



Organization Information

Legal Name

Vista Community Clinic

DBA (if Applicable)

VCC

Organization's Mission Statement

Vista Community Clinic is a non-profit community health center dedicated to providing high-quality, comprehensive, compassionate and community-engaged health and wellness services to all those in need.

Organization's Vision Statement

Our mission drives and motivates us. It captures the very essence of who we are and why we are committed to VCC. Though our work is not simple, it was important to us to create an easy-to-remember mission that could guide our actions and decisions. It is our vision to create Valuable Connected Care that meets the health and wellness needs of our community. Valuable care means that we provide excellent, needed services in the community for those who need it most. Connected care means building a robust and supportive culture that allows us to collaborate as we connect with each patient to meet their unique needs. Finally, in addition to providing healthcare services to individuals, we also strengthen our community through the varied programs and services we offer. We intend this vision to inspire and guide us as we work together to fulfill our mission.

Organization History & Accomplishments

Vista Community Clinic (VCC) was established over 50 years ago and in 2002 was certified as a Federally Qualified Health Center and a Migrant Health Center, serving low-income, underserved communities. VCC now operates 11 clinics and 4 mobile units in Southern California, including our newest clinic, VCC: Fallbrook Pediatrics.

In 2023, VCC clinicians cared for more than 63,000 patients. Our patient population is predominantly (62%) Hispanic; about 30% of patients prefer to receive care in Spanish, while 15% of patients belong to a priority population including migrant farm workers, people experiencing homelessness, and military veterans. VCC clinicians provide primary medical care, dental, mental health, substance use disorder, vision services, as well as prevention and support services such as health and cancer screenings, immunizations, care coordination, transportation, and translation.

Within our first decade of operation, VCC clinicians recognized that patients' medical outcomes could be vastly improved with health education, so the agency opened its Community Health Department in the late 1980s. Community Health offers programming in youth development; HIV/AIDS, alcohol, tobacco, and other drug prevention; parent, child, and migrant farm worker health and wellness; community-led organizing; and public health policy advocacy.

Our Community Outreach and Migrant Health staff, leveraging trained volunteer Lideres (leaders), has long provided essential health information and services to low-income, monolingual, and bilingual residents, effectively reaching populations with language and literacy barriers. A team of trained community members, known as Poder Popular, has been operational for nearly two decades, mostly in Vista. Despite the dissolution of its Fallbrook chapter more than a decade ago, committed volunteers from Fallbrook continued to support VCC in its community outreach and education efforts. With FRHD's support, VCC plans to revitalize Poder Popular de Fallbrook by recruiting 4-5 additional volunteers to join existing members and engaging Fallbrook residents in community health activities.

Program Name/Title Poder Popular de Fallbrook: Engaging Fallbrook Residents in Community Health

Brief Program Description

This project will engage Fallbrook residents in improving community health and wellness. Activities will be selected and led by Poder Popular de Fallbrook, a group of 8-10 volunteers, with support from Vista Community Clinic staff. The project will work closely with mobile medical staff, outreach staff, and Fallbrook Community Garden.

Is this a new initiative/service or established program within your organization? New Initiative/Service

Funding Amount Being Requested 40000

Program Information - Type Ongoing

Projected number of residents that will directly benefit (participant/client) from this program. 300

Target Population - Age

	Percent of program participants	Estimated number of participants
Children (infants to 12)		
Young Adults (13-17)		
Adults (18-60)	80	240
Seniors (60+)	20	60
We do not collect this data (indicate with 100%)*		

Target Population not collected - Age

NA

Target Population - Gender

	Percent of program participants
Female	75
Male	25
Non-binary	
Unknown*	

*Target Population - Gender

NA

Target Population - Income Level

	Percent of program participants
Extremely Low-Income Limits, ceiling of \$32,100	
Very Low (50%) Income Limits, ceiling of \$53,500	
Low (80%) Income Limits, ceiling of \$85,600	
Higher Than Listed Limits	
We do not collect this data (indicate with 100%)*	100

*Target Population - Income Level

During patient registration, VCC collects income level data from its patients in order to help determine Medi-Cal eligibility. Records show that 95% of enrolled patients are low-income (200% of federal poverty level); however, enrollment at VCC is not required to participate in community events and activities led by Community Health Department staff. Their work aims to improve health at the population level, thereby benefitting our patients and non-patients alike. Thus, VCC does not collect income data from community participants; in fact, staff indicates that this would likely be a barrier to civic engagement.

What language(s) can this program accommodate:

English

Spanish

What demographic group does this program predominately serve:

Community - Health & Fitness

Social Determinants of Health (SDOH)

The Fallbrook Regional Health District has identified several Social Determinants of Health that demonstrate a significant impact on the long term health and well being of our community. The following questions address how your program and/or services address these concerns.

Program/Services Description - Social Determinants of Health

Social & Community Context (Civic Participation, Discrimination, Incarceration, Social Cohesion)

Healthcare Access & Quality (Access to Health Care, Access to Primary Care, Health Literacy)

Social Determinants of Health - Social and Community Context

The proposed program will address Social & Community Context by establishing and engaging a group of community volunteer Líderes (leaders) in outreach, education, and community advocacy projects. Líderes engaged in VCC work are trained to engage in conversations with community members in order to identify and overcome their barriers to health and wellness, such as a lack of English language skills, transportation, housing, and food. VCC staff maintains a directory of resources in its service area that Líderes will use to link community members to other agencies in and around Fallbrook that serve low-income and monolingual residents. VCC staff and volunteers are trained to make “warm hand offs”, to connect residents directly to resources by phone or in person.

Social Determinants of Health - Healthcare Access and Quality

The proposed program will address Healthcare Access & Quality by promoting health and preventing disease by engaging Fallbrook residents in health screenings, and referring those in need for follow up care. Volunteers will learn which healthcare services are available at VCC and other community health centers in Fallbrook and how to schedule appointments. Currently, VCC Outreach staff can make appointments at VCC Fallbrook Pediatrics while in the field, and soon the office will be accepted appointments for adults. Uninsured, low-income residents will be connected to VCC staff the provide assistance with Medi-Cal enrollment paperwork and VCC patient registration. Volunteers will refer uninsured Fallbrook residents to these resources and distribute English/Spanish brochures the describe VCC services.

Statement of Need/Problem

The proposed program will address two categories of social health: Social & Community Context and Healthcare Access & Quality by (a) establishing and engaging a group of community volunteer Líderes (leaders) in outreach, education, and community advocacy projects, and (b) promoting health and preventing disease by engaging Fallbrook residents in health screenings, and referring those in need for follow up care.

VCC’s Community Outreach and Migrant Health programs leverage trusted, trained volunteer Líderes in providing essential health information and services to low-income, monolingual, and bilingual residents to effectively reach populations with language and literacy barriers. Our volunteer group of Líderes in Vista is known as Poder Popular; it has been operational for nearly two decades and has successfully driven migrant education efforts in and around Vista. More than a decade ago, Community Housing Works led a similar

group in Fallbrook, however, the group dissolved when funding ran out. Despite dissolution of the Fallbrook chapter, some Líderes continued to support VCC outreach and education efforts in Fallbrook. These Líderes report that Fallbrook families are “hungry” for more services in their own community, given that the nearest cities are 15-20 miles away, often through muddy rural roads and then into heavy, freeway traffic to access services.

With FRHD’s support, VCC plans to reestablish Poder Popular de Fallbrook by recruiting 4-5 additional volunteers to join existing members, for a total of 10 members, and facilitate monthly, followed by quarterly group meetings. With support from VCC staff, Fallbrook volunteers will guide community education and health promotion efforts. VCC Outreach staff will leverage existing and new partnerships to give Poder Popular volunteers a home, namely VCC Fallbrook clinic staff, and Mission Resource Conservation District that oversees the Fallbrook Community Garden.

How are other organizations addressing this need in the community?

VCC is unaware of any other volunteer groups in Fallbrook focused on health and wellness that receive ongoing staff support and guidance. In fact, our work on another grant application revealed that there are multiple organizations providing health and social services in Fallbrook that would benefit from community engagement and mobilization to ensure that “everybody is rowing in the same direction.” The proposed volunteer group can begin that process by identifying key community issues that need to be addressed, and galvanizing volunteers and agencies to apply best practice solutions.

Program/Services Description - Program Entry & Follow Up

Volunteer recruitment for Poder Popular membership will be handled by VCC staff and existing Fallbrook volunteer Líderes via word of mouth, mainly through brief presentations at Fallbrook agencies. For example, at Voces de Fallbrook, an intergenerational, multicultural grassroots community organization, which has been around for several generations. Voces members include teachers and parents, and people from many walks of life and countries of origin and has worked with the Fallbrook Human Rights Committee on local equity and justice issues. Once established, Poder Popular members will work with community organizations such as the Fallbrook Public Library and Community Housing Works to recruit additional residents to engage in Poder Popular educational activities and advocacy campaigns.

Program/Services Description - Program Activities

Outreach and education services in Fallbrook will be driven by community needs identified by Poder Popular members through 2 focus groups. After completing the focus groups and identifying 2-3 community priority needs, the program will use the “Pláticas” model favored in Hispanic and Latino communities to share the findings of the focus groups and address the identified needs. The “Pláticas” model invites trained community members (Poder Popular Líderes) to disseminate information and resources to fellow community members on critical or sensitive community issues. For example, if members were concerned about emergency and disaster preparedness, VCC staff would train Poder Popular Líderes on the issue, gather educational materials in English and Spanish on the safety steps for any disaster, and familiarize residents with local agencies who can assist them on the concern. Then, the team could provide a hands-on workshop that requires the Líderes to prepare an emergency kit to be able to demonstrate to fellow community members how to prepare theirs. The model is designed to be flexible and responsive to emerging community needs. At the same time, staff does their homework to look at prevalence data, best practices, and curriculum that may illustrate problems and offer solutions.

