

Kansas City CARE Clinic
Auditor's Report and Financial Statements
March 31, 2014 and 2013



Kansas City CARE Clinic

March 31, 2014 and 2013

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Independent Auditor's Report

Board of Directors
Kansas City CARE Clinic
Kansas City, Missouri

Report on the Financial Statements

We have audited the accompanying financial statements of Kansas City CARE Clinic, which comprise the statements of financial position as of March 31, 2014 and 2013, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Kansas City CARE Clinic as of March 31, 2014 and 2013, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying supplementary information, the schedule of expenditures of federal awards required by OMB Circular A-133, *Audits of States, Local Governments and Non-Profit Organizations*, as listed in the table of contents, is presented for purposes of additional analysis and is not a required part of the basic 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 August 20, 2014 on our consideration of the Clinic's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the 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 the Clinic's internal control over financial reporting and compliance.

BKD, LLP

Kansas City, Missouri
August 20, 2014

Kansas City CARE Clinic
Statements of Financial Position
March 31, 2014 and 2013

Assets

	2014	2013
Cash and cash equivalents	\$ 673,261	\$ 428,092
Grant reimbursements receivable	814,893	873,921
Contributions receivable	47,750	6,000
Prepaid expenses and other	299,731	149,561
Investments	207,293	491,356
Donor restricted assets		
Cash	606,336	618,623
Investments	134,334	120,275
Contributions receivable	55,254	245,600
Property and equipment, net of accumulated depreciation; 2014 - \$1,726,046, 2013 - \$1,531,639	2,190,705	2,150,421
Total assets	\$ 5,029,557	\$ 5,083,849

Liabilities and Net Assets

Liabilities

Accounts payable	\$ 238,888	\$ 185,614
Accrued expenses	331,101	317,280
Deferred revenue	67,150	34,702
Total liabilities	637,139	537,596

Net Assets

Unrestricted	3,596,494	3,561,755
Temporarily restricted	681,120	869,694
Permanently restricted	114,804	114,804
Total net assets	4,392,418	4,546,253
Total liabilities and net assets	\$ 5,029,557	\$ 5,083,849

Kansas City CARE Clinic
Statement of Activities
Year Ended March 31, 2014

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Revenues, Gains and Other Support				
Government financial assistance	\$ 5,434,891			\$ 5,434,891
Contributions	1,718,395	\$ 552,492		2,270,887
Contributed goods and services	4,740,969			4,740,969
Special events, net of direct expenses of \$183,194	350,565			350,565
United Way	75,550	12,742		88,292
Investment income	1,694	14,059		15,753
Other	10,216			10,216
Net assets released from restriction	<u>767,867</u>	<u>(767,867)</u>		<u>-</u>
 Total revenues, gains and other support	 <u>13,100,147</u>	 <u>(188,574)</u>		 <u>12,911,573</u>
Expenses and Losses				
Program services				
Medical, dental and behavioral health	6,394,237			6,394,237
HIV	5,021,400			5,021,400
Supporting services				
Management and general	1,258,404			1,258,404
Fundraising	<u>391,367</u>			<u>391,367</u>
 Total expenses and losses	 <u>13,065,408</u>	 <u>-</u>		 <u>13,065,408</u>
 Change in Net Assets	 34,739	 (188,574)		 (153,835)
 Net Assets, Beginning of Year	 <u>3,561,755</u>	 <u>869,694</u>	 <u>\$ 114,804</u>	 <u>4,546,253</u>
 Net Assets, End of Year	 <u>\$ 3,596,494</u>	 <u>\$ 681,120</u>	 <u>\$ 114,804</u>	 <u>\$ 4,392,418</u>

Kansas City CARE Clinic
Statement of Activities
Year Ended March 31, 2013

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Revenues, Gains and Other Support				
Government financial assistance	\$ 5,570,107			\$ 5,570,107
Contributions	2,360,196	\$ 704,635		3,064,831
Contributed goods and services	5,517,981			5,517,981
Special events, net of direct expenses of \$141,382	222,286			222,286
United Way	52,966	139,906		192,872
Investment income	2,756	7,452		10,208
Other	12,214			12,214
Net assets released from restriction	499,974	(499,974)		-
	<u>14,238,480</u>	<u>352,019</u>		<u>14,590,499</u>
Expenses and Losses				
Program services				
Medical, dental and behavioral health	7,210,368			7,210,368
HIV	5,049,267			5,049,267
Supporting services				
Management and general	1,567,734			1,567,734
Fundraising	386,961			386,961
	<u>14,214,330</u>	<u>-</u>		<u>14,214,330</u>
Change in Net Assets	24,150	352,019		376,169
Net Assets, Beginning of Year	<u>3,537,605</u>	<u>517,675</u>	<u>\$ 114,804</u>	<u>4,170,084</u>
Net Assets, End of Year	<u>\$ 3,561,755</u>	<u>\$ 869,694</u>	<u>\$ 114,804</u>	<u>\$ 4,546,253</u>

