CONSOLIDATED FINANCIAL STATEMENTS
YEAR ENDED JUNE 30, 2019

CONSOLIDATED FINANCIAL STATEMENTS

YEAR ENDED JUNE 30, 2019

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CONSOLIDATED FINANCIAL STATEMENTS

YEAR ENDED JUNE 30, 2019

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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors Venice Family Clinic

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of Venice Family Clinic and affiliate (collectively the Clinic), which comprise the consolidated statement of financial position as of June 30, 2019, and the related consolidated statements of activities, functional expenses, and cash flows for the year then ended and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated 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 consolidated 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 consolidated financial statements based on our audit. We conducted our audit 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 consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated 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 consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of the Clinic as of June 30, 2019, and the changes in their consolidated net assets and their consolidated cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Information

We have previously audited the Clinic's 2018 consolidated financial statements, and we expressed an unmodified audit opinion on those audited consolidated financial statements in our report dated December 8, 2018. In our opinion, the summarized comparative consolidated information presented herein as of and for the year ended June 30, 2018, is consistent, in all material respects, with the audited consolidated financial statements from which it has been derived.

To the Board of Directors Venice Family Clinic

Other Matters - Supplementary Schedules

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying consolidating statements of financial position and activities, consolidated Schedule of Expenditures of Federal and Nonfederal Awards, as required by the audit requirements of Title 2 U.S. Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance) are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. The child development program supplementary information is presented for purposes of additional analysis in conformity with the CDE Audit Guide issued by the California Department of Education and is not a required part of the basic consolidated 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 consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the supplementary schedules are fairly stated in all material respects in relation to the consolidated 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 December 14, 2019 on our consideration of the Clinic'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 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 the Clinic's internal control over financial reporting and compliance.

Green Hasson & Janks LLP

December 14, 2019 Los Angeles, California

CONSOLIDATED STATEMENT OF FINANCIAL POSITION June 30, 2019

With Summarized Totals at June 30, 2018

ASSETS		2019		2018
ASSEIS				
CURRENT ASSETS:				
Cash and Cash Equivalents	s	10,618,030	\$	8,672,704
Short-Term Investments	Ÿ	7,235,625	Ψ.	6,807,724
Net Patient Services Accounts Receivable		3,547,212		4,372,326
Government Grants		1,279,419		1,235,676
Grants and Contributions Receivable - Short-Term (Net)		1,480,042		2,567,591
Other Receivables		200,714		175,202
Pharmaceutical Inventories		286,904		257,473
Prepaid Expenses and Other Assets		228,841		197,374
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TOTAL CURRENT ASSETS		24,876,787		24,286,070
OTHER ASSETS:				
Long-Term Investments (Endowments)		5,918,387		6,134,964
Net Patient Services Accounts Receivable - Long-Term		494,662		339,509
Grants and Contributions Receivable - Long-Term (Net)		2,078,138		1,847,608
Beneficial Interest in Charitable Remainder Trusts		151,354		185,318
Property and Equipment (Net)		7,654,921		8,057,856
TOTAL OTHER ASSETS		16,297,462		16,565,255
TOTAL ASSETS	\$	41,174,249	\$	40,851,325
LIABILITIES AND NET ASSETS				
CURRENT LIABILITY:				
Accounts Payable and Accrued Expenses	\$	921,000	\$	1,101,514
COMMITMENTS AND CONTINGENCIES				
NET ASSETS:				
Without Donor Restrictions		27,591,014		26,288,121
With Donor Restrictions		12,662,235		13,461,690
TOTAL NET ASSETS		40,253,249		39,749,811
TOTAL LIABILITIES AND NET ASSETS	\$	41,174,249	\$	40,851,325

CONSOLIDATED STATEMENT OF ACTIVITIES

Year Ended June 30, 2019

With Summarized Totals for the Year Ended June 30, 2018

	Wal B	2019		2242
	Without Donor Restrictions	With Donor Restrictions	Total	2018 Total
REVENUE:				
OPERATING REVENUE AND SUPPORT: Net Patient Service Revenues Government Support Private and Community Support Special Events (Net of Direct Donor Benefit of \$758,140)	\$ 31,521,106 10,551,222 1,686,018 1,892,140	\$ - 3,846,299	\$ 31,521,106 10,551,222 5,532,317 1,892,140	\$ 30,426,379 10,160,949 5,371,219 1,772,695
TOTAL OPERATING REVENUE AND SUPPORT	45,650,486	3,846,299	49,496,785	47,731,242
OTHER REVENUE: Investment Return (Net) Loss on Disposal of Property and Equipment Change in Value of Beneficial Interest in Charitable Remainder Trusts	170,211	180,189	350,400 - (33,964)	633,113 (94,705) (43,657)
Net Assets Released from Restrictions	4,748,509	(4,748,509)		
TOTAL OTHER REVENUE	4,918,720	(4,602,284)	316,436	494,751
TOTAL REVENUE	50,569,206	(755,985)	49,813,221	48,225,993
EXPENSES: Program Services: Health Care Children First Program Education and Outreach Common Ground	32,819,063 3,071,416 1,994,851 3,221,923	- - -	32,819,063 3,071,416 1,994,851 3,221,923	28,953,057 2,924,738 1,804,228 3,369,697
TOTAL PROGRAM SERVICES	41,107,253	-	41,107,253	37,051,720
Supporting Services: Management and General Fundraising	5,882,639 2,294,720	- -	5,882,639 2,294,720	5,064,833 2,126,121
TOTAL SUPPORTING SERVICES	8,177,359	-	8,177,359	7,190,954
TOTAL EXPENSES	49,284,612	-	49,284,612	44,242,674
IN-KIND CONTRIBUTIONS: Revenue Net Assets Released from Restrictions	5,096,648 58,636	33,465 (58,636)	5,130,113	4,938,123
TOTAL IN-KIND CONTRIBUTIONS	5,155,284	(25,171)	5,130,113	4,938,123
EXPENSES (IN-KIND): Program Services: In-Kind Laboratory and X-Ray Services Physician and Other Clinical Volunteers Children First Program Volunteer In-Kind Pharmaceutical and Laboratory Supplies Other In-Kind Supplies and Services In-Kind Insurance	2,846,116 1,685,190 23,532 58,636 211,334 330,476	- - - - -	2,846,116 1,685,190 23,532 58,636 211,334 330,476	2,558,967 1,736,887 33,444 180,244 208,728 278,233
TOTAL EXPENSES (IN-KIND)	5,155,284	-	5,155,284	4,996,503
NET IN-KIND CONTRIBUTIONS		(25,171)	(25,171)	(58,380)
Surplus (Deficit) Before Net Assets Released for Capital Expenditure	1,284,594	(781,156)	503,438	3,924,939
Net Assets Released for Capital Expenditure	18,299	(18,299)		
CHANGE IN NET ASSETS	1,302,893	(799,455)	503,438	3,924,939
Net Assets - Beginning of Year	26,288,121	13,461,690	39,749,811	35,824,872
NET ASSETS - END OF YEAR	\$ 27,591,014	\$ 12,662,235	\$ 40,253,249	\$ 39,749,811

CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES

Year Ended June 30, 2019

With Summarized Totals for the Year Ended June 30, 2018

2019 Total 2018 Health Children Education Common Total Management Supporting Care First Program and Outreach Ground **Program** and General Fundraising Services Total Total **Salaries** 18,322,711 \$ 1,536,437 \$ 1,210,790 \$ 733,735 \$ 21,803,673 \$ 2,834,653 \$ 1,314,049 \$ 4,148,702 \$ 25,952,375 \$ 23,665,436 **Employee Benefits** 7,803,476 709,182 551,066 339,231 9,402,955 922,531 512,300 1,434,831 10,837,786 10,160,145 TOTAL PERSONNEL COSTS 26,126,187 2,245,619 1.761.856 1,072,966 31,206,628 3,757,184 1.826.349 5.583.533 36,790,161 33,825,581 **Building - Maintenance** 383,875 38,352 25,419 23,514 471,160 48,546 11,166 59,712 530,872 431,305 Building - Other 348,097 35,800 23,408 42,067 449,372 46,597 7,339 53.936 503,308 366,095 **Building** - Rent 416.258 66,727 482,985 190.890 190.890 673.875 570,720 Child Care 131,395 30 131,425 131,425 171,484 Equipment 130.036 9,884 10.439 150.359 107.661 15.212 122.873 273.232 216.418 Insurance 274,840 29,468 14,705 14,408 333,421 56,436 38,145 94,581 428,002 372,376 Interest 8,254 8,254 8,254 6,569 Laboratory and X-Ray Services 30.586 13.641 44,227 44.227 16.496 Licenses, Fees and Dues 172,385 6,191 1,590 1,059 181,225 399,955 110,480 510,435 691,660 592,579 Medical Supplies and Medical Waste Removal 2,553 507,251 422,184 150 19,114 441,448 2,553 444,001 Miscellaneous 17,876 3,993 12,087 10,521 44,477 100,403 16,362 116,765 161,242 91,153 Office Supplies 15,649 87,639 292,305 55,579 7,579 8,832 78,557 5,919 84,476 172,115 Participant Supplies/Activities/Incentives 156,548 42,280 34,613 37,138 270,579 30 30 270,609 188,192 Pharmaceutical and Pharmacy Supplies 1,866,669 430 1,851,262 3,718,361 3,718,361 3,341,041 Postage, Printing and Subscriptions 22,382 47,257 19,552 4,936 387 7,952 32,101 40,053 87,310 84,185 **Professional and Contractual Fees** 551,991 138,634 16,749 27,360 734,734 703,786 81,615 785,401 1,520,135 1,202,410 Repairs and Maintenance 41,736 64,454 726 66 106,982 28,183 28,183 135,165 51,523 54,630 **Technology Expenses** 757,830 20,768 22,990 856,218 152,683 104,854 257,537 1,113,755 520,976 Telephone 300,003 30,512 14,200 348,355 40,862 45,316 393,671 247,275 3,640 4,454 Transportation of Patients/Clients 28,382 1,803 8,107 38,292 38,292 31,937 Travel, Training and Workshops 86,476 77,808 26,954 213,698 62,795 4,082 280,575 260,082 22,460 66,877 TOTAL BEFORE DEPRECIATION **AND AMORTIZATION** 32,187,090 3,015,581 1,966,200 3,189,971 40,358,842 5,793,327 2,258,078 8,051,405 48,410,247 43,387,953 631,973 55,835 28,651 31,952 89,312 36,642 Depreciation and Amortization 748,411 125,954 874,365 854,721 TOTAL FUNCTIONAL EXPENSES, **EXCLUDING IN-KIND** 32,819,063 3,071,416 1,994,851 3.221.923 41,107,253 5,882,639 2,294,720 8,177,359 49,284,612 44,242,674 4.920.418 234.866 5,155,284 5,155,284 4,996,503 **In-Kind Expenses** \$ 5,882,639 \$ 2,294,720 \$ \$ 37,739,481 \$ 3,306,282 \$ 1,994,851 \$ 3,221,923 \$ 46,262,537 8,177,359 \$ 54,439,896 \$ 49,239,177 TOTAL FUNCTIONAL EXPENSES 69% 6% 4% 6% 85% 11% 4% 15% 100%