Program Goal

The goal of the program is to meaningfully engage Fallbrook residents in improving the health and wellness of underserved, low-income community members, with support from VCC staff and Poder Popular Líderes. In that, the program has outlined three key objectives:

(1) By September 30, 2024, revitalize and support Poder Popular de Fallbrook, a volunteer group with 8-10 active Líderes, and begin holding monthly meetings to later transition to quarterly meeting.

(2) By November 30, 2024, conduct 2 focus groups and review local health and wellness data to identify 2-3 high priority community needs.

(3) By June 30, 2025, engage 100-160 Fallbrook residents in 3 community education campaigns: 2 Pláticas (educational workshops) and 1 health fair.

Program Objectives & Measurable Outcomes

Objective 1: By September 30, 2024, revitalize the Poder Popular de Fallbrook volunteer group of 8-10 regular members and begin hosting monthly meetings and trainings.

Activities:

It is essential that the needs and suggested remedies come from within the community in a meeting space that is their own. In that, VCC plans to work closely with existing Fallbrook organizations to host regular volunteer meetings at the Fallbrook Community Garden. This will require setting up a defined, outdoor meeting space with items such as picnic tables, umbrellas, benches, and office supplies that can be used by volunteers during formal and informal meetings. Current Poder Popular volunteer Líderes from Fallbrook are members of the community garden. These materials are a demonstration of our gratitude for their service, and efforts to improve community nutrition, in a way that is financially permissible by government regulators. When the weather does not permit outdoor assembly, meetings will take place in an alternate location such as the Fallbrook Library.

Volunteers will also participate in trainings, as needed. For example, how to conduct outreach and

recruitment in the community to promote community health and wellness. These trainings will include a safety outreach protocol as well as tools and strategies to facilitate recruitment of participants. Meetings and trainings will be facilitated by VCC staff who will chart attendance, take notes, and support and guide members in their volunteer activities.

Objective 2: By November 30, 2024, conduct 2 focus groups and review of local data to identify 2-3 community priority needs.

Activities:

Experience with our Poder Popular group in Vista tells us that when they put their heads together, a group of community volunteers will come up with a wide range of projects to improve community health and wellness. Past priorities have ranged from parental education about the dangers of fentanyl to advocating for more lighting in public parks to improve safety. Fallbrook volunteer Líderes will generate an initial list of likely projects or campaigns, and then reach out to a wide range of community members for their feedback on priority needs. High on the list are bilingual and monolingual parents that may be hard to reach; other targets include teachers, youth leadership at the local high school; clinicians; first responders; youth organizations; sports group; and more. VCC staff will help volunteers to design a simple tool to rank the list of priorities and compile comments from Fallbrook residents. The final list of 2-3 top priorities will be shared with those that provided feedback and broadcast to the broader community via social media and existing e-news channels of Fallbrook organizations. Residents will be invited to join Poder Popular meetings and engage in identified community wellness campaigns to address at least 2 of those priorities in this grant term

Objective 3: By June 30, 2025, engage Fallbrook residents in 3 community education campaigns: 2 Pláticas (educational workshops) and 1 health fair.

Activities:

The revitalized Poder Popular de Fallbrook will be responsible for inviting residents to engage in their

campaigns, with special efforts to engage residents with experiences that best align with the campaign goal. For example, if diabetes prevention is a high priority, then volunteers may decide to host health screenings with VCC's mobile medical unit. Volunteers with a personal or family history of diabetes will share their stories in encouraging residents to participate in routine health screenings. In another example, Poder Popular may be directed towards wildfire prevention and emergency preparedness. In that case, VCC has recently updated materials on this topic that can be shared with residents. But most of the time, Poder Popular volunteer Lideres will be in the community, engaging in Platicás, 1-on-1 conversations about the problem at hand and suggested remedies.

To incentivize participation in community change projects, VCC will distribute community garden materials such as shovels, trowels, watering cans, clippers, reusable totes, and cempasúchil (Mexican marigold) seeds to Fallbrook residents with plots and those on the waiting list. Reusable totes imprinted with the VCC and FRHD logos will also be distributed at mobile health screening events. Additionally, to compensate the support, guidance, and outreach efforts of the Poder Popular volunteer Líderes, we plan to provide them with a \$550 stipend given that these efforts are an addition to their job and family responsibilities and commitments.

Organization Collaborations

The proposed program has two active collaborators: Mission Resource Conservation District (MRCD), operator of the Fallbrook Community Garden and VCC's newest clinic, VCC: Fallbrook Pediatrics. (While this clinic currently sees pediatric patients, there is a plan in place to expand services to adults.) VCC will work with MRCD to set up a volunteer meeting space and schedule, and help distribute free garden supplies to Fallbrook residents. VCC Outreach staff will work with Fallbrook clinic and mobile medical unit staffs to organize 1 health screening event and one smaller resource fair event during the grant term. Event locations will be limited to places with parking lots large enough to host the mobile unit vehicle, such as the public library, or affordable housing complexes.

Anticipated Acknowledgment

Please describe how the Fallbrook Regional Health District's investment in this program will be acknowledged. This includes all print and electronic materials, press releases, website references, and any other form of written and verbal publicity that relates to the funded program.

Anticipated Acknowledgment

Social Media Postings

Print Materials to Service Recipients

Anticipated Acknowledgment

With project funds, VCC intends to purchase reusable canvas tote bags imprinted with the VCC and Fallbrook Regional Health District (FRHD) logos. Tote bags will be distributed to community gardeners and health screening participants. VCC staff also intends to develop social media content with VCC and FRHD logos to promote events and information on VCC Facebook and Instagram social media platforms.

Financial Reporting & Budget

Funding History

NO

Terms and Conditions

Accepted

Authorized Signature

A handwritten signature in black ink, consisting of a stylized 'J' followed by a cursive 'S' and a horizontal line extending to the right.



Vista Community Clinic

2023-2024 Board of Directors

<p>Fernando Sanudo Chief Executive Officer Fernando@vcc.org (760) 631-5000 x 7164</p>	<p>Karen Chavero Administrative Assistant Karen.A.Chavero@vcc.org (760) 631-5000 x 1131</p>	<p>Admin Fax: (760) 414-3701</p>
<p>Antonio Mora President San Diego Co. Office of Education 5616 Old Ranch Road Oceanside, CA 92057 (w) 858-569-3114 (c) 760-809-8737 amora@sdcoe.net</p>	<p>Angela Perez, R.N. Member Tri-City Medical Center 2030 Rainbow Ct. Vista, CA 92083 (h) 760-758-3510 (c) 760-522-3105 angieghsm@gmail.com</p>	<p>Jose Aponte Member County of San Diego 3364 Ironwood Pl. Oceanside CA, 92056 (c) 760-214-8224 josecyn@cox.net</p>
<p>Joseph Troya Vice President Consolidated Contracting 3551 Ames Place Carlsbad, CA 92008 (w) 949-498-7500 (c) 619-992-9630 joe@consolidatedcontracting.com</p>	<p>Kwan Lee Member MartPlan Insurance Agency, Inc. 1001 W. Whittier Blvd. La Habra, CA 90631 (w) 562-691-9414 kwan@martplaninsurance.com</p>	<p>Monica Nava Member San Diego Co. Office of Education 2951 Cape Cod Circle Carlsbad, CA 92010 (c) 760- 212-3659 Mcnava@sbcglobal.net</p>
<p>Lisa Winberg Secretary Riverside County Office of Education 35788 Quail Run Street Murrieta, CA 92562 (c) 831-588-2320 lisalwinberg@gmail.com</p>	<p>James Hagar Member Hagar & Cotten Law 630 Alta Vista Dr. Ste. 102 Vista, CA 92084 (w) 760-726-9882 Jlhagar@pacbell.net</p>	<p>Elisa Ayala Member San Diego Co. Office of Education 1236 Stockton Place Escondido, CA 92026 (w) 760-815-2354 Elisa.Ayala@sdcoe.net</p>
<p>Mark Phillipi Treasurer State Farm Insurance 1351 G-3 S. Beach Blvd La Habra, CA 90631 (w) 562 943-0147 (c) 714-326-8726 markephillipi@yahoo.com</p>	<p>Michael Hire Member Navy/Marine Corps Relief 1452 Eastmore Pl. Oceanside, CA 92056 (h) 760-758-0206 mikehire@cox.net</p>	<p>Taurino Valdovinos Member Oceanside Police Department 1738 Weatherwood Ct. San Marcos, CA 92078 (c) 760-224-3708 tvaldovinos@oceansideca.org</p>
<p>Konane Martinez Member CSU San Marcos 306 Comstock Ave. San Marcos, CA 92069 (w) 760-750-8567 (c) 760-805-0423 kmartine@csusm.edu</p>	<p>Alicia Espinoza Member County of San Diego – HHSA 819 Cherry Ct. San Marcos, CA 92069 (c) 858-449-6303 Alicia.Espinoza@sdcounty.ca.gov</p>	

Audited Financial Statements

Vista Community Clinic

For the Years Ended June 30, 2023 and 2022

Vista Community Clinic

Table of Contents

	<u>Page</u>
Independent Auditors' Report	1
 FINANCIAL STATEMENTS	
Balance Sheets	4
Statements of Operations and Changes in Net Assets	5
Statements of Cash Flows	6
Notes to the Financial Statements	7
 SINGLE AUDIT	
Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with <i>Government Auditing Standards</i>	25
Independent Auditor's Report on Compliance for Each Major Federal Program and Report on Internal Control Over Compliance Required by the Uniform Guidance	27
Schedule of Expenditures of Federal Awards	30
Notes to the Schedule of Expenditures of Federal Awards	32
Schedule of Findings and Questioned Costs	33

Independent Auditor's Report

Board of Directors
Vista Community Clinic
Vista, California

Opinion

We have audited the accompanying financial statements of Vista Community Clinic, ("VCC"), which comprise the balance sheets as of June 30, 2023, and 2022, and the related statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements present fairly, in all material respects, the financial position of Vista Community Clinic as of June 30, 2023, and 2022, 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") and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Vista Community Clinic 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 VCC's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but not absolute assurance, and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Vista Community Clinic'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 Vista Community Clinic's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control—related matters that we identified during the audit.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by *Title 2 U.S. Code of Federal Regulations (CFR) Part 200*, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements 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 September 28, 2023, on our consideration of VCC's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering VCC's internal control over financial reporting and compliance.

