

**City of Lake Elsinore  
Community Support Program  
Fiscal Year 2017-18 Funding Application**

**I. GENERAL INFORMATION:**

Applying Organization Name: Vista Community Clinic

Organization Address: 1000 Vale Terrace Drive

City: Vista

Zip Code: 92084-5218

Mailing Address: 1000 Vale Terrace Drive

City: Vista

Zip Code: 92084-5218

Website: [www.vcc.clinic](http://www.vcc.clinic)

Telephone Number: 760-631-5000

Fax Number: 760-414-3701

Executive Director: Fernando Sanudo

Telephone Number: 760-631-5000, x1131

E-mail: [ceo@vcc.clinic](mailto:ceo@vcc.clinic)

Program Manager: Nannette Stamm

Telephone Number: 760-631-5000, x7145

E-mail: [nstamm@vcc.clinic](mailto:nstamm@vcc.clinic)

Is your Organization:      Non-Profit Organization      ☒ Yes      ☐ No

                                 Faith Based Organization      ☐ Yes      ☒ No

**II. ORGANIZATIONAL HISTORY:**

Date Organization founded: June 15, 1972

Date Organization incorporated as a non-profit organization: July 1, 1973

Provide a copy of your statement of non-profit status from the State of California and Most Recent IRS Form 990. IRS Form 990 is a public record. Form 990s for all charities registered in California are posted on the Attorney General's web site [www.ag.ca.gov](http://www.ag.ca.gov). The web site also offers a searchable database of California charities. Form 990s for 501(c)(3) charities may be found at GuideStar [www.guidestar.org](http://www.guidestar.org).

Federal identification number: 95-2815615

State Identification Number: CO666905

Members/Board of Directors: (**Attach**)

Mission Statement – Briefly describe the goals and objectives of your organization and community services it provides.

VCC's mission is to advance community health and hope by providing access to premier health services and education for those who need it most. VCC's goal is that of improving health and well-being in all of its service communities through provision of a comprehensive palette of health, education, and social services.

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Lake Elsinore City Council Member during the past 12 months? If Yes, briefly describe:

No.

Is a Lake Elsinore City Council Member a member of the Board of Directors or an Officer of the organization? If Yes, provide Council Member's Name and title within the organization:

No.

This application has been authorized by the organization's:

☒ Executive Committee    ☐ Board of Directors    ☐ Members-at-Large

### III. PROJECT ACTIVITY:

Name of Project: Clinic promotional outreach

Amount Requested: \$5,000.00

Where will the proposed activity occur (be specific as to the geographic boundaries)? If the project involves a new or existing facility, what is the proposed service/benefit area for the facility?

The proposed health services social marketing activities will take place within the physical boundaries of the City of Lake Elsinore. The clinic service area includes the whole of Lake Elsinore.

Check ONLY the applicable category your application represents.

- ☒ Public Service
- ☐ Homeless Activities
- ☐ Housing
- ☐ Rehabilitation/Preservation (please provide picture of structure)
- ☐ Public Facilities (construction)
- ☐ Other: (provide description) \_\_\_\_\_

Respond to A & B only if this application is for a public service project.

- (a) Is this a NEW service provided by your agency? ☐ Yes ☒ No
- (b) If service is not new, will the existing public service activity level be substantially increased or improved? ☒ Yes ☐ No

#### V. PROJECT NARRATIVE:

Provide a detailed Project Description of the project/program (and its objectives) that the City of Lake Elsinore grant funding will be used to support.

Vista Community Clinic (VCC) is requesting funds to support our organization's social marketing efforts in raising awareness among Lake Elsinore residents regarding the new VCC: Lake Elsinore clinic site and the services that it provides. Since the inauguration of this clinic, VCC has been engaging in ongoing community outreach efforts to ensure that Lake Elsinore residents are aware of the clinic, with particular reference to Lake Elsinore's low-income population. These efforts have proved highly successful, in the sense that the clinic's patient population has increased tremendously in the past 12 months, and now includes over 2,000 patients who have made VCC: Lake Elsinore their medical home.

Since the clinic's inauguration in late March 2016, the residents of Lake Elsinore now have multiple safety-net health care sites to choose from within the City itself. VCC's objectives specific to this site include: (1) Providing culturally and linguistically relevant primary care, dental care, and behavioral health care to all patients; (2) Providing for continued expansion of the clinic's patient population, with an expectation that the clinic will provide services to a minimum of 2,500 unduplicated patients between 11/1/17 and 10/31/18; (3) Providing health insurance eligibility and application assistance to Lake Elsinore residents that will result in a minimum of

100 uninsured residents applying for health insurance between 11/1/17 and 10/31/18;  
and (4) Providing referrals to specialty care services and other healthcare and  
social services as required to meet the needs of individual patients and families.

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Describe how your organization will use the funding awarded? Include equipment or  
services that would be purchased and why.

As noted above, VCC engages in ongoing outreach to inform Lake Elsinore about the new  
VCC: Lake Elsinore clinic site, and all of the services it provides. In the early years of a new  
clinic site, outreach is critical in developing awareness, both among residents and within other  
public and private service agencies, regarding the clinic and all that it has to offer. VCC will use  
the funds awarded to purchase promotional items that will be distributed to residents and to staff  
of complementary service organizations in the context of engaging in outreach and education activities  
in Lake Elsinore. These items, such as calendars, mugs, pens, keychains, and magnets, carry VCC's contact  
information, and assist outreach staff in engaging with residents and peers and creating opportunities  
to discuss people's health care and insurance status. These opportunities help develop both trust  
and interest between VCC and Lake Elsinore residents, and incite residents to think of VCC: Lake Elsinore  
when they have acute health care needs or are ready to establish a primary care medical home.