CONSOLIDATED STATEMENT OF CASH FLOWS

Year Ended June 30, 2019 With Summarized Totals for the Year Ended June 30, 2018

		2019		2018
CASH FLOWS FROM OPERATING ACTIVITIES:				
Change in Net Assets	\$	503,438	\$	3,924,939
Adjustments to Reconcile Change in Net Assets to				
Net Cash Provided by Operating Activities:		074 007		054 704
Depreciation and Amortization		874,365		854,721
Loss on Disposal of Property and Equipment		- (400.004)		94,705
Realized and Unrealized Gains on Investments (Net)		(190,391)		(507,208)
Change in Value of Beneficial Interest in Charitable Remainder Trusts		33,964		43,657
Contributions to Endowment Funds		(50,000)		(50,000)
Contributions for Long-Term Purposes		(7,000)		(10,000)
Changes in Operating Assets and Liabilities:				
Net Patient Service Accounts Receivable		669,961		4,731,792
Government Grants		(43,743)		(586,071)
Grants and Contributions Receivable		857,019		1,836,894
Other Receivables		(25,512)		96,393
Pharmaceutical Inventories		(29,431)		38,212
Prepaid Expenses and Other Assets		(31,467)		(63,498)
Accounts Payable and Accrued Expenses		(180,514)		(109,181)
NET CASH PROVIDED BY OPERATING ACTIVITIES		2,380,689		10,295,355
CASH FLOWS FROM INVESTING ACTIVITIES:				
Purchase of Property and Equipment		(471,430)		(494,473)
Purchase of Investments		(451,698)		(3,479,318)
Net Proceeds from Sale of Investments		430,765		581,637
NET CASH USED IN INVESTING ACTIVITIES		(492,363)		(3,392,154)
CASH FLOWS FROM FINANCING ACTIVITIES:				
Payment on Line of Credit		-		(250,000)
Contributions to Endowment Funds		50,000		50,000
Contributions for Long-Term Purposes		7,000		10,000
NET CASH PROVIDED BY (USED IN)				
FINANCING ACTIVITIES		57,000		(190,000)
NET INCREASE IN CASH AND CASH EQUIVALENTS		1,945,326		6,713,201
Cash and Cash Equivalents - Beginning of Year		8,672,704		1,959,503
CASH AND CASH EQUIVALENTS - END OF YEAR	\$	10,618,030	\$	8,672,704
SUPPLEMENTAL DISCLOSURE OF				
CASH FLOW INFORMATION:				
Cash Paid during the Year for Interest	\$	8,254	\$	6,569
Cash Paid during the Year for Taxes	\$	3,796	\$	-
Cash I are during the rout for runes	Ų	3,730	Ţ	

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS June 30, 2019

NOTE 1 - NATURE OF OPERATIONS

Venice Family Clinic (VFC) is a private, nonprofit, community-based clinic founded in 1970 to meet the health care needs of the low-income residents of Venice, California and the surrounding community. VFC's mission is to "provide quality primary health care to people in need."

The consolidated financial statements include the accounts of VFC and the Venice Family Clinic Foundation (the Foundation), collectively, the Clinic.

VFC serves as a medical home, providing coordinated and comprehensive primary care, specialty care, and enabling services for low-income, uninsured, and homeless families and individuals. It serves everyone from infants, children, and teens to adults and seniors. VFC offers a variety of services including: medical primary and specialty care, dental, integrative medicine, vision services, pharmacy, and behavioral health. VFC also provides treatment and counseling services to HIV patients through its Common Ground program. VFC provides health care on six days and four evenings per week. VFC's primary service area includes Venice, Santa Monica, Palms, Mar Vista, Inglewood, Culver City and West Los Angeles, all in Los Angeles County.

VFC trains medical residents from eleven residency programs. Approximately 1,898 people volunteered in fiscal year 2019 (unaudited), including approximately 406 physicians (unaudited). The Clinic estimates that it received 58,318 (unaudited) total volunteer hours, including 4,032 (unaudited) general and administrative volunteer hours; such general and administrative hours are not represented in the financial statements in accordance with accounting principles generally accepted in the United States of America.

VFC has an Early Head Start grant (The Children First Program). The Early Head Start grant is contingent upon the availability of federal funds and satisfactory performance under the terms and conditions of the Head Start grant in the current budget period. The goals of the program are to strengthen the development of the child and promote the social and economic self-sufficiency of the family.

The Foundation's specific purpose is to support the mission of the Clinic, to provide quality primary health care to people in need.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

(a) BASIS OF PRESENTATION

The consolidated financial statements are presented utilizing the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

All significant intercompany transactions between VFC and the Foundation have been eliminated in consolidation.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS June 30, 2019

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

(b) NET ASSETS

Net assets, revenues, gains, and losses are classified based on the existence or absence of donor or grantor imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

- **Net Assets Without Donor Restrictions**. Net assets available for use in general operations and not subject to donor (or certain grantor) restrictions.
- **Net Assets With Donor Restrictions**. Net assets subject to donor-imposed (or certain grantor-imposed) restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. Donor-imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both (Refer to Note 10).

(c) CASH AND CASH EQUIVALENTS

For consolidated financial statement purposes, the Clinic considers all highly liquid investments with original maturities of three months or less to be cash and cash equivalents. Highly liquid financial instruments held in the Regent's Short-Term Investment Pool (Regent's STIP) are excluded from cash and cash equivalents.

The carrying value of cash equivalents approximates its fair value at June 30, 2019.

(d) INVESTMENTS

Investments in marketable securities with readily determinable fair values and all investments in debt securities are recorded at fair value, based on quoted market prices, in the statement of financial position. Investments in the Endowed Investment Pool (EIP) are valued based on an estimate using the net asset value per share of the investments. The current carrying value of investments in the Regent's STIP approximates fair value. Changes in unrealized gains and losses resulting from changes in fair value are reflected in the statement of activities. Investments received through gifts are recorded at estimated fair value at the date of donation.

Dividend and interest income are accrued when earned. Dividend and interest income earned from investments in all net asset classifications is allocated based on the individual investment asset as a percentage of total investment assets. Income from investments required to be held in perpetuity is recorded as with donor restrictions, except where the instructions of the donor specify otherwise.

Investments in the EIP comprise funds held for endowments and are classified as long-term investments. Other investments, exclusive of cash equivalents, represent highly liquid funds available to be used in current operations and are classified as short-term investments.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS June 30, 2019

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

(e) NET PATIENT SERVICE ACCOUNTS RECEIVABLE, GOVERNMENT GRANTS AND OTHER RECEIVABLES

Receivables are recorded when billed or accrued and represent claims against third-parties that will be settled in cash. The carrying value of receivables, net of the allowance for doubtful accounts, represents their estimated net realizable value. The allowance for doubtful accounts is estimated based on historical collection trends, type of customer, the age of outstanding receivables and existing economic conditions. If events or changes in circumstances indicate that specific receivable balances may be impaired, further consideration is given to the collectability of those balances and the allowance is adjusted accordingly. Past due receivable balances are written off when internal collection efforts have been unsuccessful in collecting the amount due. At June 30, 2019, the Clinic has established an allowance for uncollectible net patient service accounts receivable in the amount of \$87,933.

(f) GRANTS AND CONTRIBUTIONS RECEIVABLE

Unconditional contributions, including grants recorded at estimated fair value, are recognized as revenues when the grant is received. The Clinic reports unconditional contributions as restricted support if they are received with donor stipulations that limit the use of the donated assets. Conditional promises to give are not included as support until such time as the conditions are substantially met. The Clinic evaluated the collectability of contributions and grants receivable at June 30, 2019. At June 30, 2019, the Clinic has established an allowance for uncollectible accounts receivable in the amount of \$25,000.

(g) PHARMACEUTICAL INVENTORIES

Purchased inventories are stated at the lower of cost or market value. Donated inventories are stated at acquisition prices at the date of contribution. Acquisition prices are based on the federal 340B Drug Pricing Program which provides access to reduced price prescription drugs to eligible Federally Qualified Health Center (FQHC) entities such as the Clinic.

(h) BENEFICIAL INTEREST IN CHARITABLE REMAINDER TRUSTS

The Clinic has been designated as the beneficiary of assets held in charitable remainder trusts administered by other trustees. The Clinic recognizes temporarily restricted contribution revenue and a receivable which represents the present value of the estimated future benefits to be received when the trust assets are distributed. Adjustments to the receivable to reflect the revaluation of the present value of the estimated future payments to the lifetime beneficiaries are recognized in the statement of activities as a change in value of beneficial interest in charitable remainder trusts.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS June 30, 2019

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

(i) PROPERTY AND EQUIPMENT

Property and equipment are recorded at cost at the date of acquisition if purchased or at estimated fair value at the date of donation if donated. Depreciation is computed using the straight-line method over the estimated useful lives of the related assets. The estimated useful lives are as follows:

Building and Improvements 30 Years

Leasehold Improvements Shorter of Initial Lease Period

or Useful Life of Asset

Furniture and Equipment, including Software 5 Years

Expenditures for repairs and maintenance are charged to expense as incurred. Property and equipment are capitalized if the cost of an asset is greater than or equal to \$5,000 and the useful life is greater than one year.

(j) LONG-LIVED ASSETS

The Clinic evaluates long-lived assets for impairment whenever events or changes in circumstances indicate that the carrying value of an asset may not be recoverable. An impairment loss is recognized when the sum of the undiscounted future cash flows is less than the carrying amount of the asset, in which case a write-down is recorded to reduce the related asset to its estimated realizable value.

(k) ELECTRONIC HEALTH RECORDS INCENTIVE PROGRAM

The American Recovery and Reinvestment Act of 2009 established the Electronic Health Records (EHR) Incentive Program for Medicaid and Medicare providers. The Program provides incentive payments to providers within the eligible health centers that demonstrate meaningful use of certified EHR technology. In April 2018, the Program was renamed to the Promoting Interoperability Program as part of the new phase of EHR measurement with an increased focus on interoperability and improving patient access to health information Payments under the Program are based upon a statutory formula, as determined by the state, which is approved by the Centers for Medicare and Medicaid Services, and are contingent on the health center continuing to meet escalating meaningful use criteria and any other specific requirements that are applicable for the reporting period. The final amount for any payment year is determined based upon an audit by the fiscal intermediary. Events could occur that would cause the final amounts to differ materially from the initial payments under the program.