CAW, LLP

Fresno, California
September 28, 2023

Vista Community Clinic
Balance Sheets
June 30, 2023 and 2022

	2023	2022
ASSETS		
Current assets:		
Cash and cash equivalents	\$ 5,563,969	\$ 12,639,772
Short-term investments	15,280,006	8,459,133
Patient accounts receivable, net	5,240,100	4,235,281
Grants, contracts and other receivables	2,120,628	3,762,525
Pledges receivable	4,000	4,000
Estimated third-party payor settlements	4,833,359	3,168,968
Inventories	7,936	7,639
Prepaid assets	1,289,132	1,456,906
Total current assets	34,339,130	33,734,224
Property and equipment, net	41,483,497	37,643,567
Practice acquisition	248,000	-
Right of use asset	2,656,418	-
Board designated investments	7,906,867	6,966,069
Total assets	\$ 86,633,912	\$ 78,343,860
 LIABILITIES AND NET ASSETS		
Liabilities:		
Current liabilities:		
Accounts payable	\$ 2,358,527	\$ 1,918,717
Accrued payroll liabilities	3,926,453	4,947,674
Estimated third-party payor settlements	712,170	358,355
Lease liability, current portion	528,522	-
Long-term debt, current portion	561,591	543,851
Total current liabilities	8,087,263	7,768,597
Lease liability	2,166,276	-
Long-term debt	3,417,391	3,978,982
Total liabilities	13,670,930	11,747,579
Net Assets:		
Net assets without donor restrictions	71,817,432	65,998,623
Net assets with donor restriction	1,145,550	597,658
Total net assets	72,962,982	66,596,281
Total liabilities and net assets	\$ 86,633,912	\$ 78,343,860

See accompanying Notes to the Financial Statements

Vista Community Clinic
Statements of Operations and Changes in Net Assets
For the years ended June 30, 2023 and 2022

	2023	2022
Change in net assets without donor restrictions		
Revenues and other support:		
Patient service revenue, net	\$ 60,165,643	\$ 50,755,530
Capitation revenue	11,042,870	9,889,008
Grant and contract revenue	22,023,262	22,004,713
Contributions	784,524	689,707
In-kind contributions	161,459	201,498
Other	1,727,927	(967,341)
Net assets released from restrictions	1,590,760	906,971
Total unrestricted revenue and other support	97,496,445	83,480,086
Expenses:		
Salaries & benefits	67,458,679	58,399,607
Other operating expenses	7,492,518	5,725,203
Medical supplies and drugs	5,030,335	5,056,671
Contract services	5,939,237	5,263,971
Space costs	2,872,913	2,346,703
Depreciation	1,946,848	2,176,259
Insurance	484,476	417,411
Travel, conferences and meetings	321,684	203,042
Interest	130,946	150,365
Total expenses	91,677,636	79,739,232
Increase in net assets without donor restrictions	5,818,809	3,740,854
Change in net assets with donor restrictions		
Contributions	2,138,652	1,010,344
Net assets released from donor restrictions	(1,590,760)	(906,971)
Change in net assets with donor restriction	547,892	103,373
Increase in net assets	6,366,701	3,844,227
Net Assets:		
Net assets, beginning of year	66,596,281	62,752,054
Net assets, end of year	\$ 72,962,982	\$ 66,596,281

See accompanying Notes to the Financial Statements

Vista Community Clinic
Statements of Cash Flows
For the years ended June 30, 2023 and 2022

	2023	2022
Cash flows from operating activities:		
Change in net assets	\$ 6,366,701	\$ 3,844,227
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation and amortization	1,884,848	2,176,259
Practice purchase amortization	62,000	-
Unrealized (gain)/loss	(344,565)	1,561,340
Right of use asset amortization	590,227	-
 Changes in operating assets and liabilities:		
Patient accounts receivable, net	(1,004,819)	561,058
Grants, contracts and other receivables	1,641,897	(1,936,537)
Estimated third-party payor settlements	(1,310,576)	423,586
Inventories	(297)	598
Prepaid assets	167,774	(379,077)
Accounts payable	439,810	(253,847)
Accrued payroll and other liabilities	(1,021,221)	288,343
Deferred revenue	-	(17,016)
Lease liability	(551,847)	-
Net cash provided by operating activities	6,919,932	6,268,934
 Cash flows from investing activities:		
Purchase of investments	(34,295,587)	(9,706,901)
Purchase of practice	(310,000)	-
Sale/maturity of investments	26,878,481	4,451,382
Net acquisition of property and equipment	(5,724,778)	(3,656,093)
Net cash used in investing activities	(13,451,884)	(8,911,612)
 Cash flows from financing activities:		
Principal payments on long-term debt	(543,851)	(727,800)
Net cash used in in financing activities	(543,851)	(727,800)
 Net increase (decrease) in cash and cash equivalents	\$ (7,075,803)	\$ (3,370,478)
 Cash at beginning of year:	12,639,772	16,010,250
Cash at end of year:	\$ 5,563,969	\$12,639,772
 Supplemental disclosure of cash flow information:		
Interest paid	\$ 130,946	\$ 150,365

See accompanying Notes to the Financial Statements

Vista Community Clinic
Notes to the Financial Statements
For the years ended June 30, 2023 and 2022

Note A: Organization and Operations

Vista Community Clinic ("VCC") a nonprofit organization operates healthcare facilities at nine sites in San Diego, Riverside, and Orange County. Vista Community Clinic provides a variety of medical, dental, mental health and health education services providing low-cost, high quality, comprehensive primary care services to residents of those counties.

Vista Community Clinic derives its support through grants and contracts with the U.S. Department of Health and Human Services ("DHHS"), the State of California, the County of San Diego, and various other entities. Additionally, revenues are derived from patient fees and third party charges.

Note B: Summary of Significant Accounting Policies

Cash and Cash Equivalents:

For purposes of the statement of cash flows, Vista Community Clinic considers all highly liquid investments with a maturity of three months or less when purchased to be cash equivalents. As of June 30, 2023 and 2022 the carrying amount of all the accounts, net of outstanding checks, were \$5,563,969 and \$12,639,772, respectively. Per the various financial institutions as of June 30, 2023 and 2022, approximately \$500,000 and \$500,000, respectively was covered by federal depository insurance.

Patient Accounts Receivable:

Accounts receivable are recorded at amounts that reflect the consideration to which VCC expects to be entitled in exchange for providing patient care. In evaluating the collectability of patient accounts receivable, VCC regularly analyzes its history and identifies and reviews trends for each of its major payor sources of revenue to estimate appropriate and sufficient implicit and explicit price concessions reflected in patient accounts receivable.

For receivables associated with services provided to patients who have third-party coverage, VCC analyzes contractually due amounts and provides additional implicit and explicit price concessions, if necessary, based upon historical collection history for deductibles and copayments on accounts for which the third-party payer had not yet paid, or for remaining payer balances.

For receivables associated with self-pay patients, which include both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill, VCC records a significant implicit price concession in the period of service 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 policy) and the amounts actually collected after all reasonable collection efforts have been exhausted is reflected as a reduction in patient accounts receivable.

Use of Estimates:

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

Vista Community Clinic
Notes to the Financial Statements
For the years ended June 30, 2023 and 2022

Note B: Summary of Significant Accounting Policies (Continued)

Property, Building and Equipment:

Land, building and equipment are carried at cost or estimated fair value at date of acquisition. VCC capitalizes all acquisitions greater than \$5,000. Depreciation is calculated by the straight-line method over the estimated useful lives of the assets ranging from three to thirty-nine years. Leasehold improvements are amortized on a straight-line method over the estimated useful life of the improvement or the term of the lease, whichever is less. Construction-in-progress is recorded at cost and is capitalized upon completion. Depreciation is recorded when construction is substantially complete and the assets are placed in service.

Reclassifications:

Certain prior year amounts may have been reclassified to conform to the current year financial statement presentation.

Net Assets with Donor Restrictions:

Contributions, including government grants and contracts, are recorded as donor restricted if they are received with donor stipulations that limit the use of the donated asset. When a donor restriction expires, that is, when a stipulated time restrictions ends or purpose restriction is accomplished, donor restricted assets are reclassified to net assets without donor restrictions and reported in the statement of operations and changes in net assets as net assets released from restrictions. Donor-restricted contributions whose restrictions expire during the same fiscal year are recognized as unrestricted revenue.

Income Taxes:

Vista Community Clinic is a private not-for-profit corporation organized under the laws of the State of California. VCC has been determined to be exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and Section 23701d of the State of California Revenue and Taxation Code by the IRS and Franchise Tax Board, respectively. VCC's returns are subject to examination by federal and state taxing authorities generally for three years after they are filed.

Revenue Recognition:

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

VCC provides medical, dental, mental health, health education and enabling services to eligible patients at a discounted rate or for a nominal fee, based on eligibility determined by the patient's household size and income.

VCC has agreements with various plans to provide medical services to subscribing Medi-Cal participants. Under the agreements, VCC received monthly capitation payments based on the number of participants, regardless of the services actually performed by VCC. Capitation payments are recognized as capitation revenue during the period in which VCC is obligated to provide services to participants. VCC also receives interim payments from the Medi-Cal program. These payments are reconciled on an annual basis to insure VCC ultimately receives the established Medi-Cal payment rate for all visits under these contracts.

Vista Community Clinic
Notes to the Financial Statements
For the years ended June 30, 2023 and 2022

Note B: Summary of Significant Accounting Policies (Continued)

Revenue from government grants and contracts restricted for use in specific activities is recognized in the period when expenditures have been incurred in compliance with the grantor's restrictions. Capital grants and contributions consist of grants and contributions or resources that are restricted by the grantors or donors for capital asset purposes-to acquire, construct or renovate capital assets associated with the restricted purpose. Capital grants and contributions are recorded as increases to net assets with donor restrictions when cash is received in advance of acquisition of capital assets. In absence of donor stipulations to the contrary, capital grants and contributions are recorded as revenue during the fiscal year in which the assets are acquired. Cash received in excess of revenue recognized is recorded as deferred revenue.