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Explain how the grant funding will specifically benefit City of Lake Elsinore residents. Also,  
who is the target population and provide the estimated number of people expected to  
benefit from this project/program plus the number of volunteers involved.

Simply put, the requested funds will assist VCC in reaching out to, and engaging with, low-income  
Lake Elsinore residents, and our peers in other public and private agencies that service this target  
population. The requested funds will benefit Lake Elsinore residents in the sense that these social  
marketing supplies assist VCC outreach staff in engaging with Lake Elsinore residents. That engagement  
ideally moves those residents to access the VCC: Lake Elsinore clinic, and to receive assistance in  
acquiring health insurance if they are eligible. As a result of those actions, the individuals and families  
who are engaged through this outreach benefit in terms of improved access to health and wellness

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resources, and improved long-term health. The City of Lake Elsinore benefits as well, in the sense that the population health of the City as a whole should improve as a larger percentage of its residents access regular, preventive healthcare resources. Over the course of the 12-month funding period, VCC anticipates that it will outreach to a minimum total of 1,500 City of Lake Elsinore residents.

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What methods will be used for community involvement to assure that all who might benefit from the project are provided an opportunity to participate?

VCC's community outreach efforts are proactive and broad-based. The outreach undertaken from VCC:Lake Elsinore includes street outreach, participation in events, presentations to groups, participation in health fairs, and sustained contact with peers in other public and private service entities. It is in the interest both of VCC: Lake Elsinore, and VCC's target population there, to ensure that VCC does its best to reach as many low-income and medically underserved residents of Lake Elsinore as possible. The promotional items to be purchased with the requested funds will enhance VCC's efforts to engage with the intended target population, and to develop long-term relationships of trust that promote health care use.

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What evidence is there of a long-term commitment to the proposal? Describe how you plan to continue the work (project) after the Community Support funds are expended?

VCC's long-term commitment to Lake Elsinore is evidenced in our organization's investment in improving the space that was selected as the clinic's home. VCC's receipt of a long-term federal grant award to support core operations of the new clinic is an essential element in guaranteeing VCC's long-term commitment to the clinic and thereby to the residents of Lake Elsinore. As a Federally Qualified Health Center with 45 years of experience, VCC understands that outreach itself is not a short-term project: it is necessary to maintain constant engagement with one's service area and the people therein. To that end, VCC is committed to maintaining its program of outreach and education in Lake Elsinore,

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reaching its target population where they live and work, and continuing to build the relationships and trust that are essential to maximizing the value of the clinic and its services to the service population.

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**VI. FINANCIAL INFORMATION:**

PLEASE ATTACH COPIES OF THE CURRENT BUDGET AND FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT) OF THE ORGANIZATION. It does not require a CPA's audit, but please submit if available.

FRANCHISE TAX BOARD

SAN FRANCISCO, CALIFORNIA 95867

November 19, 1974

In reply refer to  
362:WGL:mp

Vista Community Clinic  
114 Hillside Terrace  
Vista, CA 92083

Purpose: Charitable  
Form of Organization: Corporation  
Accounting Period Ending: June 30  
Organization Number: 666905

Based on the information submitted and provided, your present operations continue unchanged or conform to those proposed in your application, you are exempt from state franchise or income tax under Section 23701d, Revenue and Taxation Code. Any change in operation, character or purpose of the organization must be reported immediately to this office so that we may determine the effect on your exempt status. Any change of name or address also must be reported.

You are required to file Form 199 (Exempt Organization Annual Information Return) or Form 199B (Exempt Organization Annual Information Statement) on or before the 15th day of the 5th month (4-1/2 months) after the close of your accounting period. See annual instructions with forms for requirements.

You are not required to file state franchise or income tax returns unless you have income subject to the unrelated business income tax under Section 23731 of the Code. In this event, you are required to file Form 109 (Exempt Organization Business Income Tax Return) by the 15th day of the 3rd month (2-1/2 months) after the close of your annual accounting period.

Contributions made to you are deductible by donors as provided by Sections 17214 through 17216.2 and 24357 through 24359 of the Code, unless your purpose is testing for Public Safety.

If the organization is incorporating, this approval will expire unless incorporation is completed with the Secretary of State within 30 days.

Exemption from federal income or other taxes and other state taxes requires separate applications.

This exemption effective as of July 1, 1973.

Albert D. LeBel  
Supervisor  
Exempt Organizations

☐ cc: Secretary of State (Corp.)  
cc: Registrar of Charitable Trusts

FTB 4206 (4-74)