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

In 2019, the Clinic completed the fifth-year requirements under the Program and has recorded revenue of \$284,750, which is included in net patient service revenues in the consolidated statement of activities.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS June 30, 2019

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

(I) NET PATIENT SERVICE REVENUES

VFC provides primary care services to patients covered under Medi-Cal and Medicare fee for service and managed care programs. Under these programs, VFC is reimbursed a fixed rate per visit regardless of the Medi-Cal services provided to the member. As a Federally Qualified Health Center (FQHC) under the Medi-Cal managed care program, VFC is paid at a negotiated fixed fee on a per-member-per-month basis and is entitled to additional reimbursements through a per claim wrap around rate and a reconciliation of the differences between the total of the capitation, third-party reimbursement and wrap around payments, and its all-inclusive Medi-Cal rate per visit paid by the State. The final reconciliation settlement is determined by the California Department of Health Care Services after submission of annual reconciliation reports and audits thereof by the State Financial Audits Branch. VFC's Medi-Cal Managed Care reconciliation reports have been audited and finalized through fiscal year 2016.

In 2000, the Medicare, Medicaid and State Children's Health Insurance Program Benefits Improvement and Protection Act (BIPA) was passed. This legislation included a provision establishing a minimum Medicaid per-visit rate for each FQHC using a Prospective Payment System (PPS) methodology. Annually, thereafter, the per-visit rate is adjusted using the Medicare Economic Index (MEI) for primary care and any change in scope of services.

BIPA also repeals the phase-out and elimination of the reasonable cost-based reimbursement methodology system under the Balanced Budget Act of 1997 as amended by the Balanced Budget Refinement Act of 1999. Under BIPA, however, states may select an alternative payment methodology as long as the methodology reimburses FQHCs at least what they would receive under PPS and is agreed to by the FQHC. With the approval of California State Plan Amendment (SPA) No. 01-010, effective January 1, 2001, the State has chosen to implement an optional alternative payment methodology and has established base rates (on a per-visit basis) using as-reported cost-based rates for fiscal year 2000, updated to reflect increases in the MEI.

Patient-related revenues are recognized at the date of service. Patient service revenues, net of contractual allowances and discounts, recognized from third-party payers and patients for the year ended June 30, 2019 amounted to \$31,521,106.

(m) CHARITY CARE

The Clinic defines "charity care" as services rendered for which the patient shall not be held liable. The Clinic is committed to providing quality health care for certain members of its community, including the poor and underserved who cannot afford health insurance, copays and deductibles. During the year ended June 30, 2019, the Clinic provided charity care of \$6,218,375 to its patients, which has been calculated as the difference between total health care costs less net patient service revenues.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS June 30, 2019

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

(n) CONTRACT, GRANT AND CONTRIBUTION REVENUE RECOGNITION

Revenue from cost-reimbursable grants and contracts is recorded to the extent of expenses incurred applicable to the grant or contract. Any difference between expenses incurred and the total funds received (not to exceed the grant or contract maximum) is recorded as a receivable or an advance, whichever is applicable. Revenues from other grants are recognized on an accrual basis as earned according to the provisions of the grant.

Unconditional contributions, including pledges recorded at estimated fair value, are recognized as revenues when the pledge is received. Contributions received with donor stipulations limiting the use of the donated assets are reported as restricted support. Conditional promises to give are not included as support until such time as the conditions are substantially met. There were no conditional grants at year end.

(o) IN-KIND CONTRIBUTIONS

In-kind contributions are recorded at their estimated fair market value at the time services are pledged or rendered or when goods are received. They include donations of laboratory and diagnostic services provided primarily by hospitals and laboratory service providers, time donated by physicians and other health care volunteers, drugs for clinical activities and donations of goods and services in connection with the operations of the Clinic.

(p) INCOME TAXES

VFC and the Foundation are tax-exempt organizations under Section 501(c)(3) of the Internal Revenue Code and Section 23701(d) of the California Revenue and Taxation Code.

The Clinic has evaluated its tax positions and the certainty as to whether those positions will be sustained in the event of any audit by taxing authorities at the federal and state levels. The primary tax positions evaluated relate to the Clinic's continued qualification as a tax-exempt organization and whether there are unrelated business income activities that would be taxable. Management has determined that all income tax positions will more likely than not be sustained upon potential audit or examination; therefore, no disclosures of uncertain income tax positions are required.

(q) CONCENTRATIONS

The Clinic maintains its cash and cash equivalents with high credit, high quality financial institutions in bank deposit and money market accounts which, at times, may exceed federally insured limits. The Clinic has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk on cash and cash equivalents.

The Clinic received approximately 88% of its net patient service revenues from providing services to Medi-Cal patients during the year ended June 30, 2019. Reimbursement for such services is currently based on PPS rates with final settlement after submission of annual reconciliation reports to the state.

A portion of the Clinic's annual funding, \$10,551,222 or approximately 21%, of total operating revenues is derived from grant agreements with federal and nonfederal government agencies during the year ended June 30, 2019. The Clinic has no reason to believe that relationships with these agencies will be discontinued in the foreseeable future. However, any interruption of these relationships (i.e., the failure to renew grant agreements or withholding of funds) would adversely affect the Clinic's ability to finance ongoing operations.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS June 30, 2019

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

(q) CONCENTRATIONS (continued)

Investment securities, in general, are exposed to various risks such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the value of investment securities will occur in the near term and that such change could materially affect the amounts reported in the consolidated statement of financial position.

The Clinic holds significant investments in the form of short-term and long-term investment pools held by the UCLA Foundation. Credit risk is the failure of another party to perform in accordance with the contract terms. The Clinic is exposed to credit risk for the amount of the investments. The Clinic has never sustained a loss on any investment due to nonperformance and does not anticipate any nonperformance by the holders of the securities.

(r) FUNCTIONAL ALLOCATION OF EXPENSES

The costs of providing the Clinic's programs and other activities have been presented in the consolidated statement of functional expenses. During the year, such costs are accumulated into separate groupings as either direct or indirect. Indirect or shared costs are allocated among program and support services by a method that best measures the relative degree of benefit, such as the proportionate number of full-time employees or square footage.

(s) USE OF ESTIMATES

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect reported amounts of assets, liabilities, revenues and expenses as of the date and for the period presented. Accordingly, actual results could differ from those estimates.

(t) COMPARATIVE TOTALS

The consolidated financial statements include certain prior-year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the Clinic's consolidated financial statements for the year ended June 30, 2018 from which the summarized information was derived.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS June 30, 2019

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

(u) NEW ACCOUNTING PRONOUNCEMENTS

In August 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*, which is intended to reduce complexity in financial reporting. The ASU focuses on improving the current net asset classification requirements and information presented in financial statements that is useful in assessing a nonprofit's liquidity, financial performance, and cash flows. The Clinic has implemented the new financial statement presentation required by this ASU during the year ending June 30, 2019.

In May 2014, the FASB issued ASU No. 2014-09, Revenue from Contracts with Customers (Topic 606), which improves and converges the revenue recognition requirements of accounting principles generally accepted in the United States of America and International Financial Reporting Standards. The ASU replaces the existing accounting standards for revenue recognition with a single comprehensive five-step model, which is intended to provide principles within a single framework for revenue recognition of transactions involving contracts with customers across all industries. The core principle of the guidance is that an entity should recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The guidance also requires more detailed disclosures to enable users of financial statements to understand the nature, amount, timing, and uncertainty of revenue and cash flows arising from contracts with customers. The guidance has subsequently been amended through a series of ASUs between August 2015 and September 2017 to improve the operability and understandability of the implementation guidance on scope exceptions, and various other narrow aspects, as identified and addressed in such updates. For the Clinic, the ASU and subsequent amendments will be effective for the year ending June 30, 2020.

In June 2018, the FASB issued ASU No. 2018-08, *Not-for-Profit Entities (Topic 958): Clarifying the Scope and Accounting Guidance for Contributions Received and Contributions Made*, which is intended to clarify the accounting guidance for contributions received and contributions made. The amendments in this ASU should assist entities in evaluating whether transactions should be accounted for as contributions (nonreciprocal transactions) within the scope of Not-for-Profit Entities (Topic 958), or as exchange (reciprocal) transactions subject to other guidance. For the Clinic, the ASU will be effective for the year ending June 30, 2020.

In February 2016, the FASB issued ASU No. 2016-02, *Leases (Topic 842)*, which is intended to improve financial reporting about leasing transactions. The new standard will require organizations that lease assets with terms of more than 12 months to recognize on the statement of financial position the assets and liabilities for the rights and obligations created by those leases. The ASU also will require disclosures to help financial statement users better understand the amount, timing, and uncertainty of cash flows arising from leases. These disclosures include qualitative and quantitative requirements providing additional information about the amounts recorded in the financial statements. For the Clinic, the ASU will be effective for the year ending June 30, 2022.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS June 30, 2019

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

(v) RECLASSIFICATIONS

Certain reclassifications have been made to the 2018 summarized comparative information to conform to the 2019 financial statement presentation. These reclassifications had no effect on the previously reported change in net assets.

(w) SUBSEQUENT EVENTS

The Clinic has evaluated events and transactions occurring subsequent to the consolidated statement of financial position date of June 30, 2019 for items that should potentially be recognized or disclosed in these financial statements. The evaluation was conducted through December 14, 2019, the date these consolidated financial statements were available to be issued. No such material events or transactions were noted to have occurred.

NOTE 3 - FAIR VALUE MEASUREMENTS

The Clinic has implemented the accounting standard for those assets that are re-measured and reported at fair value at each reporting period. This standard establishes a single authoritative definition of fair value, sets out a framework for measuring fair value based on inputs used, and requires additional disclosures about fair value measurements. This standard applies to fair value measurements already required or permitted by existing standards.

In general, fair values determined by Level 1 inputs utilize quoted prices (unadjusted) in active markets for identical assets. Fair values determined by Level 2 inputs utilize data points that are observable such as quoted prices, interest rates and yield curves. Fair values determined by Level 3 inputs are unobservable data points for the asset and include situations where there is little, if any, market activity for the asset.

The following table presents information about the Clinic's assets that are measured at fair value on a recurring basis at June 30, 2019 and indicates the fair value hierarchy of the valuation techniques utilized to determine such fair value:

_		Fair Value Measurements Using						
		Quot	ed Prices					_
		in	Active	Sig	nificant			
		Mar	kets for	Ĭ	Other	Si	gnificant	Net Asset
		Ide	entical	Ob	servable	Und	bservable	Value (NAV)
	Year Ended	Α	ssets	I	nputs		Inputs	Per Share or
	June 30, 2019	(L	evel 1)	(L	evel 2)	(]	Level 3)	Its Equivalent
Fixed Income Securities	\$ 182	\$	182	ş	_	\$	_	\$ -
EIP	5,918,387		-		_		-	5,918,387
Regent's STIP	7,235,443		-		-			7,235,443
TOTAL INVESTMENTS	13,154,012		182		-		-	13,153,830
Beneficial Interest in Charitable Remainder Trusts	151,354		-		-		151,354	
TOTAL	\$ 13,305,366	\$	182	\$	-	\$	151,354	\$ 13,153,830

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS June 30, 2019

NOTE 3 - FAIR VALUE MEASUREMENTS (continued)

The fair values of marketable securities within Level 1 inputs were obtained based on quoted market prices at the closing of the last business day of the fiscal year.