Inventories:

Inventories consist of pharmaceutical, medical and office supplies and are stated at cost. Due to rapid turnover of supplies, cost approximates market value.

Recently Adopted Accounting Pronouncement:

In February 2016, the FASB issued Accounting Standards Update "ASU" No. 2016-02, Leases (Topic 842), to increase transparency and comparability among organizations by recognizing lease assets and lease liabilities on the balance sheet and disclosing key information about leasing arrangements. VCC has adopted ASU 2016-02 for the year beginning July 1, 2022 using the modified retrospective approach. The adoption of ASU 2016-02 also included additional disclosure requirements.

Subsequent Events:

VCC has evaluated all events and transactions that occurred after June 30, 2023, and through September 28, 2023, the date of the financial statements and notes to financial statement were available to be issued. During this period no events or transactions occurred that would require adjustments of the financial statements or disclosure in the accompanying notes.

Vista Community Clinic
Notes to the Financial Statements
For the years ended June 30, 2023 and 2022

Note C: Fair Value of Financial Instruments

Financial Accounting Standards Board's (FASB) Accounting Standard Codification (ASC) 820, *Fair Value Measurements and Disclosures*, requires the fair value of financial assets and liabilities to be determined using a specific fair-value hierarchy. The objective of the fair value measurement of financial instruments is to reflect the hypothetical amounts at which VCC could sell assets or transfer liabilities in an orderly transaction between market participants at the measurement date. FASB ASC 820 describes three levels of inputs that may be used to measure fair value:

Level 1 Quoted prices in active markets for identical assets;

Level 2 Observable inputs other than Level 1 prices, such as quoted prices for similar assets; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets;

Level 3 Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets.

The following table presents financial instruments measured at fair value on a recurring basis in accordance with FASB ASC 820 as of June 30, 2023 and 2022:

June 30, 2023:	Fair Value	Fair Value Measurement Using		
		Level 1	Level 2	Level 3
Corporate bonds	\$ 4,299,422	\$ -	\$ 4,299,422	\$ -
US government bonds	5,113,925	-	5,113,925	-
Fixed income mutual funds	1,007,905	-	1,007,905	-
Mutual funds	1,317,896	-	1,317,896	-
Foreign bonds	480,235	-	480,235	-
Stock	2,203,316	2,203,316	-	-
Beneficial interest in assets held at the Rancho Santa Fe Foundation Endowment	385,570	-	385,570	-
Beneficial interest in assets held at the Jewish Community Endowment	11,002	-	11,002	-
Total	\$ 14,819,271	\$ 2,203,316	\$12,615,955	\$ -

Vista Community Clinic
Notes to the Financial Statements
For the years ended June 30, 2023 and 2022

Note C: Fair Value of Financial Instruments (Continued)

June 30, 2022:	Fair Value	Fair Value Measurement Using		
		Level 1	Level 2	Level 3
Corporate bonds	\$ 2,976,982	\$ -	\$ 2,976,982	\$ -
US government bonds	4,346,720	-	4,346,720	-
Fixed income mutual funds	452,810	-	452,810	-
Mutual funds	2,261,064	-	2,261,064	-
Foreign bonds	185,345	-	185,345	-
Stock	1,992,355	1,992,355	-	-
Beneficial interest in assets held at the Rancho Santa Fe Foundation Endowment	371,060	-	371,060	-
Beneficial interest in assets held at the Jewish Community Endowment	10,238	-	10,238	-
Total	\$ 12,596,574	\$ 1,992,355	\$10,604,219	\$ -

The carrying amounts reported in the balance sheets for other financial assets and liabilities that are not measured at fair value on a recurring basis including patient accounts receivable, grants contracts and other receivables, estimated third-party payor settlements, accounts payable, accrued payroll liabilities, deferred revenue, and long-term debt approximate fair value.

The beneficial interest in assets held at the Rancho Santa Fe Foundation Endowment (“RSF”) and Jewish Community Endowment (“JCE”) have been valued, as a practical expedient, at the fair value of VCC’s share of the investment pool as of the measurement date. RSF and JCE value securities and other financial instruments on a fair value basis of accounting. The estimated fair values of certain investments, which includes private placements and other securities for which prices are not readily available, are determined by their management and may not reflect amounts that could be realized upon immediate sale, nor amounts that ultimately may be realized. Accordingly, the estimated fair values may differ significantly from the values that would have been used had a ready market existed for these investments. RSF investments are comprised of 43 percent domestic equities, 21 percent international equities, 29 percent bonds, 5 percent real assets/REITS, and 2 percent cash. JCE investments are comprised of 5 percent emerging market equities, 13 percent international equities, 27 percent domestic equities, 13 percent defensive hedge funds, 11 percent defensive fixed income, 10 percent private equity, 3 percent private debt, 8 percent growth fixed income, 5 percent real estate and real assets, and 5 percent other. The beneficial interest in assets held at JCE is redeemable by VCC on request. The beneficial interest in assets held at RSF is held in two separate accounts. \$151,437 is redeemable by VCC upon request and \$234,132 is subject to RSF’s spending limits whereby 5 percent of the average value of the account over the prior 12 months is available to VCC.

Vista Community Clinic
Notes to the Financial Statements
For the years ended June 30, 2023 and 2022

Note D: Investments

Investments are either undesignated or designated by the board of directors for specific purposes. As such, these funds are unrestricted and are stated at their fair market value at June 30, 2023 and 2022. VCC is the owner of three life insurance policies. The cash surrender value of these policies was \$2,407,363 and \$2,400,463 at June 30, 2023 and 2022, respectively. The sum of the death benefits, which will be added to VCC's assets after the death of the insured is approximately \$5,536,000 and \$5,536,000 at June 30, 2023 and 2022, respectively.

Investments include the following at June 30, 2023 and 2022.

	2023	2022
Cash and money market	\$ 2,660,599	\$ 428,165
Certificates of deposit	3,299,640	-
Insurance contracts	2,407,363	2,400,463
Corporate bonds	4,299,422	2,976,982
Foreign bonds	480,235	185,345
Beneficial interest in assets held at the Rancho Santa Fe Foundation Endowment	385,570	371,060
Beneficial interest in assets held at the Jewish Community Endowment	11,002	10,238
US Government bonds	5,113,925	4,346,720
Stock	2,203,316	1,992,355
Fixed income mutual funds	1,007,905	452,810
Mutual funds	1,317,896	2,261,064
Total	\$ 23,186,873	\$ 15,425,202

Income from investments is primarily comprised of interest and dividend income, which amounted to \$604,591 and \$294,800 for the years ended June 30, 2023, and 2022, respectively. Realized losses were \$112,152 for the year ended June 30, 2023 and realized gains were \$33,004 for the year ended June 30, 2022. Unrealized gains were \$344,565 for the year ended June 30, 2023 and unrealized losses were \$1,561,340 for the year ended June 30, 2022.

VCC has transferred assets to RSF which is holding them as an endowment for the benefit of VCC. The investment is subject to the Foundation's investment and spending policies which currently result in a distribution to VCC of 5 percent of the average monthly value over the previous 12 months. VCC reports the fair value of the Fund as Beneficial Interest in Assets Held at the RSF and JCE in board designated investments in the balance sheet and reports distributions received as investment income. Changes in the value of the Fund are reported as gains or losses in the statement of operations.

Vista Community Clinic
Notes to the Financial Statements
For the years ended June 30, 2023 and 2022

Note E: Grants, Contracts, and Other Receivable

Grants and contract receivables are comprised of the following at June 30, 2023 and 2022:

	<u>2023</u>	<u>2022</u>
Federal	\$ 886,239	\$ 2,596,270
State	723,164	441,503
County	346,430	441,012
Local	164,795	283,740
Total grants and contract receivable	<u>\$ 2,120,628</u>	<u>\$ 3,762,525</u>

Note F: Concentration of Credit Risk

Financial instruments potentially subjecting VCC to concentrations of credit risk consist primarily of bank deposits in excess of FDIC limits. Management believes, however, that the risk of loss is minimal due to the high financial quality of the banks.

VCC operates several locations within northern San Diego County and Orange County in California and provides services to patients who reside in these local geographic areas. VCC grants credit without collateral to its patients and third-party payors. Patient accounts receivable from the government agencies administering the Medicare and the Medi-Cal programs and private insurance companies administering the Medi-Cal Managed Care programs represent the only concentrated group of credit risk for VCC and management does not believe that there are significant credit risks associated with these agencies and private insurance companies. Other contracted and private pay patient receivables consist of payors and individuals involved in diverse activities, subject to differing economic conditions and does not represent any concentrated risks to VCC. The mix of accounts receivables from patients and third-party payors at June 30, 2023 and 2022 was as follows:

<u>Payor Class</u>	<u>2023</u>	<u>2022</u>
Medi-Cal	75%	77%
Medicare	2%	2%
Private pay patients	2%	1%
Other third-party payors	21%	20%
Total	<u>100%</u>	<u>100%</u>

For the year ended June 30, 2023 and 2022, VCC received \$13,638,604 and \$15,218,303, respectively, in Health Center Program Cluster grants from the Department of Health and Human Services, which represents 14% and 18% of the total revenue received.

Vista Community Clinic
Notes to the Financial Statements
For the years ended June 30, 2023 and 2022

Note G: Property and Equipment

Property and equipment at June 30, 2023 and 2022 was comprised of the following:

	<u>2023</u>	<u>2022</u>
Land	\$ 4,866,890	\$ 4,866,890
Motor Vehicles	1,611,000	1,482,360
Buildings & Leasehold Improvements	44,465,435	43,515,761
Medical Equipment	2,289,703	2,160,371
Office Equipment	3,443,966	3,302,621
Construction in progress	6,209,171	1,833,384
	<u>62,886,165</u>	<u>57,161,387</u>
Accumulated Depreciation	<u>(21,402,668)</u>	<u>(19,517,820)</u>
Total	<u>\$ 41,483,497</u>	<u>\$ 37,643,567</u>

Depreciation expense as of June 30, 2023 and 2022 is \$1,884,848 and \$2,176,259, respectively. As of June 30, 2023, the remaining commitments related to ongoing contracts totaled approximately \$946,000.