Kansas City CARE Clinic
Statement of Functional Expenses
Year Ended March 31, 2014

	Program Services			Supporting Services			Total Expenses
	Medical, Dental and Behavioral Health	HIV	Total Program	Management and General	Fundraising	Total Supporting	
Salaries	\$ 1,692,462	\$ 2,189,875	\$ 3,882,337	\$ 635,987	\$ 297,342	\$ 933,329	\$ 4,815,666
Benefits and taxes	330,668	451,140	781,808	130,721	47,098	177,819	959,627
Contributed goods and services	3,860,268	567,511	4,427,779	157,526	714	158,240	4,586,019
Professional fees	98,418	154,761	253,179	101,454	391	101,845	355,024
Supplies	104,349	202,692	307,041	12,564	3,819	16,383	323,424
Telephone	22,244	28,438	50,682	6,019	2,794	8,813	59,495
Postage and shipping	2,859	3,044	5,903	1,283	3,785	5,068	10,971
Occupancy	74,165	64,917	139,082	18,185	7,033	25,218	164,300
Equipment rental and maintenance	61,526	64,633	126,159	38,030	11,462	49,492	175,651
Printing and publications	17,662	15,281	32,943	4,400	4,067	8,467	41,410
Travel and meals	20,097	43,682	63,779	8,358	1,805	10,163	73,942
Training	4,349	6,362	10,711	4,121	485	4,606	15,317
Assistance to individuals	4,351	9,802	14,153	-	-	-	14,153
Membership dues	784	727	1,511	2,794	295	3,089	4,600
Interest expense	-	-	-	1,055	-	1,055	1,055
Recognition awards	611	93	704	3,373	248	3,621	4,325
Insurance	43,248	40,596	83,844	5,553	3,100	8,653	92,497
Payments to subrecipients	-	1,145,213	1,145,213	-	-	-	1,145,213
Miscellaneous	1,248	1,612	2,860	13,865	3,589	17,454	20,314
Loss on disposal of equipment	-	-	-	3,200	-	3,200	3,200
Depreciation and amortization	54,928	31,021	85,949	109,916	3,340	113,256	199,205
Total	\$ 6,394,237	\$ 5,021,400	\$ 11,415,637	\$ 1,258,404	\$ 391,367	\$ 1,649,771	\$ 13,065,408

Kansas City CARE Clinic
Statement of Functional Expenses
Year Ended March 31, 2013

	<u>Program Services</u>			<u>Supporting Services</u>			<u>Total Expenses</u>
	<u>Medical, Dental and Behavioral Health</u>	<u>HIV</u>	<u>Total Program</u>	<u>Management and General</u>	<u>Fundraising</u>	<u>Total Supporting</u>	
Salaries	\$ 1,410,075	\$ 2,170,155	\$ 3,580,230	\$ 631,975	\$ 279,812	\$ 911,787	\$ 4,492,017
Benefits and taxes	256,757	429,873	686,630	112,590	35,754	148,344	834,974
Contributed goods and services	4,934,378	273,891	5,208,269	303,203	4,356	307,559	5,515,828
Professional fees	176,513	289,603	466,116	124,715	10,758	135,473	601,589
Supplies	141,287	293,353	434,640	18,498	4,407	22,905	457,545
Telephone	17,586	27,635	45,221	4,471	1,758	6,229	51,450
Postage and shipping	1,999	3,125	5,124	3,148	3,377	6,525	11,649
Occupancy	68,221	67,409	135,630	154,689	6,418	161,107	296,737
Equipment rental and maintenance	63,075	66,246	129,321	52,832	12,548	65,380	194,701
Printing and publications	13,729	15,298	29,027	4,233	8,831	13,064	42,091
Travel and meals	15,567	103,317	118,884	14,684	6,562	21,246	140,130
Training	7,396	23,981	31,377	200	700	900	32,277
Assistance to individuals	1,927	6,814	8,741	-	-	-	8,741
Membership dues	4,243	911	5,154	4,710	445	5,155	10,309
Interest expense	-	-	-	2,104	-	2,104	2,104
Recognition awards	105	-	105	1,094	20	1,114	1,219
Insurance	35,501	38,914	74,415	6,067	2,744	8,811	83,226
Payments to subrecipients	-	1,202,672	1,202,672	-	-	-	1,202,672
Miscellaneous	1,739	3,483	5,222	21,044	5,357	26,401	31,623
Loss on disposal of equipment	-	-	-	8,481	-	8,481	8,481
Depreciation and amortization	60,270	32,587	92,857	98,996	3,114	102,110	194,967
Total	\$ 7,210,368	\$ 5,049,267	\$ 12,259,635	\$ 1,567,734	\$ 386,961	\$ 1,954,695	\$ 14,214,330