The EIP has a long-term investment horizon and consists principally of equity securities, bonds, mutual funds and alternative investments, which are managed in a unitized investment pool. The alternative instruments include hedge funds, private equity and venture capital. Monthly investment income and realized and unrealized gains and losses are allocated equitably based on the units owned by each participant at the beginning of each month. The fair values of the investments in this category have been estimated using the net asset value (NAV) per share of the investments. At each month end, a fair value unit price is established based on the value of endowed pool assets (end of month) divided by the total number of pool units at the beginning of the month. Investors who wish to purchase units or sell existing units can only do so at month end at the aforementioned fair value price. There are no restrictions on the redemptions of these investments, but the redemption must be approved by the UCLA Foundation board of directors.

The current carrying value of investments in the Regent's STIP approximates fair value and is measured using the NAV method.

The Clinic has a beneficial interest in three trusts and two annuities that have been presented at the net present value using an estimated discount rate and annual yield over the remaining life expectancy of the donors.

The following table summarizes the Clinic's financial assets that are valued using the NAV method.

	I	Fair Value		
		June 30,	Redemption	Redemption
		2019	Frequency	Notice Period
EIP Regent's STIP	\$	5,918,387 7,235,443	Monthly Monthly	10 Days N/A

Assets measured at fair value on a recurring basis using significant unobservable inputs (Level 3) consist of the following:

	Beneficial Interest in Charitable Remainder Trusts
Beginning - June 30, 2018 Decrease in Fair Value	\$ 185,318 (33,964)
TOTAL - JUNE 30, 2019	\$ 151,354

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS June 30, 2019

NOTE 3 - FAIR VALUE MEASUREMENTS (continued)

The following table represents the Clinic's Level 3 financial instruments, the valuation technique used to measure the fair value of the financial instrument, and the significant unobservable inputs and the ranges of values for those inputs:

Instrument	Jυ	ir Value ıne 30, 2019	Principal Valuation Technique	Unobservable Inputs	Significant Input Values
Beneficial Interest in Charitable Remainder Trusts ^(a)	\$	151,354	Net Present Value of Expected Cash Flows	N/A	Discount Rates of 2.2%, 2.4% and 4.8%, Donor life expectancies

⁽a) Beneficial interest in charitable remainder trusts held by the Clinic (see Note 7).

NOTE 4 - INVESTMENTS

The Clinic's investments consisted of the following at June 30, 2019:

Fixed Income Securities	\$ 182
EIP	5,918,387
Regent's STIP	 7,235,443
TOTAL	\$ 13,154,012

NOTE 5 - NET PATIENT SERVICES ACCOUNTS RECEIVABLE

The Clinic's net patient services accounts receivable consisted of the following at June 30, 2019:

Net Patient Services Accounts Receivable	\$	4,041,874
Less: Current Portion		(3,547,212)
LONG-TERM NET		
PATIENT SERVICES		
ACCOUNTS RECEIVABLE	S	494.662

The net patient services accounts receivables from Medi-Cal include amounts requested from the state through the completion of the Medi-Cal Reconciliation Request Report. As an FQHC, the Clinic is entitled to additional reimbursements through a reconciliation of the differences between its all-inclusive rates per visit against capitation revenues received from health maintenance organizations and third-party reimbursement wrap around payments. At June 30, 2019, the total unpaid net patient service accounts receivable was \$4,041,874.

During the fiscal year ended June 30, 2019, the Clinic decreased the allowance by \$652,368 to \$87,933 for the estimated disallowed portions from future state audits. At June 30, 2019, the total unpaid FQHC settlement receivable was \$1,225,234, of which \$494,662 is expected to be received after June 30, 2020. The settlement is for revenue generated from 2016 through 2019. The state has not yet completed the relevant audits for fiscal years 2017 through 2019.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS June 30, 2019

NOTE 6 - GRANTS AND CONTRIBUTIONS RECEIVABLE

Unconditional promises to give are included in the financial statements as grants and contributions receivable. Promises to give due in one year or more are recorded after discounting to the present value of the future cash flows at rates ranging from 1.71% to 2.42% at June 30, 2019.

Unconditional promises to give are expected to be realized in the following periods:

Amounts Due:	
In Less Than One Year	\$ 1,489,236
In One to Five Years	2,095,000
In More Than Five Years	 100,000
TOTAL CONTRIBUTIONS	0.004.000
RECEIVABLE - GROSS	3,684,236
Less: Present Value Discount	(101,056)
Less: Allowance for Doubtful Accounts	 (25,000)
TOTAL CONTRIBUTIONS RECEIVABLE - NET	3,558,180
Less: Current Portion of Contributions Receivable - Net	 (1,480,042)
CONTRIBUTIONS RECEIVABLE - NET OF CURRENT PORTION	\$ 2,078,138

NOTE 7 - BENEFICIAL INTEREST IN CHARITABLE REMAINDER TRUSTS

The Clinic is the beneficiary of several charitable remainder trusts administered by other trustees. Assets held in charitable remainder trusts totaled \$151,354 at June 30, 2019, representing the portion of the net present value of the charitable remainder trusts for which the Clinic is the designated beneficiary.

NOTE 8 - PROPERTY AND EQUIPMENT

Property and equipment consisted of the following at June 30, 2019:

Land	\$	1,116,512
Buildings and Improvements		7,996,477
Leasehold Improvements		8,601,673
Furniture and Equipment, Including Software		3,032,461
TOTAL		20,747,123
Less: Accumulated Depreciation and Amortization	((13,092,202)
TOTAL PROPERTY AND EQUIPMENT	\$	7,654,921

Depreciation and amortization expense for the year ended June 30, 2019 amounted to \$874,365.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS June 30, 2019

NOTE 9 - LINE OF CREDIT

The Clinic has a line of credit with a bank with a limit of \$4,000,000. The line of credit bears interest at the prime reference rate less 0.25% per annum with a maturity date of December 1, 2021. The prime rate at June 30, 2019 was 5.50%. A portion of the Clinic's assets serves as collateral on the line of credit. The loan contains certain restrictive covenants with which the Clinic was in compliance at June 30, 2019. As of June 30, 2019, the total outstanding balance was \$0 with \$4,000,000 available for borrowing.

NOTE 10 - NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions included the following at June 30, 2019:

Subject to the Passage of Time:	
Beneficial Interest in Charitable	
Remainder Trusts	\$ 151,354
Pledges Receivable Not Available until Due	1,000,000
Subject to Expenditure for Specified Purpose:	
Drugs and Dispensary Supplies	12,889
Capital Improvement Funds	12,000
Operating Program Funds	5,567,605
Subject to Endowment Spending	
Policy and Appropriation:	
Donor-Restricted Endowment Corpus	5,022,057
Accumulated Endowment Earnings	 896,330
TOTAL NET ASSETS	
WITH DONOR RESTRICTIONS	\$ 12,662,235

The drug and dispensary supplies represent mainly pharmaceuticals donated to the Clinic through various drug companies' patient assistance programs. These pharmaceuticals are expected to be used by the Clinic through the normal course of its operations.

Operating program funds are restricted either by purpose or time for the Clinic's specific programs and are released from restrictions once the purpose of the donor restriction is satisfied or a stipulated time restriction expires.

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purpose or by occurrence of the passage of time or other events specified by the donors as follows for the year ended June 30, 2019:

Satisfaction of Purpose Restrictions:	
Drugs and Dispensary Supplies	\$ 58,636
Capital Improvement Funds	18,299
Operating Program Funds	4,501,743
Appropriation in accordance	
with the endowment spending policy	 246,766
TOTAL NET ASSETS RELEASED	
FROM DONOR RESTRICTIONS	\$ 4,825,444

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS June 30, 2019

NOTE 11 - ENDOWMENTS

The net assets required to be held in perpetuity consist of several donor-restricted perpetual endowment funds with a total amount of \$5,022,057 at June 30, 2019. In accordance with the donors' stipulations and in accordance with the provisions of Accounting Standards Codification (ASC) Topic No. 958, the historic value of \$5,022,057 must be maintained in the funds, while all interest income, dividend income and net appreciation is restricted until it is used for the purpose of the funds.

The balances of the endowment funds required to be held in perpetuity consisted of the following at June 30, 2019:

The Colen Physician Endowment Fund	\$ 862,334
The Milken Physician Endowment Fund	637,329
The Lee Physician Endowment Fund	814,207
The Skirball Physician Endowment Fund	750,000
The Weisman Psychosocial Endowment Fund	745,510
The Karsten Endowment Fund	112,677
The Resnick Endowment Fund	500,000
The Sandy Segal Youth Health Center Endowment	500,000
The Milgrom Endowment Fund	100,000
TOTAL	\$ 5,022,057

- The Colen Physician Endowment Fund established to provide for a permanent family practice physician and receives contributions from various individuals. During the fiscal year of 2007, the Clinic received tribute gifts to continue Irma Colen's legacy; family members established these gifts as additions to the Colen Physician Endowment Fund.
- The Milken Physician Endowment Fund established to fund the salary of a permanent family practice physician.
- The Lee Physician Endowment Fund established to fund the salary of a permanent family practice physician.
- The Skirball Physician Endowment Fund established to fund the salary of the Clinic's medical director.
- The Weisman Psychosocial Endowment Fund established to provide ongoing support to the mental health programs.
- The Karsten Endowment Fund established to provide for a domestic violence program.
- The Resnick Endowment Fund established to provide mental health care services.
- The Sandy Segal Youth Health Center Endowment established to support The Sandy Segal Youth Health Center.
- The Milgrom Endowment Fund established to provide an annual recognition to a Venice Family Clinic staff member for providing truly humanistic and compassionate caregiving, and who teaches or serves as a mentor to those pursuing careers in community health.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS June 30, 2019

NOTE 11 - ENDOWMENTS (continued)

	With Donor Restrictions			
Balance - Beginning of Year	\$	6,184,964		
Investment Return (Net)		180,189		
Contributions		50,000		
Other Transfers		(250,000)		
Net Assets Released				
from Restrictions		(246,766)		
BALANCE - END OF YEAR	\$	5,918,387		

From time to time, the fair value of assets associated with donor-restricted endowment funds may fall below the level that the donor requires the Clinic to retain as a fund of perpetual duration. In accordance with the provisions of ASC Topic No. 958, deficiencies of this nature are reported in net assets with donor restrictions. As of June 30, 2019, there were no deficiencies in the endowment funds.