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2015****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>A</b> For the 2015 calendar year, or tax year beginning <u>07/01</u> , 2015, and ending <u>06/30</u> , 20 <u>16</u>	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>Vista Community Clinic</u>
	<b>D</b> Employer identification number <u>95-2815615</u>
	<b>E</b> Telephone number <u>760-631-5000</u>
	<b>G</b> Gross receipts \$ <u>49,255,366</u>
	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions)
	<b>H(c)</b> Group exemption number ▶
<b>F</b> Name and address of principal officer: <u>Fernando Sanudo</u> <u>1000 Vale Terrace, Vista, CA 92084</u>	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>J</b> Website: ▶	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
<b>L</b> Year of formation: <u>1972</u> <b>M</b> State of legal domicile: <u>CA</u>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>The mission of Vista Community Clinic is to advance community health and hope by providing access to premier health services and education for those who need it most.</u>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . . <u>3</u> <u>16</u>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . . <u>4</u> <u>16</u>
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a) . . . . . <u>5</u> <u>716</u>
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . . <u>6</u> <u>137</u>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . <u>7a</u> <u>0</u>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . . <u>7b</u> <u>0</u>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . . <u>11,881,271</u> <u>13,667,414</u>
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . . <u>28,797,109</u> <u>33,960,229</u>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . <u>185,408</u> <u>220,583</u>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . <u>292,654</u> <u>1,407,140</u>
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . <u>41,156,442</u> <u>49,255,366</u>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . . <u>0</u> <u>0</u>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . . <u>0</u> <u>0</u>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . . <u>27,567,861</u> <u>32,765,654</u>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . . <u>0</u> <u>0</u>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>312,056</u>
<b>Net Assets or Fund Balances</b>	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . . <u>12,657,910</u> <u>13,896,277</u>
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . . <u>40,225,771</u> <u>46,661,931</u>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 . . . . . <u>930,671</u> <u>2,593,435</u>
	<b>20</b> Total assets (Part X, line 16) . . . . . <u>51,965,759</u> <u>56,001,560</u>
	<b>21</b> Total liabilities (Part X, line 26) . . . . . <u>9,290,639</u> <u>10,706,250</u>
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 . . . . . <u>42,675,120</u> <u>45,295,310</u>	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	<b>Signature of officer</b> <u>Fernando Sanudo, CEO</u>	<b>Date</b> <u>11-14-16</u>			
	<b>Type or print name and title</b>				
<b>Paid Preparer Use Only</b>	<b>Print/Type preparer's name</b> <u>Jeremy Ware</u>	<b>Preparer's signature</b>	<b>Date</b>	<b>Check <input type="checkbox"/> if self-employed</b>	<b>PTIN</b> <u>P00642659</u>
	<b>Firm's name</b> ▶ <u>CHW LLP</u>		<b>Firm's EIN</b> ▶ <u>47-2251777</u>		
	<b>Firm's address</b> ▶ <u>7797 N First Street Suite 15, Fresno, CA 93720</u>		<b>Phone no.</b> <u>559-549-5400</u>		
	<b>May the IRS discuss this return with the preparer shown above? (see instructions)</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				



**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

The mission of Vista Community Clinic is to advance community health and hope by providing access to premier health services and education for those who need it most.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☒ Yes ☐ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 40,508,079 including grants of \$ 0) (Revenue \$ 45,665,239)

Vista Community Clinic provided health care and health education services to over 59,000 patients with 210,000 patient encounters during the fiscal year.

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)**4e** Total program service expenses 40,508,079

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	1 ✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	2 ✓	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	3	✓
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	4	✓
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .	5	✓
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .	6	✓
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .	7	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	8	✓
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .	9	✓
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	10 ✓	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	11a ✓	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .	11b	✓
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .	11c	✓
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .	11d	✓
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	11e	✓
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	11f ✓	
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	12a ✓	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .	12b	✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	13	✓
14 a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a	✓
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. . . . .	14b	✓
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .	15	✓
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. . . . .	16	✓
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .	17	✓
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	18 ✓	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	19	✓

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20 a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<b>20a</b>	✓
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	<b>21</b>	✓
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	<b>22</b>	✓
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .	<b>23</b>	✓
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .	<b>24a</b>	✓
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	<b>25a</b>	✓
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	<b>25b</b>	✓
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II . . . . .	<b>26</b>	✓
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	<b>27</b>	✓
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	<b>28a</b>	✓
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	<b>28b</b>	✓
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .	<b>28c</b>	✓
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	<b>29</b>	✓
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	<b>30</b>	✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	<b>31</b>	✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	<b>32</b>	✓
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	<b>33</b>	✓
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	<b>34</b>	✓
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35a</b>	✓
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	<b>35b</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	<b>36</b>	✓
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .	<b>37</b>	✓
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>38</b>	✓

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . . <b>1a</b> 49		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . . <b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . <b>1c</b>		✓
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return <b>2a</b> 716		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>2b</b> ✓	✓	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . . <b>3a</b>		✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . . <b>3b</b>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . <b>4a</b>		✓
<b>b</b>	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . <b>5a</b>		✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . . <b>5b</b>		✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . . <b>5c</b>		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . . <b>6a</b>		✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . <b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . . <b>7a</b>		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . <b>7b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . <b>7c</b>		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . <b>7e</b>		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . <b>7f</b>		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . <b>7g</b>		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . <b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . . <b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . . <b>9a</b>		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . . <b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations. Enter:</b>		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . . <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations. Enter:</b>		
<b>a</b>	Gross income from members or shareholders . . . . . <b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . . <b>12a</b>		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>13a</b>		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . . <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand . . . . . <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . . <b>14a</b>		✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . . <b>14b</b>		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1a</b> 16		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1b</b> 16		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . <b>2</b>		✓
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . . <b>3</b>		✓
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . <b>4</b>		✓
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . <b>5</b>		✓
<b>6</b> Did the organization have members or stockholders? . . . . . <b>6</b>		✓
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . . <b>7a</b>		✓
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . . <b>7b</b>		✓
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . . <b>8a</b>	✓	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . . <b>8b</b>	✓	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . <b>9</b>		✓

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . . <b>10a</b>		✓
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . . <b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . . <b>11a</b>	✓	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . <b>12a</b>	✓	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . <b>12b</b>	✓	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . . <b>12c</b>	✓	
<b>13</b> Did the organization have a written whistleblower policy? . . . . . <b>13</b>	✓	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . . <b>14</b>	✓	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . . <b>15a</b>	✓	
<b>b</b> Other officers or key employees of the organization . . . . . <b>15b</b>	✓	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . <b>16a</b>		✓
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . <b>16b</b>		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► CA