Kansas City CARE Clinic
Statements of Cash Flows
Years Ended March 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Operating Activities		
Change in net assets	\$ (153,835)	\$ 376,169
Items not requiring (providing) operating activities cash flows		
Depreciation and amortization	199,205	194,967
Contribution of property and equipment	(6,950)	(2,153)
Loss on disposal of property and equipment	3,200	8,481
Net realized and unrealized gain on investments	(12,057)	(5,063)
Contributions received restricted for acquisition of long-lived assets	(3,082)	(777,474)
Changes in		
Grant reimbursements and contributions receivable	111,712	131,277
Prepaid expenses	(150,170)	(3,957)
Accounts payable	53,274	(85,033)
Accrued expenses	13,821	50,732
Deferred revenue	32,448	(18,426)
	<u>87,566</u>	<u>(130,480)</u>
Investing Activities		
Purchase of investments	(3,165)	-
Proceeds from the disposition of investments	285,226	(5,043)
Purchase of property and equipment	(235,739)	(226,428)
	<u>46,322</u>	<u>(231,471)</u>
Financing Activities		
Proceeds from contributions and investment income restricted for acquisition of long-lived assets	98,994	651,549
	<u>98,994</u>	<u>651,549</u>
Increase in Cash and Cash Equivalents	232,882	289,598
Cash and Cash Equivalents, Beginning of Year	<u>1,046,715</u>	<u>757,117</u>
Cash and Cash Equivalents, End of Year	<u><u>\$ 1,279,597</u></u>	<u><u>\$ 1,046,715</u></u>
Reconciliation of Cash and Cash Equivalents to the Statements of Financial Position		
Cash and equivalents	\$ 673,261	\$ 428,092
Donor restricted cash	606,336	618,623
	<u><u>\$ 1,279,597</u></u>	<u><u>\$ 1,046,715</u></u>
Supplemental Cash Flows Information		
Interest paid	\$ 1,055	\$ 2,104

Kansas City CARE Clinic
Notes to Financial Statements
March 31, 2014 and 2013

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

Nature of Operations

Kansas City CARE Clinic (the “Clinic”) is a not-for-profit clinic formed in 1971 whose mission and principal activities are to provide free quality health care to those who might not otherwise have had access to such care. The Clinic’s revenues and other support are derived principally from contributions and federal and state grants, and its activities are conducted principally in the Kansas City area.

Use of Estimates

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

Significant estimates are described in Note 1 and include contributed goods and services, depreciation, expense and the functional allocation of expenses.

Cash Equivalents

The Clinic considers all liquid investments with original maturities of three months or less to be cash equivalents. At March 31, 2014 and 2013, cash equivalents consisted primarily of money market accounts with brokers.

At March 31, 2014, the Clinic’s cash accounts exceeded federally insured limits by approximately \$1,124,000.

Grant Reimbursement Receivable

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

Investments and Investment Return

Investments in equity securities having a readily determinable fair value are carried at fair value. Investments in certificates of deposits are carried at amortized cost. Investment return includes interest and other investment income; and realized and unrealized gains and losses on investments carried at fair value.

Kansas City CARE Clinic
Notes to Financial Statements
March 31, 2014 and 2013

Investment return that is initially restricted by donor stipulation and for which the restriction will be satisfied in the same year is included in unrestricted net assets. Other investment return is reflected in the statements of activities as unrestricted, temporarily restricted or permanently restricted based upon the existence and nature of any donor or legally imposed restrictions.

Property and Equipment

Property and equipment are stated at cost less accumulated depreciation. Depreciation is charged to expense using the straight-line method over the estimated useful life of each asset. Leasehold improvements are depreciated over the shorter of the lease term or their respective estimated useful lives.

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

Land and building	5 - 40 years
Building improvements	5 - 40 years
Equipment	2 - 10 years
Software	3 years

Long-lived Asset Impairment

The Clinic evaluates the recoverability of the carrying value of long-lived assets whenever events or circumstances indicate the carrying amount may not be recoverable. If a long-lived asset is tested for recoverability and the undiscounted estimated future cash flows expected to result from the use and eventual disposition of the asset is less than the carrying amount of the asset, the asset cost is adjusted to fair value and an impairment loss is recognized as the amount by which the carrying amount of a long-lived asset exceeds its fair value. No asset impairment was recognized during the years ended March 31, 2014 and 2013.

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the Clinic has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by the Clinic in perpetuity.

Contributions

Gifts of cash and other assets received without donor stipulations are reported as unrestricted revenue and net assets. Gifts received with a donor stipulation that limits their use are reported as temporarily or permanently restricted revenue and net assets. When a donor stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified and reported as an increase in unrestricted net assets. Gifts having donor stipulations that are satisfied in the period the gift is received are reported as unrestricted revenue and net assets.

Kansas City CARE Clinic
Notes to Financial Statements
March 31, 2014 and 2013

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

Contributed Goods and Services

Contributions of services are recognized as revenue at their estimated fair value only when the services received create or enhance nonfinancial assets or require specialized skills possessed by the individuals providing the service and the service would typically need to be purchased if not donated. Contributed services consist primarily of professional medical services for which there is a determinable value. Contributed goods consist principally of lab services and pharmaceuticals. It is the policy of the Clinic to record the estimated fair value of contributed goods and services as an expense or addition to property and equipment, and similarly increase contribution revenue by a like amount. Approximately 75% and 72% of contributed goods and services were received from two donors during 2014 and 2013, respectively.

