomplished, such net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of activities as net assets released from restrictions. As of both December 31, 2022 and 2021, there were no net assets with donor restrictions.

C. *Cash and Cash Equivalents* - PHC considers highly liquid debt instruments with maturities of three months or less, when acquired, to be cash and cash equivalents.

D. *Allowance for Uncollectible Receivables* - PHC determines whether an allowance for uncollectible receivables should be provided for accounts receivable. Such estimate is based on management’s assessment of the aged basis of its receivables, current economic conditions, historical experience and collections subsequent to year-end. As of December 31, 2022 and 2021, PHC determined allowances of \$485,500 and \$355,200, respectively, were necessary for accounts receivable.

E. *Service Revenue* - Service revenue is derived from contracts with customers, and includes Medicaid, Medicare, and client fees on the statements of activities. PHC receives revenue from Medicaid, Medicare and other third-party payors to provide health care services to the general public with a specialty in medical services for people with developmental and learning disabilities. These amounts are due from the government agencies, third-party payors (including government programs), individual benefits and others, and include variable consideration for retroactive revenue adjustments due to settlement of audits, reviews and investigations.

Generally, PHC bills government agencies, third-party payors and individuals after the services are performed or they have completed their portion of the contract. Receivables are due in full when billed and revenue is recognized as performance obligations are satisfied.

PREMIER HEALTHCARE, INC.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Performance obligations are determined based on the nature of the services provided by PHC in accordance with the contract. Revenue for performance obligations satisfied over time is recognized as the services are provided. This method depicts the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. PHC measures the performance obligation from the beginning of the next month or day to the point when it is no longer required to provide services under the contract or has met the requirements to bill for the services provided, which is generally at the end of each month or period of time allowed based on the government agencies' stipulations.

All performance obligations relate to contracts with a duration of less than one year; therefore, there are no performance obligations or contract balances that are unsatisfied as of December 31, 2022 and 2021. The performance obligations for these contracts are completed when the service is completed and upon submission of required documentation. PHC determines the transaction price based on established rates and contracts for services provided. Program service fees consist of revenues for the following programs for the years ended December 31:

	2022			2021		
	<u>Medicaid</u>	<u>Medicare and Client Fees</u>	<u>Total</u>	<u>Medicaid</u>	<u>Medicare and Client Fees</u>	<u>Total</u>
Clinical	\$ 11,758,728	\$ 2,641,943	\$14,400,671	\$10,844,320	\$ 3,255,093	\$ 14,099,413
Other	<u>737,000</u>	<u>-</u>	<u>737,000</u>	<u>689,236</u>	<u>-</u>	<u>689,236</u>
	<u>\$ 12,495,728</u>	<u>\$ 2,641,943</u>	<u>\$15,137,671</u>	<u>\$11,533,556</u>	<u>\$ 3,255,093</u>	<u>\$ 14,788,649</u>

- F. *Grants and Contracts*** - Certain grants and contracts are nonexchange transactions and accounted for under Financial Accounting Standards Board (“FASB”) Accounting Standards Update (“ASU”) 2018-08. Grants and contracts are recognized as revenue when barriers within the contract are overcome, and there is no right of return. Grants and contracts amounted to \$86,167 and \$2,425,246 for the years ended December 31, 2022 and 2021, respectively, and are included in the statements of activities. As of December 31, 2022 and 2021, PHC did not receive conditional grants and contracts.
- G. *Contributions*** - PHC reports contributions of cash and other assets as without donor restrictions unless they are received with donor stipulations that limit the use of the donated assets, in which case they are reported as net assets (deficit) with donor restrictions. Contributions, including cash and in-kind contributions, are recorded as revenue in the period in which the unconditional promise is received. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets (deficit) without donor restrictions and reported in the statements of activities as net assets released from restrictions. However, if a restriction is fulfilled in the same time period in which the gift is received, PHC reports the support as without donor restrictions.
- H. *Property and Equipment*** - Property and equipment is stated at cost less accumulated depreciation or amortization. These amounts do not purport to represent replacement or realizable values. Depreciation is provided on a straight-line basis over the estimated useful lives of the assets. Leasehold improvements are amortized over the lesser of the useful lives of the improvements or the term of the applicable lease. Property and equipment is capitalized by PHC provided its cost is \$5,000 or more and its useful life is greater than one year.
- I. *Functional Expenses*** - The costs of providing program and supporting services of PHC have been summarized on a functional basis in the statements of functional expenses. Accordingly, certain costs have been allocated among the programs and general supporting services benefited.