Note H: Net Patient Service Revenue

Performance obligations are determined based on the nature of the services provided by VCC. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected (or actual) charges. VCC believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation.

Because all of its performance obligations relate to contracts with a duration of less than one year, VCC has elected to apply the optional exemption provided in FASB ASC Topic 606-10-50-14a and, therefore, is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period.

VCC determines the transaction price based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured patients in accordance with VCC's sliding fee policy, and implicit price concessions provided to uninsured patients. VCC determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policies, and historical experience. VCC determines its estimate of implicit price concessions based on its historical collection experience with this class of patients.

Effective with the adoption of ASU 2014-09 on July 1, 2020, for changes in credit issues not assessed at the date of service, such as a payor files for bankruptcy or a patient defaults on a payment plan, VCC recognizes these write-offs as bad debt expense, which is presented on the accompanying statements of operations and changes in net assets as a component of other expenses.

Vista Community Clinic
Notes to the Financial Statements
For the years ended June 30, 2023 and 2022

Note H: Net Patient Service Revenue (continued)

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

Medicare: Covered services rendered to Medicare program beneficiaries are paid based on a prospective payment system (PPS). Medicare payment under the FQHC PPS are 80% of the lesser of the health center's actual charge or the applicable PPS rate (patient coinsurance will be 20% of the lesser of the health center's actual charge or the applicable PPS rate). Accordingly, to the extent a health center's charge is below the applicable PPS rate, Medicare FQHC reimbursement can be limited.

Medi-Cal: Covered services rendered to Medi-Cal beneficiaries are paid under a Prospective Payment System, using rates established by VCC's "Base Years" - fiscal years ended December 31, 2000 and 1999 cost reports filed under the previous cost-based reimbursement system. These rates are adjusted annually according to changes in the Medicare Economic Index and any approved changes in VCC's scope of service. VCC is required to file a payment reconciliation report with the state. In the opinion of management, any reconciliation settlement of the payment reconciliation will not materially affect the financial statements of VCC.

Other: Payments for services rendered to those payors other than Medicare or Medi-Cal are based on established rates or on agreements with certain commercial insurance companies, health maintenance organizations and preferred provider organizations which provide for various discounts from established rates.

As of June 30, the following table reflects the net patient service revenue including capitation by major payor groups:

	2023	2022
Medicare	\$ 2,067,809	\$ 1,896,406
Medi-Cal	56,923,048	46,802,783
Other third-party payors	10,579,105	10,279,878
Private pay	1,638,551	1,665,471
Net patient service revenue	\$ 71,208,513	\$ 60,644,538

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

Vista Community Clinic
Notes to the Financial Statements
For the years ended June 30, 2023 and 2022

Note H: Net Patient Service Revenue (continued)

Settlements with third-party payors for retroactive revenue adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor and VCC's historical settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known (that is, new information becomes available), or as years are settled or are no longer subject to such audits, reviews, and investigations.

VCC has recorded an estimated third-party payor receivable of \$4,833,359 and \$3,168,968 as of June 30, 2023 and 2022, respectively, and estimated third-party payor liabilities of \$712,170 and \$358,355 as of June 30, 2023 and 2022, respectively. These balances comprise estimated settlements due to PPS Reconciliation Requests as well as Rate Setting Cost Reports and Change in Scope of Service Requests. Management periodically evaluates estimated third-party payor settlements based on the current information available and believes the final settlements will not materially affect the financial statements of VCC.

Note I: Contributions In-Kind

VCC receives significant in-kind contributions of time and pro bono services from members of the community and volunteers related to program operations, special events, and fund-raising campaigns. Donated services are recognized as contributions if the services (a) create or enhance nonfinancial assets or (b) require specialized skills, are performed by people with those skills, and would otherwise be purchased by VCC. VCC recognizes in-kind contribution revenue and a corresponding expense in an amount approximating the estimated fair value at the time of the donation.

During fiscal year 2023, VCC received donated services for various health care providers. VCC also received contributions of the use of facilities.

	2023	2022
Services	\$ 59,293	\$ 92,225
Space	102,166	109,273
Total	<u>\$ 161,459</u>	<u>\$ 201,498</u>

All donated services and assets were utilized by VCC's programs and supporting services. There were no donor-imposed restrictions associated with the donated services and assets.

Donated space includes the medical clinic and teen center at the N. River Road clinic and is valued at the fair value of similar properties available in commercial real estate listings. Donated services are valued based on employees providing the same services.

Vista Community Clinic
Notes to the Financial Statements
For the years ended June 30, 2023 and 2022

Note J: Long-term Debt

Long-term debt consists of the following at June 30, 2023 and 2022:

	2023	2022
VCC entered into a loan agreement in September 2010 for partial financing of the La Tortuga site development due September 2025. The original principal amount of the note was \$4,200,000, at 4.57% annual interest. The loan is payable in monthly installments of \$32,422 which includes principal and interest and is secured by real property at 465 La Tortuga Dr., Vista.	\$ 770,747	\$1,107,679
VCC entered into a loan agreement with the California Health Facilities Financing Authority in September 2011 for partial financing of the expansion of its Vale Terrace site; the note is due November 2026. The original principal amount of the note was \$750,000, at 3.00% annual interest. The loan is payable in monthly installments of \$5,179, which includes principal and interest and is secured by real property at 818 Pier View Way, Oceanside.	196,919	252,260
VCC entered into a loan agreement with CN Financing, Inc in February 2022 for financing of projects of its Lake Elsinore site; the note is due March 2031. The original principal amount of the note was \$2,487,826, at 2.94% annual interest. The loan is payable in monthly installments of \$11,724, which includes principal and interest and is secured by real property.	2,325,005	2,396,182
VCC entered into a loan agreement with Bquest Foundation in October 2020 for financing of a solar power project; the note is due December 2030. The original principal amount of the note was \$882,885, at 3% annual interest. The loan is payable in monthly installments of \$8,525, which includes principal and interest and is secured by real property.	<u>686,312</u>	<u>766,712</u>
	3,978,982	4,522,833
Less current portion	<u>(561,591)</u>	<u>(543,851)</u>
	<u>\$3,417,391</u>	<u>\$3,978,982</u>

The loan agreements contain various covenants, which among other things place restrictions on VCC's ability to incur additional indebtedness and require the VCC to maintain certain financial ratios. VCC was in compliance with these requirements as of June 30, 2023.

Future principal payments for the years ended June 30, 2023 through 2027 are \$561,591, \$595,999, \$271,608, \$191,077, and \$175,464 respectively, and \$2,183,243 thereafter. VCC has a line-of-credit with a bank in the amount of \$2,000,000. At June 30, 2023, VCC had no outstanding balance. The line-of-credit matures on March 1, 2024.

Vista Community Clinic
Notes to the Financial Statements
For the years ended June 30, 2023 and 2022

Note K: Commitments and Contingencies

Medical malpractice claims - Vista Community Clinic is deemed an employee of the federal government and is covered for malpractice insurance under the Federal Tort Claims Act ("FTCA"). Vista Community Clinic also has supplemental Professional Liability coverage for individual claims up to \$1,000,000 and aggregate annual claims up to \$3,000,000.

Retirement plans - Vista Community Clinic maintains a tax deferred annuity plan 403(b) for substantially all of its employees who have met specified age and service requirements. On July 1, 2015, VCC amended its 403(b) plan and now fully matches the first 3% of employee contributions and matches half of the next 2% of employee contributions. For the years ended June 30, 2023 and 2022, VCC contributed \$1,114,824 and \$949,022, respectively relating to these retirement plans.

Litigation: In the normal course of business, VCC is, from time to time, subject to allegations that may or do result in litigation. VCC evaluates such allegations by conducting investigations to determine the validity of each potential claim. Based upon the advice of counsel, management records an estimate of the amount of ultimate expected loss, if any, for each of these matters. Events could occur that would cause the estimate of ultimate loss to differ materially in the near term.

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as regulatory actions unknown or unasserted at this time. These laws and regulations include, but are not limited to, accreditation, licensure, government health care program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Recently, government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by health care providers. Violations of these laws and regulations could result in exclusion from government health care program participation, together with the imposition of significant fines and penalties, as well as significant repayment for past reimbursement for patient services received. While VCC is subject to similar regulatory reviews, there are no reviews currently underway, and management believes that the outcome of any potential regulatory review will not have a material adverse effect on VCC's financial position.

Vista Community Clinic
Notes to the Financial Statements
For the years ended June 30, 2023 and 2022

Note L: Net Assets with Donor Restrictions

Net assets with donor restrictions were comprised of the following programs at June 30, 2023 and 2022:

	<u>2023</u>	<u>2022</u>
ADAP	\$ 104,278	\$ 107,066
Elevate Youth California	279,713	-
Mobile Health Screening	-	119,162
Kids Vax	19,484	70,000
K-1 Community Grant	219,470	-
Connected Care Accelerator	-	58,756
Population Health & Transition	162,871	-
CalOptima ECM Services	79,153	-
Expanded Learning	78,687	-
Other	201,894	242,674
	<u>\$ 1,145,550</u>	<u>\$ 597,658</u>

As net assets with donor restrictions are expended, the net assets released from restrictions are recognized as revenue without donor restrictions. As of June 30, 2023, and 2022 net assets released from donor restrictions consist of the following:

	<u>2023</u>	<u>2022</u>
ADAP	\$ 34,538	\$ 20,818
Health Coverage Enrollment	-	33,551
Mobile Health Screening	119,162	-
Farmworker CARE Coalition	-	4,500
Quality Improvement Navigator	85,997	114,603
Tides Foundation	-	26,250
FM Renovation	-	100,000
Elevate Youth California	221,494	-
HIV Self Testing	164,618	-
Durian Sr. Site	156,076	-
Population Health & Transition	87,129	-
Dental Support	79,620	-
Connected Care Accelerator	76,255	-
Other	565,871	607,249
	<u>\$ 1,590,760</u>	<u>\$ 906,971</u>

Vista Community Clinic
Notes to the Financial Statements
For the years ended June 30, 2023 and 2022

Note M: Information Regarding Liquidity and Availability of Resources

VCC regularly monitors the availability of resources required to meet its operating needs and other contractual commitments, while also striving to maximize the investment of its available funds. VCC has various sources of liquidity at its disposal, including cash and cash equivalents, investments, various receivables, and a line of credit. For purposes of analyzing resources available to meet general expenditures over a 12-month period, the VCC considers all expenditures related to its ongoing activities of providing healthcare-related activities as well as the conduct of services undertaken to support those activities to be general expenditures.