The following is a breakdown of contributed goods and services received during 2014 and 2013:

	2014	2013
Medical, dental and behavioral health program	\$ 4,008,268	\$ 4,934,378
HIV program	567,511	273,891
Management and general	157,526	303,203
Fundraising	46,615	82,664
Property and equipment	6,950	2,153
	\$ 4,786,870	\$ 5,596,289

Contributed goods and services revenue is reflected in the statements of activities as follows:

	2014	2013
Contributed goods and services	\$ 4,740,969	\$ 5,517,981
Special events	45,901	78,308
	\$ 4,786,870	\$ 5,596,289

Deferred Revenue

Deferred revenue consists of revenue from tickets sold for fundraising events that have not occurred as of the end of the year as well as funds received for services not yet performed as of year-end.

Kansas City CARE Clinic
Notes to Financial Statements
March 31, 2014 and 2013

Government Financial Assistance

Support funded by the government through grants is recognized as the Clinic performs the contracted services or incurs outlays eligible for reimbursement under the grant agreements. The grants are renewed annually and the activities and outlays are subject to audit and acceptance by the granting agency. As a result of such audit, adjustments could be required. Government grants accounted for 42% and 38% of the Clinic's total revenues for the years ended March 31, 2014 and 2013, respectively.

Income Taxes

The Clinic is exempt from income taxes under Section 501 of the Internal Revenue Code and a similar provision of state law. However, the Clinic is subject to federal income tax on any unrelated business taxable income. With a few exceptions, the Clinic is no longer subject to U.S. federal examinations by tax authorities for years before 2010.

Functional Allocation of Expenses

The costs of supporting the various programs and other activities have been summarized on a functional basis in the statements of activities. Certain costs have been allocated among the program, management and general and fundraising categories based on the actual expenses and salaries expense. The Clinic is allowed under the grant agreements to allocate management and general expenses to its program services; however, such allocations are not reflected in the statements of functional expenses.

Reclassifications

Certain reclassifications have been made to the 2013 financial statements to conform to the 2014 financial statement presentation. These reclassifications had no effect on the change in net assets.

Kansas City CARE Clinic
Notes to Financial Statements
March 31, 2014 and 2013

Note 2: Grant Commitments

The Clinic receives its grant support through periodic claims filed with the respective funding sources, not to exceed a limit specified in the funding agreement. Since the financial statements of the Clinic are prepared on the accrual basis, all earned portions of the grants not yet received as of March 31, 2014, have been recorded as receivables. Following are the grant commitments that extend beyond March 31, 2014:

Grant	Term	Grant Amount	Earned as of March 31, 2014	Funding Available
Outpatient Early Intervention Services with Respect to HIV Disease	1/1/2014 - 12/31/2014	\$ 865,892	\$ 241,045	\$ 624,847
Midwest AIDS Education and Training Center	7/1/2013 - 6/30/2014	\$ 240,150	\$ 144,392	\$ 95,758
HIV Emergency Relief Project Grant - Primary Medical Care	3/1/2013 - 5/31/2014	\$ 182,042	\$ 18,634	\$ 163,408
Retention in Care and Lost to Care Navigation	1/9/2014 - 9/29/2014	\$ 134,249	\$ 20,284	\$ 113,965
Coordinated Services and Access to Research for Women, Infants, Children and Youth	8/1/2013 - 7/31/2014	\$ 474,145	\$ 295,177	\$ 178,968
HIV Prevention Activities	1/1/2014 - 12/31/2014	\$ 119,501	\$ 12,282	\$ 107,219
HIV Prevention Project	9/30/2013 - 9/29/2014	\$ 298,294	\$ 141,464	\$ 156,830

Kansas City CARE Clinic
Notes to Financial Statements
March 31, 2014 and 2013

Note 3: Investments and Investment Return

Investments at March 31, 2014 and 2013 consisted of the following:

	<u>2014</u>	<u>2013</u>
Certificates of deposit	\$ 207,293	\$ 491,355
Money market	2,903	2,645
Fixed income mutual funds	29,453	32,105
Equity mutual funds	101,978	72,794
Exchange traded funds	-	7,480
Commodities	-	5,252
	<u>\$ 341,627</u>	<u>\$ 611,631</u>

Total investment return is comprised of the following:

	<u>2014</u>	<u>2013</u>
Interest and dividend income	\$ 3,696	\$ 5,145
Net realized and unrealized gains	12,057	5,063
	<u>\$ 15,753</u>	<u>\$ 10,208</u>

Note 4: Contributions Receivable

Contributions receivable consisted of the following:

	<u>2014</u>	<u>2013</u>
Due within one year	\$ 103,004	\$ 226,600
Due in one to five years	-	25,000
	<u>\$ 103,004</u>	<u>\$ 251,600</u>