Effective in fiscal year 2010, the Clinic adopted the UCLA Foundation's endowment policy. The following is a description of the UCLA Foundation's endowment policy.

The purpose of the UCLA Foundation's Endowment is to support the educational mission of the University of California, Los Angeles by providing a reliable source of funds for current and future use. The income/payout from each individual endowment fund is used to support the purpose established by the donor in the gift instrument. However, endowment funds are commingled for investment purposes in the UCLA Foundation's Endowment Pool to maximize returns and minimize investment and administrative costs.

The Endowment seeks to maximize long-term total returns consistent with prudent levels of risk. Investment returns are expected to preserve or enhance the real value of the endowment to provide adequate funds to sufficiently support designated University activities. The Endowment Investment Pool assets have an indefinite time horizon that runs concurrently with the endurance of the University in perpetuity. As such, the investment portfolio assumes a time horizon that may extend beyond a normal market cycle and therefore may assume an appropriate level of risk as measured by the standard deviation of annual returns.

The Endowment's portfolio is expected to generate a total annualized rate of return, net of fees and spending, that is greater than the rate of inflation as measured by the National Consumer Price Index over a rolling five-year period. The UCLA Foundation accomplishes these objectives by engaging a number of professional managers who are assigned specific investment mandates for equities, fixed income and alternative investments.

The UCLA Foundation follows the Uniform Prudent Management of Institutional Funds Act (UPMIFA) adopted by the State of California in January 2009. UPMIFA does not set specific expenditure limits; instead, a charity can spend the amount the charity deems prudent after considering the donor's intent that the endowment continue permanently, the purpose of the fund and relevant economic factors. The UCLA Foundation's spending policy governs the rate at which funds are released to fund holders for current spending. The UCLA Foundation's spending policy is based on a target rate set as a percentage of a 36-month rolling average market value. The current rate is 4.5% for fiscal year 2019.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS June 30, 2019

NOTE 11 - ENDOWMENTS (continued)

The Board of Directors of the UCLA Foundation reviews and approves this rate annually. Investment returns earned in excess of the approved spending rate are retained in the endowment principal to protect from the effects of inflation and to allow for growth.

Endowments are managed in a unitized investment pool. Transactions within each individual endowment in the pool are based on the unit market value at the end of the month during which the transaction takes place for withdrawals and additions. It is the goal of the UCLA Foundation that the total return from endowment investments should be adequate to meet the following objectives:

- Preserve investment capital and its purchasing power,
- Generate sufficient resources to meet spending needs (payout),
- Attain reasonable capital appreciation through prudent acceptance of risk to enhance the future purchasing power of the investment capital.

NOTE 12 - COMMITMENTS AND CONTINGENCIES

(a) INSURANCE

The Clinic maintains malpractice insurance through David Geffen School of Medicine at UCLA on a claims-made basis covering losses of \$5,000,000 per occurrence. Adjustments of estimated to actual expense, if any, after the policy periods, are included in the period such adjustments are determined.

(b) OPERATING LEASES

The Clinic has an agreement with the County of Los Angeles for the use of a building located at 2509 Pico Boulevard in Santa Monica for forty years, effective April 2000, rent-free. In exchange for free rent, the Clinic agreed to maintain, repair and obtain appropriate insurance coverage for the building and grant County of Los Angeles employees open access to the building. The Clinic is also required to achieve a minimum number of patient services for each year covered under the agreement. The Clinic did not recognize this in-kind donation due to the service requirement and the amount of leasehold improvements required to make the building habitable.

Additionally, the Clinic leases certain equipment and facilities under various non-cancelable operating leases. These leases expire at various dates through June 2024. Other rental costs were incurred for certain program sites throughout the year on a month-to-month basis.

Future minimum payments under the operating leases are as follows:

Years Ending June 30	Facilities		Facilities Equipment		Total		
2020	s	958,791	s	53.867	S	1,012,658	
2021	Ų	943,553	Ŷ	40,976	Ÿ	984,529	
2022		971,859		30,437		1,002,296	
2023		780,842		3,638		784,480	
2024		700,718		2,729		703,447	
TOTAL	\$	4,355,763	\$	131,647	\$	4,487,410	

Facilities and equipment rent expense under operating leases for the year ended June 30, 2019 was \$781.936.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS June 30, 2019

NOTE 12 - COMMITMENTS AND CONTINGENCIES (continued)

(c) GOVERNMENT GRANTS AND CONTRACTS

Government reimbursement programs are subject to statutory and regulatory changes, retroactive rate adjustments, administrative rulings and government funding restrictions, all of which could materially decrease the services covered or the rates paid to the Clinic for its services.

(d) LITIGATION

In the ordinary course of doing business, the Clinic may become involved in various lawsuits. Some of these proceedings may result in judgments being assessed against the Clinic which, from time to time, may have an impact on changes in net assets. The Clinic does not believe that these proceedings, individually or in the aggregate, will have a material effect on the accompanying consolidated financial statements.

NOTE 13 - RELATED PARTY TRANSACTIONS

VFC is affiliated with the David Geffen School of Medicine at UCLA. As part of this affiliation, UCLA provides payroll and personnel services, personnel training services and workers' compensation insurance to VFC at minimal charge and medical malpractice insurance at no charge. VFC contributes to the University of California Retirement Plan (UCRP or the Plan) as part of its affiliation agreement between Venice Family Clinic and UCLA.

VFC's employees are legally employees of UCLA and work for VFC under an affiliation agreement. Accordingly, such employees are eligible to receive benefits under UCRP. The Plan is a defined benefit plan under which benefits are determined by formulas (factors include the member's salary, age and years of UCRP service). VFC contributes 14.6% of total payroll in accordance with the provisions of the Plan and the affiliation agreement. For the year ended June 30, 2019, VFC contributed \$3,663,421 to the Plan.

VFC has no plans to withdraw from the Plan as of June 30, 2019. Were VFC ever to withdraw from the Plan in the future, under the affiliation agreement, VFC would not be liable for its proportional share of any underfunded liability that might exist. Accordingly, the disclosure provisions related to the Plan do not apply. However, overall the Plan is 80% funded on market value basis at June 30, 2019. It is therefore possible that the Plan premiums could increase in the future so as to reduce this underfunded situation.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS June 30, 2019

NOTE 14 - LIQUIDITY AND AVAILABILITY OF FINANCIAL RESOURCES

The total financial assets held by the Clinic at June 30, 2019 and the amounts of those financial assets that could be made available for general expenditures within one year of the date of the statement of financial position are summarized in the following table:

Current Financial Assets at June 30, 2019		
Cash and Cash Equivalents	\$	10,618,030
Short-Term Investments		7,235,625
Net Patient Services		
Accounts Receivable		3,547,212
Government Grants		1,279,419
Grants and Contributions Receivable (Net)		1,480,042
Other Receivables		200,714
TOTAL FINANCIAL ASSETS AT JUNE 30, 2019		24,361,042
Less Amounts Not Available to Be Used within One Year, Due to: Donor-Imposed Restrictions:		
Funds Held with Purpose or Time Restrictions		(3,171,292)
Pledges Restricted by Purpose or Time		(1,343,064)
FINANCIAL ASSETS AVAILABLE TO MEET GENERAL EXPENDITURES	Ć.	10.040.000
WITHIN ONE YEAR	<u>Ş</u>	19,846,686

The Clinic regularly monitors liquidity required to meet its operating needs and other contractual commitments, while also striving to maximize the investment of its available funds. The Clinic is substantially supported by net patient service revenues, government grants, and private and community support. As part of the Clinic's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due.

The Clinic has various sources of liquidity at its disposal, including cash and cash equivalents and marketable debt and equity securities. The Clinic also has access to a \$4,000,000 line of credit, the entire amount of which was available to the Clinic at June 30, 2019.

SUPPLEMENTARY INFORMATION - CONSOLIDATING SCHEDULES

YEAR ENDED JUNE 30, 2019

CONSOLIDATING STATEMENT OF FINANCIAL POSITION June 30, 2019

	Ve	enice Family Clinic		enice Family Clinic Coundation	Eliminations			Total
CURRENT ASSETS: Cash and Cash Equivalents	s	4,628,426	s	5,989,604	s		s	10,618,030
Short-Term Investments	Ş	7,235,625	Ģ	5,989,004	Ą	- ,	Ą	7,235,625
Net Patient Services		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Accounts Receivable		3,547,212		-		-		3,547,212
Government Grants		1,279,419		-		-		1,279,419
Grants and Contributions		4 0 45 510		24.520		(2.200.000)		1 400 040
Receivable - Short-Term (Net) Other Receivables		4,645,512 200,714		34,530		(3,200,000)		1,480,042 200,714
Accounts Receivable - Intercompany		122,316		-		(122,316)		200,714
Pharmaceutical Inventories		286,904		-		(122,010)		286,904
Prepaid Expenses and Other Assets		228,316		525		-		228,841
TOTAL CURRENT ASSETS		22,174,444		6,024,659		(3,322,316)		24,876,787
OTHER ASSETS:								
Long-Term Investments (Endowments)		5,918,387		-		-		5,918,387
Net Patient Services								
Accounts Receivable - Long-Term		494,662		-		-		494,662
Grants and Contributions								
Receivable - Long-Term (Net)		2,078,138		-		-		2,078,138
Beneficial Interest in Charitable Remainder Trusts Property and Equipment (Net)		151,354 7,654,921		-		-		151,354 7,654,921
Troporty and Equipment (Net)	-	7,001,021						7,001,021
TOTAL OTHER ASSETS		16,297,462		-		-		16,297,462
TOTAL ASSETS	\$	38,471,906	\$	6,024,659	\$	(3,322,316)	\$	41,174,249
LIABILITIES AND NET ASSETS								
CURRENT LIABILITIES:								
Accounts Payable and Accrued Expenses	\$	887,290	\$	3,233,710	\$	(3,200,000)	\$	921,000
Accounts Payable - Intercompany		-		122,316		(122,316)		
TOTAL CURRENT LIABILITIES		887,290		3,356,026		(3,322,316)		921,000
NET ASSETS:								
Without Donor Restrictions		24,922,381		2,668,633		-		27,591,014
With Donor Restrictions		12,662,235		-		-		12,662,235
TOTAL NET ASSETS		37,584,616		2,668,633		-		40,253,249
TOTAL LIABILITIES AND NET ASSETS	\$	38,471,906	\$	6,024,659	\$	(3,322,316)	\$	41,174,249