VCC strives to maintain liquid financial assets sufficient to cover 90 days of general expenditures. Financial assets in excess of daily cash requirements typically become internally designated by the board and are invested (see note D). The following table reflects VCC's financial assets as of June 30, 2023 and 2022, reduced by amounts that are not available to meet general expenditures within one year of the balance sheet date.

	2023	2022
Cash and cash equivalents	\$ 5,563,969	\$ 12,639,772
Investments	23,186,873	15,425,202
Patient accounts receivable	5,240,100	4,235,281
Grant receivable	2,120,628	3,762,525
Pledges receivable	4,000	4,000
Total financial assets	36,115,570	36,066,780
Board designated investments	(7,906,867)	(6,966,069)
Restricted by donors	(1,145,550)	(597,658)
Financial assets available to meet cash needs for general expenditures in one year	\$ 27,063,153	\$ 28,503,053

In addition to financial assets available to meet general expenditures over the next 12 months, VCC operates with a balanced budget and anticipates collecting sufficient patient service revenue to cover general expenditures not covered by grants or donor-restricted resources. VCC also has a line of credit available to meet short-term needs. See note J for information about this arrangement.

Vista Community Clinic
Notes to the Financial Statements
For the years ended June 30, 2023 and 2022

Note N: Functional Expenses

The financial statements report certain categories of expenses that are attributable to more than one program or supporting function. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include depreciation, interest, and office and occupancy, which are allocated on a square-footage basis, as well as salaries and benefits, which are allocated on the basis of estimates of time and effort. Expenses for the year ended June 30, 2023 include:

	Program Services	Fund Raising	General & Administration	Total
Salaries & benefits	\$ 59,900,754	\$ 361,017	\$ 7,196,908	\$ 67,458,679
Other operating expenses	4,886,608	191,888	2,414,022	7,492,518
Medical supplies and drugs	5,027,765	-	2,570	5,030,335
Contract services	5,194,853	-	744,384	5,939,237
Space costs	2,734,940	1,855	136,118	2,872,913
Depreciation	1,614,399	1,984	330,465	1,946,848
Insurance	278,241	164	206,071	484,476
Travel, conferences and meetings	246,232	-	75,452	321,684
Interest	-	-	130,946	130,946
Total expenses	\$ 79,883,792	\$ 556,908	\$ 11,236,936	\$ 91,677,636
Percentage	87%	1%	12%	100%

Expenses for the year ended June 30, 2022 include:

	Program Services	Fund Raising	General & Administration	Total Total
Salaries & benefits	\$ 51,495,386	\$ 288,408	\$ 6,615,813	\$58,399,607
Other operating expenses	3,679,986	65,543	1,979,674	5,725,203
Medical supplies and drugs	5,055,819	-	852	5,056,671
Contract services	4,655,447	10,000	598,524	5,263,971
Space costs	2,195,925	1,583	149,195	2,346,703
Depreciation	1,831,343	1,777	343,139	2,176,259
Insurance	250,078	162	167,171	417,411
Travel, conferences and meetings	160,008	-	43,034	203,042
Interest	-	-	150,365	150,365
Total expenses	\$ 69,323,992	\$ 367,473	\$ 10,047,767	\$ 79,739,232
Percentage	87%	1%	12%	100%

Vista Community Clinic
Notes to the Financial Statements
For the years ended June 30, 2023 and 2022

Note O: Leases

VCC has operating leases for clinics, corporate offices, and certain equipment. The leases have remaining lease terms of 1 year to 10 years, some of which include options to extend the leases for up to 5 years, and some of which include options to terminate the leases within 1 year. VCC elected the short-term lease practical expedient related to leases that are 12 months or less.

Leases for clinics typically include multiple optional renewal periods. Upon opening a new clinic location, VCC typically installs leasehold improvements with various useful life. Due to the specialized nature of clinic space and leasehold improvements installed, Management concludes that it is reasonably certain that a renewal option will be exercised, and thus that renewal period is included in the lease term, and the related payments are reflected in the ROU asset and lease liability.

Each operating lease includes fixed rental payments, however, it is common for the lease payments to increase at pre-determined dates based on the change in the consumer price index. VCC's operating leases are comprised of both gross leases and net leases, in which separate payments are made to the lessor based on the lessor's property and casualty insurance costs and the property taxes assessed on the property, as well as a portion of the common area maintenance associated with the property. VCC has elected the practical expedient not to separate lease and non-lease components for all building leases.

During the years ended June 30, 2023 and 2022, total lease expense was \$651,599 and \$446,562, respectively. During the years ended June 30, 2023 and 2022, the following were the cash and non-cash activities associated with VCC's operating leases:

	2023	2022
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash flows from operating leases	\$ 551,847	\$ -
Non-cash investing and financing activities:		
Right-of-use assets obtained in exchange for lease obligations	\$ 3,246,645	\$ -

As of June 30, 2023, the weighted-average remaining lease term for all operating leases is 6.2 years. Because VCC generally does not have access to the rate implicit in the lease, VCC utilizes the incremental borrowing rate as the discount rate. The weighted average discount rate associated with operating leases as of December 31, 2022 is 4.0%

Vista Community Clinic
Notes to the Financial Statements
For the years ended June 30, 2023 and 2022

Note O: Leases (continued)

The future payments due under operating leases as of June 30, 2023 are as follows:

2024	\$ 626,227
2025	568,832
2026	560,939
2027	473,266
2028	202,371
Thereafter	610,399
	<hr/> 3,042,034
Less effects of discounting	(347,236)
Operating lease liabilities recognized	<hr/> <u>\$ 2,694,798</u>

SINGLE AUDIT REPORTS

**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

Board of Directors
Vista Community Clinic
Vista, California

We have audited, 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, the financial statements of Vista Community Clinic ("VCC"), which comprise the balance sheets as of June 30, 2023 and 2022 and the related statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements, and have issued our report thereon dated September 28, 2023.

Report on Internal Control Over Financial Reporting

In planning and performing our audit, we considered Vista Community Clinic 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 VCC's internal control. Accordingly, we do not express an opinion on the effectiveness of VCC'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 VCC's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

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

Report on Compliance and Other Matters

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

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the 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.

CAW. LLP

Fresno, California
September 28, 2023

Report on Compliance For Each Major Federal Program And Report on Internal Control Over Compliance Required by the Uniform Guidance

Independent Auditor's Report

Board of Directors
Vista Community Clinic
Vista, California

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited Vista Community Clinic's ("VCC") compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of VCC's major federal programs for the year ended June 30, 2023. VCC's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, VCC complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2023.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America ("GAAS"); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States ("*Government Auditing Standards*"); and the audit requirements of Title 2 U.S. *Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* ("Uniform Guidance"). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of VCC and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of VCC's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules and provisions of contracts or grant agreements applicable to VCC's federal programs.

Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on VCC's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material, if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about VCC's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance, we

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding VCC's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- obtain an understanding of VCC's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of VCC's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control Over Compliance

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or 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 Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that have not been identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

CAW. LLP

Fresno California
September 28, 2023

**Vista Community Clinic
Schedule of Expenditures of Federal Awards
For the year ended June 30, 2023**

Federal Grant / Program Title	ALN	Pass-Through Identification Number	Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			
<u>Direct Programs:</u>			
Community Health Center, Section 330	*93.224	N/A	\$ 6,699,302
COVID-19 Expanded Services	*93.527	N/A	583,394
CADRE	*93.224	N/A	31,522
COVID-19 American Rescue Plan	*93.224	N/A	6,324,386
Total Health Center Program Cluster			13,638,604
COVID-19 ARPA Capital	*93.526	N/A	1,188,746
COVID-19 Testing, Treatment, and Vaccine Administration	93.461	N/A	15,376
Healthy Tomorrows	93.110	N/A	46,664
SAMSHA Prevention Navigator Program	93.243	N/A	201,510
Subtotal Direct Programs			15,090,900
<u>Passed Through:</u>			
Essential Access Health - Title X	93.217	2288-5320-71219-22	303,895
California Department of Public Health - CA Prep	93.092	21-10403	289,537
Health Quality Partners - CHIPRA	93.767	1Y1CMS331690	74,940
San Diego State Research Foundation - Oral Health Behavior	93.361	R01DE026742	27,086
Center for Disease Control - CHIP	93.940	NU62PS9247160100	75,366
Family Health Centers - YMSM Counseling and Testing	93.939	CDC-RFA-PS17-1704	109,928
National Cancer Institute - RADxUP COVID 19	93.393	UH3CA233314	91,198
National Cancer Institute - ACCSIS CRC Screening	93.353	IUG3CA233314	78,408
San Ysidro Health - Workforce Wellness	93.732	1-U3MHP45381-01	220,185
Center for Disease Control - Comprehensive HIV Prevention	93.421	NU38OT000288	164,618
<u>Passed through County of San Diego:</u>			
Ryan White Care Act Outreach	93.914	557751	36,627
Referral for Health Care	93.914	557751	172,485
Medical Case Management	93.914	557751	260,601
RW Mental Health	93.914	557751	106,199
Peer Navigation	93.914	557751	74,239
HIV Prevention Services	93.940	561585	272,329
Alcohol & Drug Prevention Services	93.959	551557	395,477
CHW Pilot Training Program	93.495	566132	108,500
Total Department of Health & Human Services			17,952,518
U.S. DEPARTMENT OF THE TREASURY			
Passed through County of San Diego - Project REACH Summer Program	21.019	4491	25,000