Kansas City CARE Clinic
Notes to Financial Statements
March 31, 2014 and 2013

Note 5: Property and Equipment

Property and equipment at March 31, 2014 and 2013 consists of:

	<u>2014</u>	<u>2013</u>
Land and building	\$ 2,683,961	\$ 2,613,712
Building improvements	213,903	74,770
Equipment	908,027	896,568
Software	110,860	97,010
	<u>3,916,751</u>	<u>3,682,060</u>
Accumulated depreciation and amortization	1,726,046	1,531,639
	<u>\$ 2,190,705</u>	<u>\$ 2,150,421</u>

Note 6: Net Assets

Temporarily Restricted Net Assets

Temporarily restricted net assets at March 31, 2014 and 2013 are available for the following purposes or periods:

	<u>2014</u>	<u>2013</u>
Endowment earnings	\$ 31,834	\$ 17,775
For periods after March 31 - contributions receivable	25,241	114,675
Capital campaign	76,025	297,975
Medical, dental and behavioral health program activities	548,020	439,269
	<u>\$ 681,120</u>	<u>\$ 869,694</u>

Permanently Restricted Net Assets

Permanently restricted net assets at March 31, 2014 and 2013 consisted of:

	<u>2014</u>	<u>2013</u>
General endowment	\$ 12,304	\$ 12,304
Polsky endowment	102,500	102,500
	<u>\$ 114,804</u>	<u>\$ 114,804</u>

Kansas City CARE Clinic
Notes to Financial Statements
March 31, 2014 and 2013

Net Assets Released from Restrictions

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purposes or by occurrence of other events specified by donors.

	2014	2013
Time restrictions expired	\$ 89,434	\$ 114,674
Purpose restrictions accomplished for capital campaign	236,275	-
Purpose restrictions accomplished for medical, dental and behavioral health program expenses	442,158	385,300
	\$ 767,867	\$ 499,974

Note 7: Endowment

The Clinic's endowment consists of two donor-restricted funds established for a variety of purposes. As required by accounting principles generally accepted in the United States of America (GAAP), net assets associated with endowment funds, including board-designated endowment funds, are classified and reported based on the existence or absence of donor-imposed restrictions.

The Clinic's governing body has interpreted the State of Missouri Prudent Management of Institutional Funds Act (SPMIFA) as requiring preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Clinic classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of donor-restricted endowment funds is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Clinic in a manner consistent with the standard of prudence prescribed by SPMIFA. In accordance with SPMIFA, the Clinic considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

1. Duration and preservation of the fund
2. Purposes of the Clinic and the fund
3. General economic conditions
4. Possible effect of inflation and deflation
5. Expected total return from investment income and appreciation or depreciation of investments
6. Other resources of the Clinic
7. Investment policies of the Clinic

Kansas City CARE Clinic
Notes to Financial Statements
March 31, 2014 and 2013

A summary of donor restricted endowment funds by net asset type at March 31, 2014 and 2013 was:

	2014	2013
Permanently restricted net assets:		
Portion of perpetual endowment funds required to be retained permanently by explicit donor stipulation	\$ 114,804	\$ 114,804
Temporarily restricted net assets:		
Portion of perpetual endowment funds subject to time restrictions under SPMIFA with purpose restrictions	31,834	17,775
	\$ 146,638	\$ 132,579

Kansas City CARE Clinic
Notes to Financial Statements
March 31, 2014 and 2013

Changes in donor restricted endowment net assets for the years ended March 31, 2014 and 2013 was:

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Endowment net assets, March 31, 2012	\$ -	\$ 10,323	\$ 114,804	\$ 125,127
Investment return				
Investment income	-	2,389	-	2,389
Net appreciation	-	5,063	-	5,063
Total investment return	-	7,452	-	7,452
Endowment net assets, March 31, 2013	-	17,775	114,804	132,579
Investment return				
Investment income	-	1,922	-	1,922
Net appreciation	-	12,137	-	12,137
Total investment return	-	14,059	-	14,059
Endowment net assets, March 31, 2014	<u>\$ -</u>	<u>\$ 31,834</u>	<u>\$ 114,804</u>	<u>\$ 146,638</u>

The Polsky endowment was established in 2010 with an initial gift of \$50,000 from the Norman and Elaine Polsky Family Supporting Foundation and a matching contribution from the Clinic of \$50,000, both of which are to be held in perpetuity, as required by the endowment agreement (the “agreement”). The agreement specifies investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs and other items supported by the endowment while seeking to maintain the purchasing power of the endowment. The Clinic expects its endowment funds to provide an aggregate rate of return that is consistent with average U.S. equity security returns. Actual returns in any given year may vary from this amount.

Kansas City CARE Clinic

Notes to Financial Statements

March 31, 2014 and 2013

To satisfy its long-term rate of return objectives, the Clinic relies on a total return strategy in which investment returns are achieved through both current yield (investment income such as dividends and interest) and capital appreciation (both realized and unrealized). The Clinic targets a diversified asset allocation that places a greater emphasis on USA diversified equity based mutual funds to achieve its long-term return objectives within prudent risk constraints.