CONSOLIDATING STATEMENT OF ACTIVITIES Year Ended June 30, 2019

	Ve	nice Family Clinic	Venice Family Clinic Foundation	Eliminations	Total
REVENUE:		Ciline	Touridation	Eliminations	Total
OPERATING REVENUE AND SUPPORT: Net Patient Service Revenues Government Support Private and Community Support Grants - Related Party Special Events (Net of Direct Donor Benefit of \$758,140)	\$	31,521,106 10,551,222 4,060,810 3,200,000	\$ - 1,471,507 - 1,892,140	(3,200,000)	\$ 31,521,106 10,551,222 5,532,317 - 1,892,140
TOTAL OPERATING REVENUE AND SUPPORT		49,333,138	3,363,647	(3,200,000)	49,496,785
OTHER REVENUE: Investment Return (Net) Change in Value in Beneficial Interest		341,940	8,460	-	350,400
in Charitable Remainder Trusts		(33,964)		-	(33,964)
TOTAL OTHER REVENUE		307,976	8,460	-	316,436
TOTAL REVENUE		49,641,114	3,372,107	(3,200,000)	49,813,221
EXPENSES: Program Services: Health Care Children First Program Education and Outreach Common Ground		32,819,063 3,071,416 1,994,851 3,221,923	- - - -	- - -	32,819,063 3,071,416 1,994,851 3,221,923
TOTAL PROGRAM SERVICES		41,107,253	-	-	41,107,253
Supporting Services: Management and General Fundraising Grants Distributed		5,873,602 2,238,752	9,037 55,968 3,200,000	-	5,882,639 2,294,720 -
TOTAL SUPPORTING SERVICES		8,112,354	3,265,005	(3,200,000)	8,177,359
TOTAL EXPENSES		49,219,607	3,265,005	(3,200,000)	49,284,612
IN-KIND CONTRIBUTIONS Revenue		5,130,113	-	-	5,130,113
EXPENSES (IN-KIND) Program Services: In-Kind Laboratory and X-Ray Services Physician and Other Clinical Volunteers Children First Program Volunteer In-Kind Pharmaceutical and Laboratory Supplies Other In-Kind Supplies and Services In-Kind Insurance		2,846,116 1,685,190 23,532 58,636 211,334 330,476	- - - - -	- - - - -	2,846,116 1,685,190 23,532 58,636 211,334 330,476
TOTAL EXPENSES (IN-KIND)		5,155,284	_	-	5,155,284
NET IN-KIND CONTRIBUTIONS		(25,171)	-	-	(25,171)
CHANGE IN NET ASSETS		396,336	107,102	-	503,438
Net Assets - Beginning of Year		37,188,280	2,561,531		39,749,811
NET ASSETS - END OF YEAR	\$	37,584,616	\$ 2,668,633	\$ -	\$ 40,253,249

SUPPLEMENTARY INFORMATION - SINGLE AUDIT

YEAR ENDED JUNE 30, 2019



10990 Wilshire Boulevard 16th Floor Los Angeles, CA 90024 310.873.1600 T 310.873.6600 F www.greenhassonjanks.com

REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF CONSOLIDATED FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors Venice Family Clinic

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 consolidated financial statements of Venice Family Clinic and affiliate (collectively, the Clinic), which comprise the consolidated statement of financial position as of June 30, 2019, and the related consolidated statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the consolidated financial statements and have issued our report thereon dated December 14, 2019.

Internal Control over Financial Reporting

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

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

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Clinic's consolidated 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 consolidated 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*.

To the Board of Directors Venice Family Clinic

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 Clinic'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 Clinic's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Green Hasson & Janks LLP

December 14, 2019 Los Angeles, California



10990 Wilshire Boulevard 16th Floor Los Angeles, CA 90024 310.873.1600 T 310.873.6600 F www.greenhassonjanks.com

REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH THE UNIFORM GUIDANCE

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors Venice Family Clinic

Report on Compliance for Each Major Federal Program

We have audited Venice Family Clinic and affiliate (the Clinic) compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of the Clinic's major federal programs for the year ended June 30, 2019. The Clinic's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of the Clinic's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance 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 each major federal program. However, our audit does not provide a legal determination of the Clinic's compliance.

Opinion on Each Major Federal Program

In our opinion, the Clinic 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, 2019.

Report on Internal Control over Compliance

Management of the 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 types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, 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.

To the Board of Directors Venice Family Clinic

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

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. 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 the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Green Hasson & Janks LLP

December 14, 2019 Los Angeles, California

CONSOLIDATED SCHEDULE OF EXPENDITURES OF FEDERAL AND NONFEDERAL AWARDS Year Ended June 30, 2019

Agency - Program Grant Title	Federal CFDA Number	Contract Number	Grant Period	Contract Amount	Total Expenditures
FEDERAL AWARDS					
MAJOR AWARDS U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES Health Resources and Services Administration	93.224,				
Health Center Cluster	93.224, 93.527 93.224,	6 H80CS04217	May 1, 2018 - April 30, 2019	\$ 4,307,741	\$ 3,491,577
	93.527	6 H80CS04217	May 1, 2019 - April 30, 2020	3,897,132	428,333
Pass-through Northeast Valley Health Corporation Health Care for the Homeless	93.224 93.224	H80-CS-00139 H80-CS-00139	Jan 1, 2018 - Dec 31, 2018 Jan 1, 2019 - Dec 31, 2019	580,649 541,960	291,143 275,687
Total 93.224, 93.527, Health Center Cluster				9,327,482	4,486,740
U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES Health Resources and Services Administration					
Outpatient Early Intervention Service with Respect to HIV Disease	93.918	6 H76HA00207	May 1, 2018 - April 30, 2019	319,569	266,622
	93.918	6 H76HA00207	May 1, 2019 - April 30, 2020	319,569	55,066
Total 93.918				639,138	321,688
TOTAL MAJOR AWARDS				9,966,620	4,808,428

CONSOLIDATED SCHEDULE OF EXPENDITURES OF FEDERAL AND NONFEDERAL AWARDS Year Ended June 30, 2019

Agency - Program Grant Title	Federal CFDA Number	Contract Number	Grant Period	Contract Amount	Total Expenditures
NON-MAJOR AWARDS U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES Health Resources and Services Administration School-Based Health Center Capital	93.501	1 CA2CS32673	Feb 1, 2019 - Jan 31, 2021	\$ 80,571	\$ 4,107
Total 93.501				80,571	4,107
U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES Pass-through Los Angeles County - Public Health Division of HIV and STD Programs Mental Health Services for Ryan White Program Clients	93.914	PH003366	Aug 01, 2018 - Feb 28, 2019	117,365	17,972
	93.914	PH003366	Aug 01, 2019 - Feb 28, 2020	117,365	14,340
Medical Care Coordination	93.914	PH002357	Mar 01, 2018 - Feb 28, 2019	265,443	172,046
	93.914	PH-003772	Mar 01, 2019 - Feb 28, 2020	246,174	81,010
Ambulatory/Outpatient Medical	93.914	PH002356	Mar 01, 2018 - Feb 28, 2019	42,212	20,562
	93.914	PH-003771	Mar 01, 2019 - Feb 28, 2020	46,519	11,559
HIV/AIDS Benefits Specialty	93.914	PH002680	Apr 01, 2018 - Mar 31, 2019	50,823	38,117
	93.914	PH002680	Apr 01, 2019 - Mar 31, 2020	50,823	14,351
Certified Needle Exchange Program Services	93.914	PH-003634	July 01, 2018 - June 30, 2019	85,000	84,998
Total 93.914				1,021,724	454,955
U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Disease Control and Prevention Pass-through Los Angeles County - Public Health Division of HIV and STD Programs					
Storefront HIV Counseling and Testing	93.940	PH000810	Jan 01, 2018 - Dec 31, 2018	60,000	30,199
	93.940	PH000810	Jan 01, 2019 - Dec 31, 2019	60,000	29,915
Storefront HIV Counseling and Testing (Pay for Performance)	93.940	PH000810	Jan 01, 2018 - Dec 31, 2018	40,000	13,489
	93.940	PH000810	Jan 01, 2019 - Dec 31, 2019	40,000	10,586
HIV/AIDS Health Education and Risk Reduction	93.940	PH001034	Jul 01, 2018 - Dec 31, 2018	36,000	36,000
	93.940	PH001034	Jan 01, 2019 - June 30, 2019	72,000	43,920
Total 93.940				308,000	164,109

CONSOLIDATED SCHEDULE OF EXPENDITURES OF FEDERAL AND NONFEDERAL AWARDS Year Ended June 30, 2019

Agency - Program Grant Title	Federal CFDA Number	Contract Number	Grant Period	Contract Amount	Total Expenditures
FEDERAL AWARDS					
U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES Office of Population Affairs Pass-through Essential Access Health Family Planning Services - Basic Contraceptives/Male Services	93.217 93.217 93.217	2858-5320-71209 2858-5320-71209 2858-5320-71209	Apr 1, 2018 - Aug 31, 2018 Sep 1, 2018 - Mar 31, 2019 Apr 1, 2019 - Mar 31, 2020	\$ 72,920 110,000 180,000	\$ 30,467 110,000 42,625
Total 93.217				362,920	183,092
U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES Substance Abuse and Mental Health Services Administration SUD/COD Treatment for Racial/Ethnic Minority Populations at High Risk for HIV/AIDS	93.243 93.243	5 H79TI080688-01 5 H79TI080688-02	Sep 30, 2017 - Sep 29, 2018 Sep 30, 2018 - Sep 29, 2019	500,000 500,000	145,782 335,747
Pass-through The People Concern Primary and Behavioral Health Care Integration	93.243 93.243	1H79SM062292 1H79SM062292	Oct 01, 2017 - Sep 30, 2018 Oct 01, 2018 - Sep 30, 2019	70,000 70,000	52,500
Total 93.243				1,140,000	534,029
U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES Substance Abuse and Mental Health Services Administration Pass-through Single State Agency MATRIX Institute of Addictions Total 93.788	93.788	17-94470	July 1, 2018 - June 30,2019	225,000 225,000	193,043 193,043
U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES				220,000	100,010
Administration for Children and Families - Early Head Start Comprehensive Child Development Program	93.600 93.600	09CH9135 09CH010748	Jan 01, 2018 - Dec 31, 2018 Jan 01, 2019 - Dec 31, 2019	2,663,380 2,671,996	1,525,413 1,129,290
Total 93.600	93.600	09CH010939	June 1, 2019 - May 31, 2020	6,440,920 11,776,296	6,841 2,661,544
U.S. DEPARTMENT OF EDUCATION Pass-through State of California - Department of Education General Child Care and Development Program	93.596 93.575	CCTR-8127 CCTR-8127	July 1, 2018 - June 30, 2019 July 1, 2018 - June 30, 2019	61,605 28,320	43,881 20,172
Total 93.596, 93.575, Child Care and Development Fund Cluster				89,925	64,053