* Denotes major program

**Vista Community Clinic
Schedule of Expenditures of Federal Awards
For the year ended June 30, 2023**

Federal Grant / Program Title	ALN	Pass-Through Identification Number	Expenditures
U.S. DEPARTMENT OF HOUSING & URBAN DEVELOPMENT			
Passed through City of Vista - CDBG Vista Pediatrics	14.218	20220089	18,600
Passed through City of Oceanside - CDBG Club 55	14.218	21-D0572-4	13,670
Passed through City of Lake Elsinore - CDBG Lake Elsinore	14.218	1.LE 75.21	22,000
Passed through City of Oceanside - CDBG Reach Project	14.218	22-D0621-4	18,976
			73,246
U.S. DEPARTMENT OF EDUCATION			
Passed through Vista School District - REACH Rancho Buena Vista	84.287	131349	40,000
U.S. DEPARTMENT OF AGRICULTURE			
Passed through County of San Diego - Healthy Cities	10.561	562520	345,250
U.S. DEPARTMENT OF JUSTICE			
Passed through The Children's Initiative - Enhancing Resilience	16.609	PSN-20073383754	40,092
U.S. DEPARTMENT OF THE INTERIOR			
Passed through the EPA-Environmental Justice Collaborative Problem-Solving	66.603	EPA-OP-OEJ-21-02	76,652
FEDERAL COMMUNICATIONS COMMISSION			
<u>Direct Programs</u>			
COVID-19 Telehealth Program	32.006	N/A	359,508
Total federal financial assistance			\$ 18,912,266

* Denotes major program

Vista Community Clinic
Notes to Schedule of Expenditures of Federal Awards
For the year ended June 30, 2023

Note A: Basis of Presentation

The accompanying Schedule of Expenditures of Federal Awards (the “Schedule”) summarizes the expenditures of Vista Community Clinic (the “VCC”) under programs of the federal government for the year ended June 30, 2023. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of VCC, it is not intended to, and does not, present the financial position, changes in net assets, or cash flows for VCC.

Note B: Summary of Significant Accounting Policies

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement. Negative amounts shown on the Schedule represent adjustments or credits made in the normal course of business to amounts reported as expenditures in prior years. VCC elected not to use the de minimis cost rate because it has a negotiated indirect cost rate in place.

**Vista Community Clinic
Schedule of Findings and Questioned Costs
For the year ended June 30, 2023**

I. Summary of Auditor's Results

Financial Statements

Type of auditor's report issued		Unmodified
Internal Control over financial reporting: Material weakness(es) identified?	_____ Yes	___ <u>X</u> ___ No
Significant deficiency(ies) identified that are not considered to be material weaknesses?	_____ Yes	___ <u>X</u> ___ None Reported
Noncompliance material to financial statements noted?	_____ Yes	___ <u>X</u> ___ No

Federal Awards

Internal control over major programs: Material weakness(es) identified?	_____ Yes	___ <u>X</u> ___ No
Significant deficiency(ies) identified that are not considered to be material weaknesses?	_____ Yes	___ <u>X</u> ___ None Reported
Type of auditor's report issued on compliance for major programs:		Unmodified
Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?	_____ Yes	___ <u>X</u> ___ No

Major Programs

	<u>ALN</u>
Community Health Center, Section 330	93.224
COVID-19 Expanded Services	93.527
CADRE	93.224
COVID-19 American Rescue Plan	93.224
COVID-19 ARPA Capital	93.526
Dollar threshold used to distinguish Types A and B programs	\$750,000
Auditee qualified as low-risk auditee?	___ <u>X</u> ___ Yes _____ No

**Vista Community Clinic
Schedule of Findings and Questioned Costs
For the year ended June 30, 2023**

II. Financial Statement Findings

None Reported

III. Federal Award Findings And Questioned Costs

None Reported

Prior Year Findings and Questioned Costs:

None Reported

Vista Community Clinic
Balance Sheet as of June 30, 2023

*******Assets*******

Cash

Cash	\$	12,925,320
Short-term Investments	\$	2,287,972
Total Cash & Cash Equivalents	\$	<u>15,213,292</u>

Other Assets

Accounts Receivable	\$	4,689,813
OB Panel Receivable	\$	10,120
Grants Receivable	\$	2,120,628
Pledges Receivable	\$	4,000
Estimated Third Party Settlements	\$	5,373,527
Inventories	\$	7,936
Prepaid Expenses and Deposits	\$	1,289,132
Total Other Assets	\$	<u>13,495,156</u>

Fixed Assets

Land-Vale Terrace	\$	894,006
Land-995 Vale Terrace	\$	625,000
Land-Grapevine	\$	825,000
Land-Pier View	\$	214,402
Land-La Tortuga	\$	1,362,622
Land-Lake Elsinore	\$	862,613
Land-La Habra	\$	78,847
Construction in Progress	\$	6,209,171
Building-Vale Terrace	\$	3,637,013
Building-Women's Center	\$	6,690,361
VTB Parking Garage	\$	7,960,505
Building-Grapevine	\$	3,219,140
Building-Pier View	\$	622,827
Building-Horne	\$	391,785
Building-La Tortuga	\$	4,297,404
Building-Lake Elsinore	\$	1,117,387
Building-La Habra	\$	32,307
Leaseholds	\$	129,411
Vans	\$	897,537
Equipment	\$	1,416,160
Total Fixed Assets	\$	<u>41,483,497</u>

Other Assets

Practice Acquisition	\$	248,000
Right of Use - Operating Leases	\$	2,656,418
Board Designated Investments	\$	13,537,550
Total Other Assets	\$	<u>16,441,967</u>

Total Assets

\$ 86,633,913

*******Liabilities*******

Accounts Payable	\$	3,070,698
Accrued Payroll	\$	800,981
Accrued Vacation	\$	2,912,490

Accrued CHAP	\$	212,982
Deferred Revenue	\$	1,039,911
Leases	\$	2,694,799
CNB Loan	\$	770,747
CHFFA Loan	\$	196,919
BQuest Loan	\$	686,312
CNB LE Construction Loan	\$	2,325,005
Total Liabilities	\$	<u>14,710,843</u>

******Fund Balance******

Beginning Fund Balance & Reserve	\$	66,091,547
Current Excess/Deficit	\$	5,831,523
Total Fund Balance	\$	<u>71,923,070</u>

Total Liabilities and Fund Balance	\$	<u><u>86,633,913</u></u>
---	----	--------------------------

**VISTA COMMUNITY CLINIC
REVENUE AND EXPENSE REPORT
AS OF 6/30/2023**

	***** Year-to-date *****			***** Prior Year-t
	Budget	Actual	Variance	Actual
REVENUE:				
Patient Fees	67,894,357	71,208,513	(3,314,157)	60,644,538
Contracts	20,917,410	23,598,062	(2,680,652)	22,844,720
Other Revenue	1,417,100	2,702,584	(1,285,484)	(64,871)
Total Revenue	<u>90,228,866</u>	<u>97,509,159</u>	<u>(7,280,293)</u>	<u>83,424,387</u>
EXPENSES:				
Salaries	58,430,934	56,546,657	1,884,277	48,905,214
Fringe Benefits	11,692,030	10,912,023	780,007	9,494,393
Patient Contract Services	2,342,472	4,605,075	(2,262,602)	4,182,559
Non-Patient Contr Svcs	1,481,703	1,794,586	(312,882)	1,643,426
Supplies	4,576,261	7,055,772	(2,479,511)	6,261,305
Communications	551,123	766,353	(215,230)	571,300
Travel	283,993	321,684	(37,691)	203,042
Equipment	1,600,930	1,911,875	(310,945)	1,708,689
Facilities	2,541,020	2,904,136	(363,116)	2,373,622
Insurance	369,219	484,476	(115,257)	417,411
Financing	188,413	203,919	(15,506)	219,021
Recruitment	378,394	550,081	(171,688)	416,881
Depreciation	1,862,245	1,884,848	(22,602)	2,176,259
Amortization	0	62,000	(62,000)	0
Other	916,987	1,271,252	(354,265)	768,729
Outreach	341,007	402,900	(61,893)	397,380
Admin Allocation	0	0	0	0
Total Expenses	<u>87,556,732</u>	<u>91,677,636</u>	<u>(4,120,903)</u>	<u>79,739,232</u>
NET:	<u>2,672,134</u>	<u>5,831,523</u>	<u>(3,159,389)</u>	<u>3,685,155</u>

to-date *****

Variance

10,563,976

753,342

2,767,455

14,084,772

7,641,443

1,417,630

422,516

151,160

794,467

195,053

118,643

203,186

530,514

67,064

(15,102)

133,200

(291,411)

62,000

502,524

5,520

0

11,938,404

2,146,368

FRHD CHC GRANT BUDGET INSTRUCTIONS

This file has a number of pre-formatted pages. Those sections for auto calculations and set formats are shaded in grey and should not be altered. Please keep a copy of this document as it will be used as part of the grant reporting process

There are five tabs to this file:

- 1 Instructions
- 2 Program Budget Form
- 3 Funding History
- 4 Budget Narrative
- 5 Budget Reporting Form

1 Instructions:

- > All Yellow sections are to be filled out by the applicant. Grey sections will auto calculate and should not be edited by the applicant. All pages are formatted to print portrait, on 1 page.

2 Program Budget Form:

- > PROGRAM COST: This section should reflect the true and total costs of the program.