The agreement requires all earnings on endowment assets to be accumulated in the fund for an initial five year period and then may be appropriated for expenditure for specific projects or programs as specified in the endowment agreement.

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level the Clinic is required to retain as a fund of perpetual duration pursuant to donor stipulation or SPMIFA. In accordance with GAAP, deficiencies of this nature are reported in unrestricted net assets. The Clinic did not have any deficiencies of this nature at March 31, 2014 and 2013.

Note 8: Defined Contribution Plan

The Clinic has a defined contribution 403(b) employee benefit plan covering substantially all employees. The Clinic contributed up to a 3% match of each employee's contribution percentage during 2014 and 2013. Pension expense was \$83,538 and \$73,696 for 2014 and 2013, respectively.

On April 1, 2013, the Clinic created a defined contribution 457(b) executive benefit plan covering key members of management. The Clinic's contributions to the plan are determined annually by the Board of Directors. Contributions to the plan were \$29,140 for 2014.

Note 9: Disclosures About Fair Value of Assets

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets or liabilities
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; 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 or liabilities
- Level 3** Unobservable inputs supported by little or no market activity and are significant to the fair value of the assets or liabilities

Kansas City CARE Clinic
Notes to Financial Statements
March 31, 2014 and 2013

Recurring Measurements

The following table presents the fair value measurements of assets recognized in the accompanying statements of financial position measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at March 31, 2014 and 2013:

	Fair Value	Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
March 31, 2014				
Money market	\$ 2,903	\$ 2,903	\$ -	\$ -
Fixed income mutual funds	29,453	29,453	-	-
Equity mutual funds	101,978	101,978	-	-
March 31, 2013				
Money market	\$ 2,645	\$ 2,645	\$ -	\$ -
Fixed income mutual funds	32,105	32,105	-	-
Equity mutual funds	72,794	72,794	-	-
Exchange traded funds	7,480	7,480	-	-
Commodities	5,252	5,252	-	-

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of financial position, as well as the general classification of such assets and liabilities pursuant to the valuation hierarchy. There have been no significant changes in valuation techniques during the year ended March 31, 2014.

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy. The Clinic did not have any Level 2 or 3 securities at March 31, 2014 and 2013.

Kansas City CARE Clinic
Notes to Financial Statements
March 31, 2014 and 2013

Note 10: Professional Liability Claims

The Clinic purchases medical malpractice insurance under a claims-made policy. Under such a policy, only claims made and reported to the insurer during the policy term, regardless of when the incidents giving rise to the claims occurred, are covered. The Clinic also purchases excess umbrella liability coverage, which provides additional coverage above the basic policy limits up to the amount specified in the umbrella policy.

Based upon the Clinic's claims experience, no accrual had been made for the Clinic's estimated medical malpractice costs, including costs associated with litigating or settling claims, under its malpractice insurance policy. It is reasonably possible that this estimate could change materially in the near term.

Note 11: Significant Concentrations and Uncertainties

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

Contributions

Approximately 25% and 31% of contribution revenue were received from one donor in 2014 and 2013, respectively.

Investments

The Clinic invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the accompanying statements of financial position.

Kansas City CARE Clinic
Notes to Financial Statements
March 31, 2014 and 2013

Note 12: Subsequent Events

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

Affordable Care Act

Under the direction of the Board, the Clinic is completing a multi-year transition to a new hybrid business model that will allow Kansas City CARE Clinic to continue to provide charitable care with volunteer providers for patients without insurance while allowing the Clinic to bill for services for those with insurance. In response to implementation of the Affordable Care Act (ACA), the Clinic adopted a new name (Kansas City CARE Clinic), implemented an Electronic Medical Record (EMR) and is entering into agreements with third-party payers. A new patient payment system will be implemented September 1, 2014. The Clinic continues to pursue grant and philanthropic funding to support uncompensated clinic programs and provision of services to the uninsured.

Supplementary Information

Kansas City CARE Clinic
Schedule of Expenditures of Federal Awards
Year Ended March 31, 2014