CONSOLIDATED SCHEDULE OF EXPENDITURES OF FEDERAL AND NONFEDERAL AWARDS Year Ended June 30, 2019

Agency - Program Grant Title	Federal CFDA Number	Contract Number	Grant Period	Contract Amount	Total Expenditures
FEDERAL AWARDS					
U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT Pass-through City of L.A Department on Disability Syringe Collection	14.218	C-132797	July 1, 2018 - June 30, 2019	\$ 60,000	\$ 60,000
Total 14.218, CDBG-Entitlement Grants Cluster				60,000	60,000
NONFEDERAL AWARDS					
STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES Pass-through Los Angeles County - Public Health Outreach, Enrollment, Utilization, and Retention Services	N.A.	PH-002515	July 1, 2018 - June 30, 2019	188,100	188,023
Total Pass-through Los Angeles County - Public Health				188,100	188,023
Pass-through County of L.A. Department of Mental Health/St. Joseph Center Integrated Mobile Health Team Medical Services Integrated Service Model (ANIMO)	N.A. N.A.	MH120959 MH120959	July 1, 2018 - June 30, 2019 July 1, 2018 - June 30, 2019	95,295 40,000	78,037 26,136
Total Pass-through County of L.A. Department of Mental Health/St. Joseph Center				135,295	104,173
STATE OF CALIFORNIA, DEPARTMENT OF EDUCATION Child Development Services - General Child Care & Development Programs	N.A.	CCTR-8127	July 1, 2018 - June 30, 2019	204,104	145,383
Total Child Development Services - General Child Care & Development Programs				204,104	145,383
TOTAL NON-MAJOR AWARDS				15,591,935	4,756,511
TOTAL FEDERAL AND NONFEDERAL AWARDS				\$ 25,558,555	\$ 9,564,939

Notes to the Consolidated Schedule of Expenditures of Federal and Nonfederal Awards for the Year Ended June 30, 2019

- 1. Basis of Presentation The accompanying consolidated schedule of expenditures of federal and nonfederal awards (Schedule) includes the federal award activity of the Organization under programs of the federal government for the year ended June 30, 2019. 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 the Organization, it is not intended to and does not present the consolidated financial position, changes in net assets, or cash flows of the Organization.
- 2. Summary of Significant Accounting Policies Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following, as applicable, either the cost principles in Office of Management and Budget Circular A-122, Cost Principles for Non-Profit Organizations, or the cost principles contained in Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, wherein certain types of expenditures are not allowable or are limited as to reimbursement. Negative amounts shown on the Schedule, if any, represent adjustments or credits made in the normal course of business to amounts reported as expenditures in prior years. The expenditures of federal awards reported on this schedule may in certain instances exceed the amount of awards earned. In these instances, the Organization recognizes revenue only to the extent of the awards earned.
- 3. The Organization has not elected to use the 10 percent de minimis indirect cost rate allowed under the Uniform Guidance.
- 4. The Organization has not provided any federal awards to subrecipients from the federal expenditures presented in this Schedule.

SCHEDULE OF FINDINGS AND QUESTIONED COSTS Year Ended June 30, 2019

SECTION I - SUMMARY OF AUDITOR'S RESULTS

Financial Statements Unmodified Type of auditor's report issued: Internal control over financial reporting: • Are any material weaknesses identified? ___Yes <u>x</u> No • Are any significant deficiencies identified? Yes <u>x</u> None reported Is any noncompliance material to consolidated financial statements noted? Yes x_No **Federal Awards** Internal control over major federal programs: · Are any material weaknesses identified? Yes <u>x</u> No Are any significant deficiencies identified? ___Yes <u>x</u> None reported Type of auditor's report issued on compliance for major federal 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 Identification of major federal programs: CFDA Number(s) Name of Federal Program or Cluster 93.224, 93.527 U.S. Department of Health and Human Services, Health Resources and Services Administration **Health Center Cluster** 93.224 U.S. Department of Health and Human Services, Pass-Through Northeast Valley Health Corporation - Health Care for the Homeless

93.918 U.S. Department of Health and Human Services, Health Resources and Services Administration Outpatient Early Intervention Service with Respect to HIV Disease Dollar threshold used to distinguish between type A and type B programs: \$750,000 Auditee qualified as a low-risk auditee? x Yes No

SCHEDULE OF FINDINGS AND QUESTIONED COSTS Year Ended June 30, 2019

SECTION II - CONSOLIDATED FINANCIAL STATEMENT FINDINGS

There were no current year audit findings.

SECTION III - FEDERAL AWARD FINDINGS AND QUESTIONED COSTS

There were no current year audit findings.

SUPPLEMENTARY INFORMATION - CHILD DEVELOPMENT PROGRAM

YEAR ENDED JUNE 30, 2019

GENERAL INFORMATION June 30, 2019

1. Full Official Name of the Agency Venice Family Clinic

2. Provider Names and Contract Numbers:

General Child Care CCTR-8127

3. Type of Agency Nonprofit Corporation

4. Address of Agency Headquarters 604 Rose Avenue

Los Angeles, California 90291

5. Name and Address of Executive Director and Name of Chief Executive Officer, Business Officer, or Accountant

Chief Executive Officer Elizabeth Benson Forer

604 Rose Avenue

Los Angeles, California 90291

Chief Financial Officer Andrea Blackbird

6. Telephone Number (310) 664-7941

7. Period Covered by Examination July 1, 2018 through June 30, 2019

8. Number of Days of Agency's Operation 252

CALIFORNIA DEPARTMENT OF EDUCATION AUDITED ATTENDANCE AND FISCAL REPORT FOR CHILD DEVELOPMENT PROGRAMS A U D 9500 Page 1 of 10 (06/19)

Fiscal Year Ending

June 30, 2019

Contract Number

CCTR | 8127

Vendor Code

V419

Full Name of Contractor

VENICE FAMILY CLINIC

Section 1 - Days of Enrollment Certified Children	Column A Cumulative CDNFS 9500	Column B Audit Adjustments	Column C Cumulative Per Audit	Column D Adjustment Factor	Column E Adjusted Days Per Audit
Infants (up to 18 months) Full-time-plus	0		0	2.4426	0
Infants (up to 18 months) Full-time	819		819	2.0700	1,695.33
Infants (up to 18 months) Three-quarters-time	0		0	1.5525	0
Infants (up to 18 months) One-half-time	19		19	1.1385	21.6315
FCCH Infants (up to 18 months) Full-time-plus	0		0	2.2656	0
FCCH Infants (up to 18 months) Full-time	0		0	1.9200	0
FCCH Infants (up to 18 months) Three-quarters-time	0		0	1.4400	0
FCCH Infants (up to 18 months) One-half-time	0		0	1.0560	0
Toddlers (18 up to 36 months) Full-time-plus	0		0	1.8880	0
Toddlers (18 up to 36 months) Full-time	1,541		1,541	1.6000	2,465.6
Toddlers (18 up to 36 months) Three-quarters-time	20		20	1.2000	24
Toddlers (18 up to 36 months) One-half-time	0		0	0.8800	0
Three Years and Older Full-time-plus	0		0	1.1800	0
Three Years and Older Full-time	399		399	1.0000	399
Three Years and Older Three-quarters-time	0		0	0.7500	0
Three Years and Older One-half-time	0		0	0.5500	0

See Independent Auditor's Report

CALIFORNIA DEPARTMENT OF EDUCATION AUDITED ATTENDANCE AND FISCAL REPORT FOR CHILD DEVELOPMENT PROGRAMS A U D 9500 Page 2 of 10 (06/19) Fiscal Year Ending

June 30, 2019

Contract Number

Vendor Code

CCTR | 8127

V419

Full Name of Contractor VENICE FAMILY CLINIC

Section 1 - Days of Enrollment Certified Children	Column A Cumulative CDNFS 9500	Column B Audit Adjustments	Column C Cumulative Per Audit	Column D Adjustment Factor	Column E Adjusted Days Per Audit
Exceptional Needs Full-time-plus				1.6166	0
Exceptional Needs Full-time				1.3700	0
Exceptional Needs Three-quarters-time				1.0275	0
Exceptional Needs One-half-time				0.7535	0
Limited and Non-English Proficient Full-time-plus				1.2980	0
Limited and Non-English Proficient Full-time				1.1000	0
Limited and Non-English Proficient Three-quarters-time				0.8250	0
Limited and Non-English Proficient One-half-time				0.6050	0
At Risk of Abuse or Neglect Full-time-plus				1.2980	0
At Risk of Abuse or Neglect Full-time				1.1000	0
At Risk of Abuse or Neglect Three-quarters-time				0.8250	0
At Risk of Abuse or Neglect One-half-time				0.6050	0

CALIFORNIA DEPARTMENT OF EDUCATION AUDITED ATTENDANCE AND FISCAL REPORT FOR CHILD DEVELOPMENT PROGRAMS A U D 9500 Page 3 of 10 (06/19) Fiscal Year Ending

Contract Number

CCTR

June 30, 2019

8127

Vendor Code

Full Name of Contractor | VENICE FAMILY CLINIC

Section 1 - Days of Enrollment Certified Children	Column A Cumulative CDNFS 9500	Column B Audit Adjustments	Column C Cumulative Per Audit	Column D Adjustment Factor	Column E Adjusted Days Per Audit
Severely Disabled Full-time-plus				2.0237	0
Severely Disabled Full-time				1.7150	0
Severely Disabled Three-quarters-time				1.2863	0
Severely Disabled One-half-time				0.9433	0

Section 1 - Days of Enrollment Certified Children	Column A Cumulative CDNFS 9500	Column B Audit Adjustments	Column C Cumulative Per Audit	Column D Adjustment Factor	Column E Adjusted Days Per Audit
TOTAL DAYS OF ENROLLMENT	2,798		2,798	N/A	4,605.5615
DAYS OF OPERATION	252		252	N/A	N/A
DAYS OF ATTENDANCE	2,577		2,577	N/A	N/A

☒ NO NON-CERTIFIED CHILDREN Check this box (omit pages 4-6) and continue to Revenue Section on page 7.