PREMIER HEALTHCARE, INC.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

The financial statements report certain categories of expenses that are attributed to more than one program or supporting function. Therefore, expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include occupancy, depreciation and amortization, which are allocated on a square footage basis, as well as salaries and wages, benefits, payroll taxes, professional services, office expenses, information technology, interest, insurance and other, which are allocated on the basis of estimates of time and effort.

- J. *Prior Period Revenue*** - There are occasions when funding source reimbursements for prior years are adjusted in the current year. Such adjustments may be due to retroactive rate adjustments, funding source audit findings, additional monies available over and above original contract amounts, rate appeal results, etc. For the years ended December 31, 2022 and 2021, decreases of approximately \$294,000 and \$83,000 respectively, of prior year revenues relating to such adjustments are included in Medicaid revenue.
- K. *Reclassification*** - Certain items in the December 31, 2021 financial statements have been reclassified to conform to the December 31, 2022 presentation. These changes had no impact on the change in net assets for the year ended December 31, 2021.

NOTE 3 – LIQUIDITY AND AVAILABILITY

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

	<u>2022</u>	<u>2021</u>
Cash and cash equivalents	\$ 493,049	\$ 770,686
Accounts receivable, net	1,722,340	2,025,106
Other receivables	<u>412,908</u>	<u>366,621</u>
	<u>\$ 2,628,297</u>	<u>\$ 3,162,413</u>

PHC has budgeted at breakeven, which will allow expenses to be covered by income. In order to manage liquidity, PHC relies on collection of accounts receivable for general expenditures. As stated in Note 11, PHC has a line of credit available for short-term needs that is used for general expenditures when there are timing or collection issues of accounts receivable.

NOTE 4 – ACCOUNTS RECEIVABLE, NET

Accounts receivable, net consists of the following as of December 31:

	<u>2022</u>	<u>2021</u>
Due from Medicaid	\$ 948,918	\$ 645,737
Due from Medicare	441,052	611,238
Due from private pay	243,210	355,936
Due from other sources	<u>574,660</u>	<u>767,395</u>
Subtotal	2,207,840	2,380,306
Less: Allowance for doubtful accounts	<u>(485,500)</u>	<u>(355,200)</u>
	<u>\$ 1,722,340</u>	<u>\$ 2,025,106</u>

PREMIER HEALTHCARE, INC.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE 5 – PROPERTY AND EQUIPMENT, NET

Property and equipment consists of the following as of December 31:

	<u>2022</u>	<u>2021</u>	<u>Estimated Useful Lives</u>
Leasehold improvements	\$ 4,048,746	\$ 3,952,908	5-25 years
Medical equipment	928,293	912,464	5 years
Office equipment	432,810	446,792	5 years
Furniture and fixtures	284,257	284,257	5 years
Computer equipment	73,544	69,940	3-7 years
Computer software	<u>2,107,563</u>	<u>2,107,563</u>	3-5 years
	7,875,213	7,773,924	
Less: accumulated depreciation and amortization	<u>(7,103,571)</u>	<u>(6,955,893)</u>	
	<u>\$ 771,642</u>	<u>\$ 818,031</u>	

Depreciation and amortization amounted to \$152,222 and \$149,463 for the years ended December 31, 2022 and 2021, respectively. During the year ended December 31, 2022, PHC disposed of fixed assets with a cost of \$13,982 and accumulated depreciation and amortization of \$4,544, resulting in a loss of \$9,438.