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►  
 Michele Lambert, (760)631-5000

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Angela Perez	1									
Board President	0	✓						0	0	0
Jose Aponte	1									
Board Vice President	0	✓						0	0	0
Dionicia Dzwigalski	1									
Board Treasurer	0	✓						0	0	0
Olivia Gonzalez	1									
Board Secretary	0	✓						0	0	0
Raye Clendening	1									
Board Member	0	✓						0	0	0
James Hagar	1									
Board Member	0	✓						0	0	0
Michael Hire	1									
Board Member	0	✓						0	0	0
Monica Nava	1									
Board Member	0	✓						0	0	0
Anne Speraw	1									
Board Member	0	✓						0	0	0
Robert Gates	1									
Board Member	0	✓						0	0	0
Antonio Mora	1									
Board Member	0	✓						0	0	0
Frieda Brands	1									
Board Member	0	✓						0	0	0
Mark Phillipi	1									
Board Member	0	✓						0	0	0
Joseph Troya	1									
Board Member	0	✓						0	0	0



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Sonya Villegas	1									
Board Member	0	✓						0	0	0
Jan Frates	1									
Board Member	0	✓						0	0	0
Fernando Sanudo	40									
CEO	0			✓				286,998	0	8,487
Kelly Motadel	40									
Chief Medical Officer	0			✓				245,850	0	8,509
Michele Lambert	40									
CFO	0			✓				202,380	0	6,987
Christos Karanikkis	40									
Physician	0					✓		282,240	0	6,484
Orna Gil	40									
Physician	0					✓		259,876	0	0
Donald Ong	40									
Physician	0					✓		251,340	0	8,812
Melissa Hawkins	40									
Physician	0					✓		236,137	0	4,923
Omid Ashouri	40									
Physician	0					✓		199,874	0	0
<b>1b Sub-total</b>								<b>1,964,695</b>	<b>0</b>	<b>44,202</b>
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>1,964,695</b>	<b>0</b>	<b>44,202</b>

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **48**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		✓
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	✓	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		✓

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Sandra Lopez, 1000 Vale Terrace, Vista, CA 92084	Physician	189,024
CS Physician Assistants, 300 Carlsbad Village Suite 108A, Carlsbad, CA 92008	Physician	229,020
LMA Consulting, 1228 University Avenue Suite 200, San Diego, CA 92103	Architect	134,236

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a	Federated campaigns . . . . .	1a	0				
	b	Membership dues . . . . .	1b	0				
	c	Fundraising events . . . . .	1c	176,840				
	d	Related organizations . . . . .	1d	0				
	e	Government grants (contributions)	1e	10,627,759				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,862,815				
	g	Noncash contributions included in lines 1a-1f: \$		167,627				
	h	<b>Total.</b> Add lines 1a-1f . . . . .		13,667,414				
<b>Program Service Revenue</b>				Business Code				
	2a	Net patient service revenue		624000	33,960,229	33,960,229	0	0
	b							
	c							
	d							
	e							
	f	All other program service revenue .		0	0	0	0	
	g	<b>Total.</b> Add lines 2a-2f . . . . .		33,960,229				
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		215,648	0	0	215,648	
	4	Income from investment of tax-exempt bond proceeds		0	0	0	0	
	5	Royalties . . . . .		0	0	0	0	
	6a	Gross rents . . . . .	(i) Real	(ii) Personal				
	b	Less: rental expenses						
	c	Rental income or (loss)	0	0				
	d	Net rental income or (loss) . . . . .						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses . . . . .	0	4,935				
	c	Gain or (loss) . . . . .	0	4,935				
	d	Net gain or (loss) . . . . .		4,935	0	0	4,935	
	8a	Gross income from fundraising events (not including \$ 176,840 of contributions reported on line 1c). See Part IV, line 18 . . . . .	a					
	b	Less: direct expenses . . . . .	b					
	c	Net income or (loss) from fundraising events . . . . .						
	9a	Gross income from gaming activities. See Part IV, line 19 . . . . .	a					
	b	Less: direct expenses . . . . .	b					
	c	Net income or (loss) from gaming activities . . . . .						
	10a	Gross sales of inventory, less returns and allowances . . . . .	a					
	b	Less: cost of goods sold . . . . .	b					
	c	Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue				Business Code				
11a	Meaningful Use and other Incentives		621400	1,346,470	1,346,470	0	0	
b								
c								
d	All other revenue . . . . .		60,670	60,670	0	0		
e	<b>Total.</b> Add lines 11a-11d . . . . .		1,407,140					
12	<b>Total revenue.</b> See instructions. . . . .		49,255,366	35,367,369	0	220,583		