CALIFORNIA DEPARTMENT OF EDUCATION AUDITED ATTENDANCE AND FISCAL REPORT FOR CHILD DEVELOPMENT PROGRAMS A U D 9500 Page 7 of 10 (06/19)

Fiscal Year Ending June 30, 2019

Contract Number

CCTR 8127

Vendor Code

V419

Full Name of Contractor | VENICE FAMILY CLINIC

Section 3 - Revenue	Column A Cumulative CDNFS 9500	Column B Audit Adjustments	Column C Cumulative Per Audit
Restricted Income - Child Nutrition Programs	0		0
Restricted Income - County Maintenance of Effort (EC Section 8279)	0		0
Restricted Income - Other:	0		0
Restricted Income - Subtotal	0		0
Transfer From Reserve	0		0
Family Fees for Certified Children	1,679		1,679
Interest Earned on Child Development Apportionment Payments	0		0
Unrestricted Income: Fees for Non-Certified Children	0		0
Unrestricted Income: Head Start	0		0
Unrestricted Income - Other	0		0
Total Revenue	1,679		1,679

CALIFORNIA DEPARTMENT OF EDUCATION AUDITED ATTENDANCE AND FISCAL REPORT FOR CHILD DEVELOPMENT PROGRAMS A U D 9500 Page 8 of 10 (06/19) Fiscal Year Ending June 30, 2019

Contract Number

CCTR

8127

Vendor Code

V419

Full Name of Contractor VENICE FAMILY CLINIC

Section 4 - Reimbursable Expenses	Column A Cumulative CDNFS 9500	Column B Audit Adjustments	Column C Cumulative Per Audit
Direct Payments to Providers (FCCH only)	131,395		131,395
1000 Certificated Salaries	0		0
2000 Classified Salaries	40,306		40,306
3000 Employee Benefits	13,705		13,705
4000 Books and Supplies	10,071	-10,071	0
5000 Services and Other Operating Expenses		10,071	10,071
6100/6200 Other Approved Capital Outlay			
6400 New Equipment (program-related)			
6500 Equipment Replacement (program-related)			
Depreciation or Use Allowance			
Start-up Expenses (service level exemption)			
Budget Impasse Credit			
Indirect Costs (Include in Administrative Cost)	15,638		15,638
Non-Reimbursable (State Use Only)			
Total Reimbursable Expenses	211,115	0	211,115
Total Administrative Cost (included in Section 4 above)	25,034		25,034

Approved Indirect Cost Rate:	8.0%
Comments:	

□ NO SUPPLEMENTAL REVENUE Check this box and omit Page 9.

See Independent Auditor's Report

CALIFORNIA DEPARTMENT OF EDUCATION AUDITED ATTENDANCE AND FISCAL REPORT FOR CHILD DEVELOPMENT PROGRAMS A U D 9500 Page 9 of 10 (06/19)

Fiscal Year Ending June 30, 2019				
Contract Number	CCTR	8127		
Vendor Code				

Full Name of Contractor

VENICE FAMILY CLINIC

Section 5 - Supplemental Revenue	Column A Cumulative CDNFS 9500	Column B Audit Adjustments	Column C Cumulative Per Audit
Enhancement Funding			
Other: EHS Development Funding	95,267		95,267
Other:			
Total Supplemental Revenue	95,267		95,267

Section 6 - Supplemental Expenses	Column A Cumulative CDNFS 9500	Column B Audit Adjustments	Column C Cumulative Per Audit
1000 Certificated Salaries	64,683	-64,683	0
2000 Classified Salaries	23,527	41,156	64,683
3000 Employee Benefits		23,527	23,527
4000 Books and Supplies			
5000 Services and Other Operating Expenses			
6000 Equipment/Capital Outlay			
Depreciation or Use Allowance			
Indirect Costs	7,057		7,057
Non-reimbursable Expenses 6100-6500 Non-reimbursable Capital Outlay			
Total Supplemental Expenses	95,267	0	95,267

CALIFORNIA DEPARTMENT OF EDUCATION AUDITED ATTENDANCE AND FISCAL REPORT FOR CHILD DEVELOPMENT PROGRAMS A U D 9500 Page 10 of 10 (06/19)

Fiscal Year Ending June 30, 2019			
Contract Number	CCTR	8127	
Vendor Code			

Full Name of Contractor

VENICE FAMILY CLINIC

	Column A	Column B	Column C		
Section 7 - Summary	Cumulative	Audit	Cumulative		
	CDNFS 9500	Adjustments	Per Audit		
Total Certified Days of Enrollment	2,798		2,798		
Days of Operation	252		252	T . 10 . (f. 14 l	
Days of Attendance	2,577		2,577	Total Certified Adjusted Days of Enrollment	4,605.5615
Total Non-Certified Days of Enrollment				Days of Emountori	
Restricted Program Income	0		0		
Transfer from Reserve	0		0	Total Non-Certified	
Family Fees for Certified Children	1,679		1,679	Adjusted	0
Interest Earned on Apportionment Payments	0		0	Days of Enrollment	
Direct Payments to Providers	131,395		131,395		
Start-up Expenses (service level exemption)					
Total Reimbursable Expenses	211,115	0	211,115		
Total Administrative Cost	25,034		25,034		

Independent Auditor's Assurances on Agency's Compliance with Contract Funding Terms and Conditions and Program Requirements of the California Department of Education, Early Learning and Care Division:

Eligibility,	, enrollment and attendance records are being maintained as required (check YES or NO):	⋉Yes
		□No

Reimbursable expenses claimed on page 8 are eligible for reimbursement, reasonable, necessary, and adequately supported (check YES or NO):

Include any comments in the 'Comments' box on page 8. If necessary, attach additional sheets to explain adjustments.

See Independent Auditor's Report

COMBINING STATEMENT OF ACTIVITIES

Year Ended June 30, 2019

DEVENYE	General Center Child Care CCTR-8127	Other Non-CDE Sponsored Programs	Total
REVENUE:			
OPERATING REVENUE AND SUPPORT: Government Support:			
Fees and Grants from Governmental Agencies: General Child Care Other	\$ 209,436	\$ - 10,341,786	\$ 209,436 10,341,786
TOTAL GOVERNMENT SUPPORT	209,436	10,341,786	10,551,222
Other Operating Revenue and Support:			
Net Patient Service Revenues	-	31,521,106	31,521,106
Private and Community Support	1,679	5,530,638	5,532,317
Special Events (Net of Direct Donor Benefit of \$758,140)		1,892,140	1,892,140
TOTAL OTHER OPERATING REVENUE AND SUPPORT	1,679	38,943,884	38,945,563
TOTAL OPERATING REVENUE AND SUPPORT	211,115	49,285,670	49,496,785
OTHER REVENUE:			
Investment Return (Net)	-	350,400	350,400
Change in Value of Beneficial Interest in Charitable Remainder Trusts	-	(33,964)	(33,964)
In-Kind Revenue		5,130,113	5,130,113
TOTAL OTHER REVENUE		5,446,549	5,446,549
TOTAL REVENUE	211,115	54,732,219	54,943,334
EXPENSES:			
Salaries	40,306	25,912,069	25,952,375
Employee Benefits	13,705	10,824,081	10,837,786
Building - Maintenance	-	530,872	530,872
Building - Other Building - Rent	-	503,308 673,875	503,308 673,875
Child Care	131,395	30	131,425
Equipment	-	273,232	273,232
In-Kind Expense	-	5,155,284	5,155,284
Insurance	-	428,002	428,002
Interest	-	8,254	8,254
Laboratory and X-Ray Services Licenses, Fees and Dues	450	44,227 691,210	44,227 691,660
Medical Supplies and Medical Waste Removal	430	444,001	444,001
Miscellaneous	-	161,242	161,242
Office Supplies	178	171,937	172,115
Participant Supplies/Activities/Incentives	-	270,609	270,609
Pharmaceutical and Pharmacy Supplies	-	3,718,361	3,718,361
Postage, Printing and Subscriptions	6,000	87,310	87,310
Professional and Contractual Fees Repairs and Maintenance	0,000	1,514,135 135,165	1,520,135 135,165
Technology Expenses	3,443	1,110,312	1,113,755
Telephone	-	393,671	393,671
Transportation of Patients/Clients	-	38,292	38,292
Travel, Training and Workshops		280,575	280,575
TOTAL BEFORE INDIRECT EXPENSES	195,477	53,370,054	53,565,531
Allocation of Indirect Expenses	15,638	(15,638)	
TOTAL EXPENSES BEFORE DEPRECIATION AND AMORTIZATION	211,115	53,354,416	53,565,531
Depreciation and Amortization		874,365	874,365
TOTAL EXPENSES	211,115	54,228,781	54,439,896
EXCESS OF REVENUE OVER EXPENSES	\$ -	\$ 503,438	\$ 503,438

SCHEDULE OF RENOVATION AND REPAIR EXPENDITURES Year Ended June 30, 2019

Expenditures	General Center Child Care CCTR-8127		
UNIT COST UNDER \$10,000 ITEM:			
Total	\$ -		
	·		
UNIT COST OVER \$10,000 WITH CDE APPROVAL: Total	-		
UNIT COST OVER \$10,000 WITHOUT CDE APPROVAL: <i>Total</i>			
TOTAL RENOVATION AND REPAIR EXPENDITURES	\$ -		

SCHEDULE OF EQUIPMENT EXPENDITURES Year Ended June 30, 2019

Expenditures	General Center Child Care CCTR-8127		
Experiunures			
UNIT COST UNDER \$7,500 PURCHASE: Total	\$ -		
UNIT COST OVER \$7,500 WITH CDE APPROVAL: Total	-		
UNIT COST OVER \$7,500 WITHOUT CDE APPROVAL: Total			
TOTAL EQUIPMENT EXPENDITURES	<u>\$</u>		

SCHEDULE OF ADMINISTRATIVE COSTS Year Ended June 30, 2019

Expenditures	General Center Child Care CCTR-8127
Classified Personnel Salaries Employee Benefits Services and Other Operating Expenses	\$ 7,500 1,896
Total Total	9,396
Indirect Costs: Indirect Services @ 8%	15,638
TOTAL ADMINISTRATIVE COSTS	\$ 25,034

SCHEDULE OF EXPENDITURES BY STATE CATEGORIES Year Ended June 30, 2019

	Expenditures		General Center Child Care CCTR-8127	
-	Direct Payments to Providers	\$	131,395	
2000	Classified Salaries		40,306	
3000	Employee Benefits		13,705	
4000	Books, Supplies, and Equipment		-	
5000	Services and Other Operating Expenses		10,071	
-	Indirect Costs		15,638	
	TOTAL EXPENDITURES BY STATE CATEGORIES	\$	211,115	

CHILD DEVELOPMENT PROGRAM NOTES TO SUPPLEMENTARY INFORMATION June 30, 2019

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The accompanying schedules of revenues and expenditures of California Department of Education awards for the child development program present the amount of revenues and expenditures related to the child development program administered by the Clinic in connection with the grants awarded by the California Department of Education.

The revenue and expenditures included in the accompanying schedules are reported on the accrual basis of accounting.

CHILD DEVELOPMENT PROGRAM SCHEDULE OF FINDINGS AND QUESTIONED COSTS June 30, 2019

CURRENT YEAR AUDIT FINDINGS AND QUESTIONED COSTS

There were no current year audit findings.

SUMMARY OF PRIOR YEAR FINDINGS

There were no prior year audit findings.