Federal Grantor/Pass-Through Grantor/Program Title	CFDA Number	Grant or Identifying Number	Amount
Department of Health and Human Services Health Resources and Services			
Administration			
Outpatient Early Intervention Services with Respect to HIV Disease	93.918	5H76HA00140-20	\$ 833,279
Outpatient Early Intervention Services with Respect to HIV Disease	93.918	5H76HA00140-21	241,045
			<u>1,074,324</u>
Coordinated Services and Access to Research for Women, Infants, Children and Youth	93.153	1H12HA24807-01-04	198,110
Coordinated Services and Access to Research for Women, Infants, Children and Youth	93.153	5H12HA24807-02-02	295,177
			<u>493,287</u>
Department of Health and Human Services Centers for Disease Control and Prevention			
HIV Prevention Activities	93.939	5U65PS003470-02	152,330
HIV Prevention Activities	93.939	5U65PS003470-03	141,464
			<u>293,794</u>
Department of Health and Human Services Health Resources and Services			
Administration, passed through Kansas City, Missouri Health Department			
HIV Emergency Relief Project Grant - Primary Medical Care	93.914	Cont #5003133611	538,607
HIV Emergency Relief Project Grant - Primary Medical Care	93.914	Cont #5003133611	18,634
HIV Emergency Relief Project Grant - Mental Health Services	93.914	Cont #5003100614	27,369
HIV Emergency Relief Project Grant - Mental Health Services	93.914	Cont #5003100614	2,701
HIV Emergency Relief Project Grant - Substance Abuse Services Outpatient	93.914	Cont #5003133616	81,383
HIV Emergency Relief Project Grant - Substance Abuse Services Outpatient	93.914	Cont #5003133616	6,900
HIV Emergency Relief Project Grant - Case Management	93.914	Cont #5003133623	425,881
HIV Emergency Relief Project Grant - Case Management	93.914	Cont #5003133623	40,924
HIV Emergency Relief Project Grant - Case Management MAI	93.914	Cont #5003133626	217,897
HIV Emergency Relief Project Grant - Case Management MAI	93.914	Cont #5003133626	17,522
HIV Emergency Relief Project Grant - Treatment Adherence	93.914	Cont #5003133618	44,928
HIV Emergency Relief Project Grant - Treatment Adherence	93.914	Cont #5003133618	4,118
HIV Emergency Relief Project Grant - Oral Health Care	93.914	Cont #5003133629	179,112
HIV Emergency Relief Project Grant - Oral Health Care	93.914	Cont #5003133629	19,697
			<u>1,625,673</u>

Kansas City CARE Clinic
Schedule of Expenditures of Federal Awards (Continued)
Year Ended March 31, 2014

Federal Grantor/Pass-Through Grantor/Program Title	CFDA Number	Grant or Identifying Number	Amount
Department of Health and Human Services Substance Abuse and Mental Health Services Administration Substance Abuse and Mental Health Services Project of Regional and National Significance	93.243	5U79SP015205-05	\$ 107,464
Department of Health and Human Services Health Resources and Services Administration, passed through University of Illinois at Chicago Midwest AIDS Education and Training Center	93.145	H4AHA00062-12	90,711
Midwest AIDS Education and Training Center	93.145	H4AHA00062-13	144,392
Department of Health and Human Services Health Resources and Services Administration, passed through the Trustees of Boston University Minority AIDS Initiative Special Projects of National Significance	93.145	1 U69HA2362-02	8,167
			<u>243,270</u>
Department of Health and Human Services Administration for Children and Families, passed through the Missouri Department of Health and Senior Services Adolescent Health Program Evidence Based Teen Pregnancy Prevention	93.092	Cont #C312009004	18,668
Evidence Based Teen Pregnancy Prevention	93.092	Cont #C312009004	14,645
Evidence Based Teen Pregnancy Prevention	93.092	Cont #C312009006	17,418
Evidence Based Teen Pregnancy Prevention	93.092	Cont #C312009006	15,084
			<u>65,815</u>
Department of Health and Human Services Centers for Disease Control and Prevention, passed through Kansas City, Missouri Health Department HIV Prevention Activities Health Department Based - Syphilis Initiative	93.940	Cont #5413835801	10,875
HIV Prevention Activities Health Department Based - HIV Counseling/Testing and Referral	93.940	Cont #5413835901	43,045
HIV Prevention Activities Health Department Based - HIV Counseling/Testing and Referral	93.940	Cont #5413835901	11,675
HIV Prevention Activities Health Department Based - Health Education Risk Reduction - WMSM	93.940	Cont #5413113354	38,055
HIV Prevention Activities Health Department Based - Health Education Risk Reduction - WMSM	93.940	Cont #5413113354	12,116
HIV Prevention Activities Health Department Based - Health Education Risk Reduction - AAW	93.940	Cont #5413113353	35,485
HIV Prevention Activities Health Department Based - Health Education Risk Reduction - AAW	93.940	Cont #5413113353	11,557

Kansas City CARE Clinic
Schedule of Expenditures of Federal Awards (Continued)
Year Ended March 31, 2014