NOTE 6 – RIGHT- OF- USE ASSETS AND LEASE LIABILITIES

PHC has entered into several operating lease agreements through fiscal 2050 for facilities (which include variable costs of property taxes, insurance maintenance costs and rental payments) and for copying/printing equipment. Certain leases include rent escalations. PHC assesses whether an arrangement qualifies as a lease at inception and only reassesses its determination if the terms and conditions of the arrangement are changed.

The lease costs for the years ended December 31:

	<u>2022</u>	<u>2021</u>
Operating lease cost, included in occupancy	\$ 1,484,026	\$ 1,578,793
Finance lease cost		
Interest expense, included in interest expense	2,366	2,428
Amortization of right-of-use assets, included in depreciation and amortization	<u>18,502</u>	<u>14,967</u>
Total finance lease cost	<u>20,868</u>	<u>17,395</u>
Total lease cost	<u>\$ 1,504,894</u>	<u>\$ 1,596,188</u>

The following table summarizes the supplemental cash flow information for the years ended December 31:

Cash paid for amounts included in the measurement of lease liabilities:

	<u>2022</u>	<u>2021</u>
Operating cash flows from finance leases	\$ 1,807	\$ 2,415
Operating cash flows from operating leases	\$ 1,351,959	\$ 1,337,466
Financing cash flows from finance leases	\$ 88,407	\$ 67,733

PREMIER HEALTHCARE, INC.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE 6 – RIGHT- OF- USE ASSETS AND LEASE LIABILITIES (Continued)

The following table summarizes the weighted-average remaining lease term and weight-average discount rate for the years ended December 31:

Weighted-average remaining lease term in years:

	<u>2022</u>	<u>2021</u>
Operating leases	3.09	4.08
Finance leases	21.62	21.98

Weighted-average discount rate:

	<u>2022</u>	<u>2021</u>
Operating leases	3.25%	3.25%
Finance leases	3.25%	3.25%

Future minimum payments for non-cancelable leases for the next five years ending after December 31, 2022 and thereafter are as follows:

	<u>Operating Leases</u>	<u>Finance Leases</u>	<u>Total</u>
2023	\$ 1,208,839	\$ 61,758	\$ 1,270,597
2024	1,213,036	20,868	1,233,904
2025	1,232,519	20,868	1,253,387
2026	883,760	3,478	887,238
2027	859,476	-	859,476
Thereafter	<u>18,270,592</u>	<u>-</u>	<u>18,270,592</u>
Total lease payments	23,668,222	106,972	23,775,194
Less: Present value discount	<u>(7,440,329)</u>	<u>(3,367)</u>	<u>(7,443,696)</u>
Lease obligation	<u>\$ 16,227,893</u>	<u>\$ 103,605</u>	<u>\$ 16,331,498</u>

NOTE 7 – COMMITMENTS AND CONTINGENCIES

- A. PHC believes it has no uncertain tax positions as of December 31, 2022 and 2021 in accordance with FASB Accounting Standards Codification (“ASC”) Topic 740, “Income Taxes,” which provides standards for establishing and classifying any tax provisions for uncertain tax positions.
- B. PHC is subject to legal proceedings and claims which have arisen in the ordinary course of its business and which have not been fully adjudicated. Management does not believe there will be a material adverse effect on the financial position of PHC.
- C. PHC receives a significant portion of its revenue for services provided from third-party reimbursement through government agencies and Medicaid. These revenues are based on pre-determined rates based on cost reimbursement principles and are subject to audit and retroactive adjustment by the government. Upon audit, if discrepancies are discovered, PHC could be held responsible for reimbursing the government for the amount in question. Although such possible disallowance can be substantial in amount, in the opinion of management, any actual disallowance would be immaterial.