**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
4 Benefits paid to or for members . . . . .				
5 Compensation of current officers, directors, trustees, and key employees . . . . .				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7 Other salaries and wages . . . . .	32,765,654	29,090,307	3,497,121	178,226
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits . . . . .				
10 Payroll taxes . . . . .				
11 Fees for services (non-employees):				
a Management . . . . .				
b Legal . . . . .				
c Accounting . . . . .				
d Lobbying . . . . .				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees . . . . .				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	2,877,235	2,358,657	518,540	38
12 Advertising and promotion . . . . .				
13 Office expenses . . . . .				
14 Information technology . . . . .				
15 Royalties . . . . .				
16 Occupancy . . . . .	1,446,533	1,311,955	133,216	1,362
17 Travel . . . . .	280,874	219,423	61,451	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings . . . . .				
20 Interest . . . . .	195,652		195,652	
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .	1,576,468	1,433,741	141,179	1,548
23 Insurance . . . . .	250,164	190,076	59,971	117
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Medical Supplies . . . . .	3,570,027	3,556,182	13,845	0
b . . . . .				
c . . . . .				
d . . . . .				
e All other expenses . . . . .	3,699,324	2,347,738	1,220,821	130,765
25 Total functional expenses. Add lines 1 through 24e	46,661,931	40,508,079	5,841,796	312,056
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	5,143,674	<b>1</b>	3,760,006
	<b>2</b> Savings and temporary cash investments . . . . .	11,048,219	<b>2</b>	13,402,764
	<b>3</b> Pledges and grants receivable, net . . . . .	854,659	<b>3</b>	918,768
	<b>4</b> Accounts receivable, net . . . . .	2,365,084	<b>4</b>	2,732,805
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	100,000
	<b>8</b> Inventories for sale or use . . . . .	16,589	<b>8</b>	12,811
	<b>9</b> Prepaid expenses and deferred charges . . . . .	530,012	<b>9</b>	823,550
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 43,844,933		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 11,739,561	<b>10c</b>	32,105,372
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	444,236	<b>15</b>	2,145,484
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	51,965,759	<b>16</b>	56,001,560	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	3,111,468	<b>17</b>	2,860,906
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	409,628	<b>19</b>	2,810,391
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	5,769,543	<b>23</b>	5,034,953
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .		<b>25</b>	0
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	9,290,639	<b>26</b>	10,706,250
<b>Net Assets or Fund Balances</b>	<b>27</b> <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	42,417,071	<b>27</b>	45,054,695
	<b>28</b> Temporarily restricted net assets . . . . .	258,049	<b>28</b>	240,615
	<b>29</b> Permanently restricted net assets . . . . .	0	<b>29</b>	0
	<b>30</b> <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances . . . . .</b>	42,675,120	<b>33</b>	45,295,310
<b>34</b> <b>Total liabilities and net assets/fund balances . . . . .</b>	51,965,759	<b>34</b>	56,001,560	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	49,255,366
2	Total expenses (must equal Part IX, column (A), line 25)	2	46,661,931
3	Revenue less expenses. Subtract line 2 from line 1	3	2,593,435
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	42,675,120
5	Net unrealized gains (losses) on investments	5	26,755
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	45,295,310

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . .
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		✓
2b	✓	
2c	✓	
3a	✓	
3b	✓	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Vista Community Clinic

Employer identification number

95-2815615

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	12,595,925	8,227,430	8,696,981	11,881,271	13,667,414	55,069,021
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1 through 3 . . . . .	12,595,925	8,227,430	8,696,981	11,881,271	13,667,414	55,069,021
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4.						55,069,021

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4 . . . . .	12,595,925	8,227,430	8,696,981	11,881,271	13,667,414	55,069,021
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	103,661	105,795	135,922	185,408	215,648	746,434
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	1,368,450	51,288	74,318	75,904	57,670	1,627,630
11 <b>Total support.</b> Add lines 7 through 10						57,443,085
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	95.87 %
15 Public support percentage from 2014 Schedule A, Part II, line 14 . . . . .	15	96.15 %
16a <b>33 1/3% support test—2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
b <b>33 1/3% support test—2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input checked="" type="checkbox"/>	
17a <b>10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
b <b>10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . .						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2015.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2014.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>		



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No	
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8</b> Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d</b> Total (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e</b> Discount claimed for blockage or other factors (explain in detail in Part VI):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8</b> Minimum Asset Amount (add line 7 to line 6)	<b>8</b>		

Section C - Distributable Amount			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6</b> Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		

- 7** ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b>	Amounts paid to acquire exempt-use assets	
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)	
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b>	Distributable amount for 2015 from Section C, line 6	
<b>10</b>	Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>		<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b>	Distributable amount for 2015 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b>	Excess distributions carryover, if any, to 2015:			
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>	From 2013 . . . . .			
<b>e</b>	From 2014 . . . . .			
<b>f</b>	<b>Total</b> of lines 3a through e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2015 distributable amount			
<b>i</b>	Carryover from 2010 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b>	Distributions for 2015 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2015 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b>	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b>	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7</b>	<b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>				
<b>b</b>				
<b>c</b>	Excess from 2013 . . .			
<b>d</b>	Excess from 2014 . . .			
<b>e</b>	Excess from 2015 . . .			

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Schedule A, Part II, Line 10 - Other Revenues.**

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

Vista Community Clinic

Employer identification number

95-2815615

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	<b>Held at the End of the Tax Year</b>
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1 . . . . .	► \$
(ii) Assets included in Form 990, Part X . . . . .	► \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included on Form 990, Part VIII, line 1 . . . . .	► \$
b Assets included in Form 990, Part X . . . . .	► \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	166,587	25,927	22,673	20,486	20,786
b Contributions	0	136,588	0	0	0
c Net investment earnings, gains, and losses	-221	4,072	3,254	2,187	-300
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	0	0	0	0	0
f Administrative expenses	0	0	0	0	0
g End of year balance	166,366	166,587	25,927	22,673	20,486

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ 100 %

b Permanent endowment ☐ 0 %

c Temporarily restricted endowment ☐ 0 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations ☐ 3a(i) ☐ Yes ☒ No

(ii) related organizations ☐ 3a(ii) ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ 3b ☐ Yes ☐ No

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	4,004,277		4,004,277
b Buildings	0	34,577,341	9,641,636	24,935,705
c Leasehold improvements	0	1,623,783	169,870	1,453,913
d Equipment	0	3,525,367	1,928,055	1,597,312
e Other	0	114,165	0	114,165
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				32,105,372



**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	49,282,121
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	26,755
b	Donated services and use of facilities . . . . .	<b>2b</b>	0
c	Recoveries of prior year grants . . . . .	<b>2c</b>	0
d	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	0
e	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	26,755
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	49,255,366
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	0
b	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	0
c	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	49,255,366

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	46,661,931
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities . . . . .	<b>2a</b>	0
b	Prior year adjustments . . . . .	<b>2b</b>	0
c	Other losses . . . . .	<b>2c</b>	0
d	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	0
e	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	46,661,931
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	0
b	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	0
c	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	46,661,931

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D, Part V, Line 4 - To support the organization's mission.