APPLYING ORGANIZATION: This is the applicant agency's investment in their program. This is
> the value of the resources the agency will contribute to the program's cost. These may include funds from fundraising events, private donors, in-kind goods and services, and volunteer efforts.
- > OTHER FUNDERS: These are funds or resources provided from contracts, grants and partnerships that are used to support the program's operations.
- > REQUESTED FROM FRHD: This is the funding request you are putting forward to the District.
> The line item names may not fully align with your budget. Please edit those items to align with your budget. Explain those items on your Budget Narrative Form as necessary.

A INDIRECT EXPENSES:

This section is for expenses that are part of indirect operations of the program, necessary which may not be part of the direct service provision expenses (Administration, facility expenses, general liability ins., etc.). Please refer back to the training materials for clarification of these expenses. The District will not consider funding more than 25% of these expenses

B PERSONNEL EXPENSES - PROGRAM SPECIFIC:

As stated, this section is for staffing expenses that are directly related to the provision of the services/program. Please list each position title separately, unless there are multiple of the same title then use (x3) as an indicator. For example, if funding salaries for four separate Drivers, you would indicate as, Driver (x4) and the expense amount would be the cost of all four Drivers.

C DIRECT PROGRAM EXPENSES:

This section is for supplies, items and or specific expenses related to the provision of the services/program. This may include phone, rent, printing, program related insurance (e.g., vehicle), trainings and certifications.

FRHD CHC GRANT BUDGET INSTRUCTIONS

This file has a number of pre-formated pages. Those sections for auto calculations and set formats are shaded in grey and should not be altered. Please keep a copy of this document as it will be used as part of the grant reporting process

3 Funding History

- List other grant funders that have been approached by your organization for this program in the
- > past year, do not include FRHD. Include Name, Date, Amount Requested, Awarded, Declined or Pending.

4 Budget Narrative

- There are headers that align with the Budget Form. These items should be explained (narrative) if
- > they are unusual or have a specific project impact. Explanations regarding utility expenses are generally understood, but expenses relating to training or for a specialty insurance could be expressed here.

5 Budget Reporting Form

- This form will be used for those grantees who are awarded contracts. This form must be submitted
- > with the quarterly Impact Report and should demonstrate that funds were allocated according to the submitted proposal budget.

FRHD CHC GRANT BUDGET FORM

Agency Name:

Vista Community Clinic

PROGRAM NAME:

Poder Popular de Fallbrook: Engaging Fallbrook Residents in Community Health

Not all line items will correspond with your program budget. If the item does not fully align either leave it blank or group it in the best category possible. However, be sure your program budget is fully itemized.

1)	A	INDIRECT EXPENSES:	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
	A1	Administrative Support	-	-	-	-
	A2	General Insurance (not program specific)	-	-	-	-
	A3	Accounting & audit expenses	-	-	-	-
	A4	Consultant/Contractor Fees	-	-	-	-
	A5	Physical Assets (Rent, Facility Costs)	-	-	-	-
	A6	Utilities	-	-	-	-
	A7	IT & Internet	-	-	-	-
	A8	Marketing & Communications	-	-	-	-
	A9	Office Supplies	-	-	-	-
	A10	Training & Education	-	-	-	-
	A11	Other: Indirect rate @ 17.6% of Total Personnel	3,485.00	-	3,485.00	-
		TOTAL INDIRECT EXPENSE	3,485.00	-	3,485.00	-

B	PERSONNEL EXPENSES - PROGRAM SPECIFIC	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
B1	Program Supervisor	15,600.00	-	10,400.00	5,200.00
B2	Program Coordinator	22,880.00	-	11,440.00	11,440.00
B3	Salary (list position)	-	-	-	-
B4	Salary (list position)	-	-	-	-
B5	Payroll Expenses (WC, taxes)	-	-	-	-
B6	Benefits	7,311.00	-	4,150.00	\$ 3,161.00
B7	Other: specify	-	-	-	-
	TOTAL PERSONNEL EXPENSE	45,791.00	-	25,990.00	19,801.00

C	DIRECT PROGRAM EXPENSES	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
C1	Outreach Supplies	\$ 10,000.00	\$ -	\$ 4,000.00	\$ 6,000.00
C2	Program Materials	\$ 3,000.00	\$ -	\$ 1,500.00	\$ 1,500.00
C3	Printing/Copies	\$ 3,000.00	\$ -	\$ 1,301.00	\$ 1,699.00
C4	Travel/Mileage	\$ 2,500.00	\$ -	\$ 1,000.00	\$ 1,500.00
C5	Meeting Supplies	\$ 5,000.00	\$ -	\$ 1,500.00	\$ 3,500.00
C6	Stipends	\$ 10,000.00	\$ -	\$ 4,000.00	\$ 6,000.00
C7	Cell Phone	\$ 1,200.00	\$ -	\$ 1,200.00	\$ -
C8	Office Supplies	\$ 300.00	\$ -	\$ 300.00	\$ -
C9	Computer Supplies	\$ 1,000.00	\$ -	\$ 1,000.00	\$ -
C10	Internet	\$ 1,200.00	\$ -	\$ 1,200.00	\$ -
C11					
C12					
C13					
C14					
C15					
	TOTAL OTHER EXPENSES	37,200.00	-	17,001.00	20,199.00

W X Y Z

D	TOTAL ALL EXPENSES	PROGRAM COST	% REQUESTED FROM FRHD
		\$ 86,476.00	46%

2) FUNDING SOURCES

E	FUNDS FOR PROGRAM		
E1	APPLYING ORGANIZATION	X	-
E2	OTHER FUNDERS	Y	46,476.00
E3	REQUESTED FROM FRHD	Z	40,000.00
	TOTAL FUNDING SOURCES		\$ 86,476.00

NOTE: THIS AMOUNT SHOULD BE EQUAL TO YOUR PROJECT COST.

3) % OF AGENCY BUDGET

F	CALCULATE % of Total Agency budget that this Program represents.	\$96,704,228	\$ 86,476.00	0%
		AGENCY BUDGET**	PROGRAM COST	% of AGENCY BUDGET

** Agency budget is your agency's entire budget for the year. Fill in the amount.

Agency Name: Vista Community Clinic

Program Name: Poder Popular de Fallbrook: Engaging Fallbrook Residents in Community Health

INSTRUCTIONS:

- List items from your PROJECT BUDGET FORM (Sections A and B) that you are seeking FRHD support, and that requires explanation.
- Your narrative should explain why this expense is necessary to the project and why or how FRHD funding would make an impact.

A. INDIRECT EXPENSES: Please indicate by the Line Number and Item Name

#	Name	Narrative:
A9	Office Supplies	Office supplies reflect the cost of basic office supplies (e.g. paper, pens, binders, notebooks) for program staff. Total cost is based on an estimated costs at \$50/mo for 12 months.

B. PERSONNEL EXPENSES -PROGRAM SPECIFIC

#	Name	Narrative:
B1	Program Supervisor	10% of a Program Supervisor. This position will be responsible for providing oversight of program staff and monitoring all program activities and program reporting.
B2	Program Coordinator	25% of a Program Coordinator. This position will be responsible for coordination of outreach events, "Platicas" (workshops), meetings, and providing direct program services.
B6	Benefits	Fringe calculated at 19%.

C. DIRECT PROGRAM EXPENSES

#	Name	Narrative:
C1	Outreach Supplies	Outreach supplies are needed to conduct activities such as meetings, workshops, health fairs, and outreach tabling activities. Supplies include the purchase of equipment including a canopy with walls and wheeled bag, a table, a table cloth, chairs, brochure stands foldable push hand carts and clip boards, etc.
C2	Program supplies	Program Supplies include the purchase of supplies needed to set up an area to host meetings, "Pláticas" (educational workshops), trainings, and activities that build community, such as gardening. The total costs include: metal outdoor table, metal chair sets, outdoor/resistant umbrella, metal signage frame, garden shovels, a raised bed garden irrigation kit, etc.
C3	Printing/Copies	Printing includes fees associated with printing educational material for VCC staff to train "Lideres" on priority community needs identified via focus groups. VCC staff will print material needed for "Lideres" to disseminate information to Fallbrook residents on the topics identified. Additional items needed to be printed include: worksheets for "Pláticas," meeting documents, event flyers in black and white and in color.
C4	Travel/Mileage	Mileage is included for staff to travel from Vista to Fallbrook to implement project activities including ongoing trips to Fallbrook to recruit/expand a group of volunteer "Lideres," run focus groups, facilitate workshops, and conduct outreach activities to recruit for health fairs. Mileage is reimbursed at \$0.67/mile.
C5	Meeting Supplies	Meeting supplies covers the purchase of food, beverages, plates, cups, napkins, and utensils to engage program participants in workshops. The estimated total cost is broken down in the following order: \$500 *1 health fair event , \$300 x 6 community garden meetings, \$350 x 2 educational platicas (workshops) and \$200 x 1 recruitment and outreach training.
C6	Stipends	Stipends to recruit, engage, and retain 10 Poder Popular Lideres. Lideres will participate in focus groups and educational workshops, promote health fair events, get trained on identified community needs, and disseminate information to fellow community members.

FRHD CHC GRANT BUDGET REPORTING FORM

 Agency Name: **Vista Community Clinic** PROGRAM NAME: **Poder Popular de Fallbrook: Engaging Fallbrook Residents in Community Health**

The main categories align with the budget submitted with your application. Aggregate totals are all that should be reported under each heading.

1)	A	INDIRECT EXPENSES:	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
		TOTAL INDIRECT EXPENSE	\$3,485.00	\$0.00				
	B	PERSONNEL EXPENSES - PROGRAM SPECIFIC	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
		TOTAL PERSONNEL EXPENSE	\$45,791.00	\$19,801.00				
	C	DIRECT PROGRAM EXPENSES	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
		TOTAL OTHER EXPENSES	\$37,200.00	\$20,199.00				
	D	TOTALS	PROGRAM COST	FRHD Funds Awarded	Total Amount Q1	Total Amount Q2	Total Amount Q3	Total Amount Q4
			\$86,476.00	\$0.46	\$0.00	\$0.00	\$0.00	\$0.00

 Total funds expended to date: **\$0.00**