Federal Grantor/Pass-Through Grantor/Program Title	CFDA Number	Grant or Identifying Number	Amount
Department of Health and Human Services Centers for Disease Control and Prevention, passed through Missouri Department of Health and Senior Services			
HIV Prevention Activities Health Department Based - Expanded HIV Testing	93.940	Cont #C312090001	\$ 85,653
HIV Prevention Activities Health Department Based - Expanded HIV Testing	93.940	Cont #C312090001	12,585
HIV Prevention Activities Health Department Based - Retention in Care and Lost to Care Navigation	93.940	Cont #C314073001	<u>20,284</u>
			<u>281,330</u>
Department of Health and Human Services Health Resources and Services Administration, passed through Kansas City, Missouri Health Department			
HIV Care Formula Grant - Case Management	93.917	Cont #5404132992	10,171
HIV Care Formula Grant - Case Management	93.917	Cont #5404132992	50,476
Department of Health and Human Services Health Resources and Services Administration, passed through the Missouri Department of Health-Bureau of HIV, STD, and Hepatitis			
HIV Care Formula Grant - HIV Education and Training Program	93.917	Cont #C311090001-003	<u>21,125</u>
			<u>81,772</u>
Department of Health and Human Services, passed through the University of Missouri-Columbia Nursing Research			
	93.361	KNR014409A	<u>1,135</u>
ARRA - Department of Health and Human Services, passed through the Curators of the University of Missouri at Kansas City			
African Americans in Health Science Research	93.701	1RC4MD005738-03	<u>2,982</u>
			<u>\$ 4,270,846</u>

Kansas City CARE Clinic
Schedule of Expenditures of Federal Awards (Continued)
Year Ended March 31, 2014

Notes to Schedule

1. This schedule includes the federal awards activity of Kansas City CARE Clinic and is presented on the accrual basis of accounting. The information in this schedule is presented in accordance with the requirements of OMB Circular A-133, *Audits of States, Local Governments and Nonprofit Organizations*. Therefore, some amounts presented in this schedule may differ from amounts presented in, or used in the preparation of, the basic financial statements.
2. Of the federal expenditures presented in this schedule, Kansas City CARE Clinic provided federal awards to subrecipients as follows:

Program	CFDA Number	Subrecipient(s)	Amount Provided
Department of Health and Human Services Health Resources and Services Administration			
Outpatient Early Intervention Services with Respect to HIV Disease	93.918	Various	\$ 307,446
Coordinated Services and Access to Research for Women, Infants, Children and Youth	93.153	Truman Medical Center AIDS Project of the Ozarks	203,498
Department of Health and Human Services Centers for Disease Control and Prevention			
HIV Prevention Activities	93.939	Good Samaritan	60,847
Department of Health and Human Services Health Resources and Services Administration, passed through Kansas City, Missouri Health Department			
HIV Emergency Relief Project Grant - Primary Medical Care	93.914	Various	309,246
HIV Emergency Relief Project Grant - Oral Health Care	93.914	Various	157,532
			<u>466,778</u>
Department of Health and Human Services Health Resources and Services Administration, passed through University of Illinois at Chicago			
Midwest AIDS Education and Training Center	93.145	Washington University in St. Louis	12,845
			<u>\$ 1,051,414</u>

Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of the Financial Statements Performed in Accordance with *Government Auditing Standards*

Board of Directors
Kansas City CARE Clinic
Kansas City, Missouri

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 basic financial statements of Kansas City CARE Clinic, which comprise the statement of financial position as of March 31, 2014, and the related statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated August 20, 2014.

Internal Control Over Financial Reporting

Management of the Clinic is responsible for establishing and maintaining effective internal control over financial reporting (internal control). In planning and performing our audit, we considered the Clinic's 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 the Clinic's internal control. Accordingly, we do not express an opinion on the effectiveness of the Clinic'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 Clinic'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. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses as defined above. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

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

We noted certain matters that we reported to the Clinic's management in a separate letter dated August 20, 2014.

Purpose of this Report

The purpose of this communication 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 compliance. This communication is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Clinic's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

BKD, LLP

Kansas City, Missouri
August 20, 2014

Independent Auditor's Report on Compliance with Requirements that Could Have a Direct and Material Effect on Each Major Program and on Internal Control Over Compliance in Accordance with OMB Circular A-133

Board of Directors
Kansas City CARE Clinic
Kansas City, Missouri

Report on Compliance for the Major Federal Program

We have audited the compliance of Kansas City CARE Clinic with the types of compliance requirements described in the OMB Circular A-133 *Compliance Supplement* that could have a direct and material effect on its major federal program for the year ended March 31, 2014. The Clinic's major federal program is identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

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

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for Kansas City CARE Clinic's major federal program based on our audit of the types of compliance requirements referred to above.

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

We believe that our audit provides a reasonable basis for our opinion on compliance for the major federal program. However, our audit does not provide a legal determination of the Clinic's compliance.

Opinion on the Major Federal Program

In our opinion, Kansas City CARE Clinic complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on its major federal program for the year ended March 31, 2014.

Report on Internal Control Over Compliance

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

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

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of OMB Circular A-133. Accordingly, this report is not suitable for any other purpose.

BKD, LLP

Kansas City, Missouri
August 20, 2014

Kansas City CARE Clinic
Schedule of Findings and Questioned Costs (Continued)
Year Ended March 31, 2014

Findings Required to be Reported by *Government Auditing Standards*

Reference Number	Finding	Questioned Costs
None		

Findings Required to be Reported by OMB Circular A-133

Reference Number	Finding	Questioned Costs
None		

Kansas City CARE Clinic
Summary Schedule of Prior Audit Findings
Year Ended March 31, 2014

Reference Number	Summary of Finding	Status
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No matters are reportable