Schedule D, Part X, Line 2 - Vista Community Clinic is a private not-for-profit corporation organized under the laws of the State of California. VCC has been determined to be exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and Section 23701d of the State of California Revenue and Taxation Code by the IRS and Franchise Tax Board, respectively. The tax years of 2012 through 2014 remain open and subject to examination by the appropriate government agencies in the United States and California.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

Vista Community Clinic

Employer identification number

95-2815615

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 Holiday Home Tour (event type)	(b) Event #2 Gala (event type)	(c) Other events 0 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts . . . . .	28,295	274,196		302,491
	2 Less: Contributions . . . . .	0	0		0
	3 Gross income (line 1 minus line 2) . . . . .	28,295	274,196		302,491
Direct Expenses	4 Cash prizes . . . . .	0	0		0
	5 Noncash prizes . . . . .	0	0		0
	6 Rent/facility costs . . . . .	0	0		0
	7 Food and beverages . . . . .	0	0		0
	8 Entertainment . . . . .	0	0		0
	9 Other direct expenses . . . . .	16,622	109,029		125,651
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				125,651
	11 Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				176,840

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue . . . . .				
Direct Expenses	2 Cash prizes . . . . .				
	3 Noncash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

**13** Indicate the percentage of gaming activity conducted in:

- a** The organization's facility **13a** \_\_\_\_\_ %
- b** An outside facility **13b** \_\_\_\_\_ %

- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Vista Community Clinic

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

- Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Employer identification number

95-2815615

**Part I Questions Regarding Compensation**

- 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

- b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

- 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

- 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract          |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

- 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- |   |    |   |
|---|----|---|
| a Receive a severance payment or change-of-control payment?                             | 4a | ✓ |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | ✓ |
| c Participate in, or receive payment from, an equity-based compensation arrangement?    | 4c | ✓ |

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

- 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- |                             |    |   |
|-----------------------------|----|---|
| a The organization?         | 5a | ✓ |
| b Any related organization? | 5b | ✓ |

If "Yes" to line 5a or 5b, describe in Part III.

- 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- |                             |    |   |
|-----------------------------|----|---|
| a The organization?         | 6a | ✓ |
| b Any related organization? | 6b | ✓ |

If "Yes" on line 6a or 6b, describe in Part III.

- 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

- 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

- 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?



**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Area with horizontal lines for supplemental information.

**SCHEDULE M**  
**(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete** If the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
▶ **Attach to Form 990.**  
▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization

Vista Community Clinic

Employer identification number

95-2815615

**Part I** **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .	✓	1	140,595	FMV
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( . . . . . )				
26 Other ▶ ( . . . . . )				
27 Other ▶ ( . . . . . )				
28 Other ▶ ( . . . . . )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .		✓
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		✓
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		



**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

Vista Community Clinic

Employer identification number

95-2815615

Form 990, Part III, Line 2 - Chiropractic services began July 2015. Lake Elsinore started services December 2015. The Gary Center started services March 2016.

Form 990, Part VI, Section B, Line 11b - The Form 990 is reviewed by senior management and provided to the Board of Directors for review, prior to filing.

Form 990, Part VI, Section B, Line 12c - Policy is reviewed with members of the Board of Directors annually.

Form 990, Part VI, Section B, Line 15 - Current market compensation for similar or comparable positions is researched.

Form 990, Part VI, Section C, Line 19 - Available upon request.

## **Vista Community Clinic**

### **Board List - 2017**

Angela Perez, R.N., President  
Jose Aponte, Vice President  
Dionicia Dzwigalski, R.N., Treasurer  
Olivia Gonzalez, Secretary  
Frieda Brands, Member  
Raye Clendening, Member  
Kwan Lee, Member  
James Hagar, Member  
Michael Hire, Member  
Antonio Mora, Member  
Monica Nava, Member  
Mark Phillipi, Member  
Anne Speraw, Member  
Joseph Troya, Member  
Sonya Villegas, Member

**VISTA COMMUNITY CLINIC**  
**2017-18 Operating Budget**

**REVENUE:**

Patient Fees	40,872,367
Contracts	10,868,008
Other Revenue	2,343,420
Total Revenue	<u>54,083,795</u>

**EXPENSES:**

Salaries	33,729,813
Fringe Benefits	6,844,509
Patient Contract Services	1,820,293
Non-Patient Contract Services	868,194
Supplies	3,686,361
Communications	319,481
Travel	424,370
Equipment	691,337
Facilities	1,838,953
Insurance	279,505
Financing	249,520
Advertising	270,468
Depreciation	2,101,772
Other Expenses	717,535
Outreach	176,476
Admin Allocation	0
Total Expenses	<u>54,018,588</u>

**NET**

65,206

Audited Financial Statements

## Vista Community Clinic

For The Years Ended June 30, 2016 and 2015

# Vista Community Clinic

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Independent Auditor's Report

Board of Directors  
Vista Community Clinic  
Vista, California

**Report on the Financial Statements**

We have audited the accompanying financial statements of Vista Community Clinic ("VCC"), which comprise the balance sheets as of June 30, 2016 and 2015 and the related statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

***Management's Responsibility for the Financial Statements***

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

***Auditor's Responsibility***

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

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

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

***Opinion***

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Vista Community Clinic as of June 30, 2016 and 2015 and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

***Other Matters******Supplementary Information***

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by *Title 2 U.S. Code of Federal Regulations (CFR) Part 200*, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

***Other Reporting Required by Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated September 29, 2016 on our consideration of VCC's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering VCC's internal control over financial reporting and compliance.