NOTE 8 – PAYCHECK PROTECTION PROGRAM

In April 2021, PHC received total proceeds in the amount of \$1,737,012 under the Paycheck Protection Program (“PPP”) established as part of the Coronavirus Aid, Relief, and Economic Security Act (“CARES Act”). PHC has complied with all requirements of PPP forgiveness and received forgiveness on November 29, 2021. In accounting for the terms of the PPP loan, PHC is guided by FASB ASC Topic 958-608 as a conditional contribution. For the year ended December 31, 2021, PHC incurred sufficient qualifying expenses and has met other conditions for forgiveness and accordingly recorded grant income of \$1,737,012 in the accompanying statements of activities, which is included in grants and contracts.

PREMIER HEALTHCARE, INC.
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE 9 – CONCENTRATION

Cash and cash equivalents that potentially subject PHC to a concentration of credit risk include cash and short-term investment accounts with five banks that exceed the Federal Deposit Insurance Corporation (“FDIC”) insurance limits. Cash and short-term investment accounts are insured up to \$250,000 per depositor, per insured financial institution. As of December 31, 2022 and 2021, there was approximately \$265,000 and \$575,000, respectively, of cash and cash equivalents held by one bank that exceeded FDIC limits.

NOTE 10 – RETIREMENT PLAN

On January 1, 2019, PHC adopted the YAI Network Affiliates 403(b) Plan. All common law employees are eligible to make salary reduction contributions into the plan. Employees who complete 1,000 hours of service during the plan year and are employed on the last day of the plan year are eligible for employer matching contributions. The employer matching contribution will be equal to 50% of the first 6% employee compensation deferral made to the plan for periods on or after July 1, 2019. For the years ended December 31, 2022 and 2021, the employer matching contribution was \$79,440 and \$81,702, respectively.

NOTE 11 – RELATED-PARTY TRANSACTIONS

PHC has a management agreement with YAI to provide management services which include, but are not limited to, accounting and financial operations, administrative and program support, human resources, education and training, information technology and general management. For the years ended December 31, 2022 and 2021, PHC incurred management fee expenses amounting to \$1,379,991 and \$1,429,928, respectively. The total amounts outstanding as of December 31, 2022 and 2021 were \$10,059,449 and \$7,677,253, respectively.

PHC entered into an amendment of sublease with YAI on June 18, 2020, effective retroactive to September 1, 2019. The sublease will expire on February 28, 2050 and has fixed rent payments. The sublease rent expense amounted to approximately \$665,000 for each of the years ended December 31, 2022 and 2021.

YAI is the sole corporate member of PHC. PHC transferred debt and borrowed on the YAI network line of credit to fund operations during 2021. The outstanding balance on the line of credit amounted to \$2,552,235 as of both December 31, 2022 and 2021 which is reflected as note payable in the statements of financial position. The interest expenses incurred for the years ended December 31, 2022 and 2021 amounted to \$112,891 and \$103,946, respectively.

NOTE 12 – DEFICIT NET ASSETS

As of December 31, 2022 and 2021, PHC has a deficit net asset balance of \$11,050,593 and \$8,986,754, respectively. This deficit is an accumulation of losses incurred by PHC in prior years. These deficits were covered by YAI, as the fiscal agent of PHC, resulting in the liability to YAI amounting to \$10,059,449 and \$7,677,253 as of December 31, 2022 and 2021, respectively. YAI agreed not to recoup any monies from PHC for one year from the report date.

For the years ended December 31, 2022 and 2021, PHC had a (decrease)/increase in net deficit without donor restrictions amounting to approximately (\$2,064,000) and \$160,000, respectively. Management expects that during the year ended December 31, 2023, cash flow will be sufficient to cover operating costs and other needs of PHC. PHC has implemented changes to operations with the goal of improving financial performance and ensuring short-term and long-term financial stability. As the financial performance continues to improve, PHC will work with YAI on a repayment plan through a series of revenue enhancing activities and operational efficiencies.

NOTE 13 – SUBSEQUENT EVENTS

Management has evaluated, for potential recognition and disclosure, events subsequent to the date of the statement of financial position through September 20, 2023, the date the financial statements were available to be issued.