***CAW. LLP***

Fresno, California

September 29, 2016

**Vista Community Clinic**  
**Balance Sheets**  
**June 30, 2016 and 2015**

	2016	2015
<b>ASSETS</b>		
Current assets:		
Cash and cash equivalents	\$ 7,797,754	\$ 7,706,783
Board designated cash and investments	5,154,282	3,609,864
Patient accounts receivable, net of allowance for doubtful accounts of \$88,298 and \$89,815, respectively	2,732,805	2,365,084
Grants, contracts and other receivables	873,268	854,659
Pledges receivable	45,500	-
Estimated third party payor settlements	2,145,484	444,236
Inventories	12,811	16,589
Prepaid assets	823,550	530,012
Total current assets	19,585,454	15,527,227
 Property and equipment, net	32,105,372	31,563,286
Note receivable	100,000	-
Board designated cash and investments	4,210,734	4,875,246
Total assets	\$ 56,001,560	\$ 51,965,759
 <b>LIABILITIES AND NET ASSETS</b>		
Liabilities:		
Current liabilities:		
Accounts payable	\$ 1,312,333	\$ 1,166,439
Accrued payroll liabilities	1,548,573	1,945,029
Deferred revenue	2,810,391	409,628
Long-term debt, current portion	582,756	674,448
Total current liabilities	6,254,053	4,195,544
 Long-term debt	4,452,197	5,095,095
Total liabilities	10,706,250	9,290,639
Net Assets:		
Unrestricted	45,054,695	42,417,071
Temporarily restricted	240,615	258,049
Total net assets	45,295,310	42,675,120
 Total liabilities and net assets	\$ 56,001,560	\$ 51,965,759

See accompanying Notes to the Financial Statements

**Vista Community Clinic**  
**Statements of Operations and Changes in Net Assets**  
**For the years ended June 30, 2016 and 2015**

	2016	2015
<b>Change in Unrestricted Net Assets:</b>		
Revenue and other support:		
Patient and third party revenue, net	\$ 33,960,229	\$ 28,797,109
Grant and contract revenue	11,705,009	11,042,051
Contributions	1,132,405	752,353
Other	1,622,791	478,062
Inherent contribution	815,407	-
Net assets released from restrictions	32,027	236,898
Total unrestricted revenue and other support	49,267,868	41,306,473
Expenses:		
Salaries & benefits	32,765,654	27,567,862
Other operating expenses	3,699,324	3,644,619
Medical supplies and drugs	3,570,027	3,140,678
Contract services	2,877,235	2,372,381
Space costs	1,446,533	1,345,269
Depreciation	1,576,468	1,452,774
Insurance	250,164	241,185
Travel, conferences and meetings	280,874	234,814
Interest	195,652	226,190
Total expenses	46,661,931	40,225,772
Excess of revenues over expenses	2,605,937	1,080,701
Disposal of property, plan, and equipment	4,932	-
Unrealized gains ( losses)	26,755	(7,963)
Increase in unrestricted net assets	2,637,624	1,072,738
<b>Change in Temporarily Restricted Net Assets:</b>		
Contributions	14,593	86,867
Net assets released from restrictions	(32,027)	(236,898)
Change in temporarily restricted net assets	(17,434)	(150,031)
Increase in net assets	2,620,190	922,707
<b>Net Assets:</b>		
Beginning of year	42,675,120	41,752,413
End of year	\$ 45,295,310	\$ 42,675,120

See accompanying Notes to the Financial Statements

**Vista Community Clinic**  
**Statements of Cash Flows**  
**For the years ended June 30, 2016 and 2015**

	<u>2016</u>	<u>2015</u>
<b>Cash flows from operating activities:</b>		
Change in net assets	\$ 2,620,190	\$ 922,707
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation and amortization	1,576,468	1,452,774
Gain on disposal	(4,932)	-
Unrealized (gains) and losses	(26,755)	7,963
Changes in operating assets and liabilities:		
Patient accounts receivable, net	(367,721)	(493,003)
Grants, contracts and other receivables	(18,609)	(177,011)
Pledge receivable	(45,500)	-
Estimated third party payor settlements	(1,701,248)	-
Inventories	3,778	2,450
Prepaid assets	(293,538)	(211,587)
Accounts payable	145,894	323,920
Accrued payroll and other liabilities	(396,456)	261,761
Deferred revenue	2,400,763	188,888
Net cash provided by operating activities	<u>3,892,334</u>	<u>2,278,862</u>
<b>Cash flows from investing activities:</b>		
Change in board designated cash and investments	(853,151)	(1,400,406)
Change in note receivable	(100,000)	-
Net acquisition of property and equipment	<u>(2,113,622)</u>	<u>(874,499)</u>
Net cash used in investing activities	(3,066,773)	(2,274,905)
<b>Cash flows from financing activities:</b>		
Principal payments on long-term debt	<u>(734,590)</u>	<u>(653,087)</u>
Net cash used in financing activities	(734,590)	(653,087)
Net increase (decrease) in cash and cash equivalents	<u>\$ 90,971</u>	<u>\$ (649,130)</u>
Cash at beginning of year:	<u>7,706,783</u>	<u>8,355,913</u>
Cash at end of year:	<u>\$ 7,797,754</u>	<u>\$ 7,706,783</u>
<b>Supplemental disclosure of cash flow information:</b>		
Interest paid	\$ 195,652	\$ 226,190

See accompanying Notes to the Financial Statements

**Vista Community Clinic**  
**Notes to the Financial Statements**  
**For the years ended June 30, 2016 and 2015**

**Note A: Organization and Operations**

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

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

**Note B: Summary of Significant Accounting Policies**

***Cash and Cash Equivalents:***

For purposes of the statement of cash flows, Vista Community Clinic considers all highly liquid investments with a maturity of three months or less when purchased to be cash equivalents. The savings, checking and investments are on deposit with various financial institutions. As of June 30, 2016 and 2015 the carrying amount of all the accounts, net of outstanding checks, were \$7,797,754 and \$7,706,783, respectively. Per the various financial institutions as of June 30, 2016 and 2015, approximately \$1,250,000 and \$1,510,029, respectively was covered by federal depository insurance.

***Accounts Receivable:***

Accounts receivable are recorded at gross value along with a corresponding allowance for doubtful accounts. Allowance accounts are estimated for each type of receivable based on Vista Community Clinic's experience in collecting those receivables.

***Third-Party Contractual Agreements:***

Vista Community Clinic has agreements with Medicare and Medi-Cal that provide payments under Prospective Payment Systems ("PPS"). Medicare payment under the FQHC PPS are 80% of the lesser of the health center's actual charge or the applicable PPS rate (patient coinsurance will be 20% of the lesser of the health center's actual charge or the applicable PPS rate). In the case of Medi-Cal, payments under the new system are final, unless the number of reimbursable visits is changed as a result of an audit by the State of California, Department of Health Services.

***Use of Estimates:***

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

***Property, Building and Equipment:***

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



**Vista Community Clinic**  
**Notes to the Financial Statements**  
**For the years ended June 30, 2016 and 2015**

**Note B: Summary of Significant Accounting Policies (Continued)**

***Reclassifications:***

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

***Temporarily and Permanently Restricted Net Assets:***

Contributions, including government grants and contracts, are recorded as either temporarily or permanently restricted revenue if they are received with donor stipulations that limit the use of the donated asset. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted assets are reclassified to unrestricted net assets and reported in the statement of operations and changes in net assets as net assets released from restrictions. Donor-restricted contributions whose restrictions expire during the same fiscal year are recognized as unrestricted revenue.

***Income Taxes:***

Vista Community Clinic is a private not-for-profit corporation organized under the laws of the State of California. VCC has been determined to be exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and Section 23701d of the State of California Revenue and Taxation Code by the IRS and Franchise Tax Board, respectively. The tax years of 2012 through 2014 remain open and subject to examination by the appropriate government agencies in the United States and California.

***Revenue Recognition:***

Patient service revenue is recorded at Vista Community Clinic's established rates adjusted for sliding fee scale discounts, provisions for uncollectible accounts and third-party contractual allowances to arrive at net service revenue. Revenue from government grants and contracts restricted for use in specific activities is recognized in the period when expenditures have been incurred in compliance with the grantor's restrictions. Grants and contracts awarded for the acquisition of long-lived assets are reported as unrestricted non-operating revenue, in absence of donor stipulations to the contrary, during the fiscal year in which the assets are acquired. Cash received in excess of revenue recognized is recorded as deferred revenue.

***Inventories:***

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

***Subsequent Events:***

VCC has evaluated all events and transactions that occurred after June 30, 2016, and through September 29, 2016, the date of the financial statements and notes to financial statement were available to be issued. During this period no events or transactions occurred that would require adjustments of the financial statements or disclosure in the accompanying notes.

**Vista Community Clinic**  
**Notes to the Financial Statements**  
**For the years ended June 30, 2016 and 2015**

**Note C: Fair Value of Financial Instruments**

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

**Level 1** Quoted prices in active markets for identical assets;

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

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

The following table presents financial instruments measured at fair value on a recurring basis in accordance with FASB ASC 820 as of June 30, 2016 and 2015:

	Fair Value	Fair Value Measurement Using		
		Level 1	Level 2	Level 3
June 30, 2016:				
Money market funds	\$ 3,805,245	\$ 3,805,245	\$ -	\$ -
Insurance contracts	2,216,866	-	2,216,866	-
Corporate bonds	2,697,480	-	2,697,480	-
Municipal bonds	194,873	-	194,873	-
U.S. government bonds	157,679	-	157,679	-
U.S. agencies	1,990,828	-	1,990,828	-
Mutual funds	692,954	-	692,954	-
Equity securities	1,396,003	1,396,003	-	-
Total	<u>\$ 13,151,928</u>	<u>\$ 5,201,248</u>	<u>\$ 7,950,680</u>	<u>\$ -</u>
June 30, 2015:				
Money market funds	\$ 3,716,378	\$ 3,716,378	\$ -	\$ -
Certificates of deposit	500,391	-	500,391	-
Corporate bonds	2,593,290	-	2,593,290	-
Municipal bonds	347,934	-	347,934	-
U.S. government bonds	232,525	-	232,525	-
U.S. agencies	1,808,128	-	1,808,128	-
Mutual funds	500,574	-	500,574	-
Equity securities	1,348,998	1,348,998	-	-
Total	<u>\$ 11,048,219</u>	<u>\$ 5,065,376</u>	<u>\$ 5,982,842</u>	<u>\$ -</u>

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

**Vista Community Clinic**  
**Notes to the Financial Statements**  
**For the years ended June 30, 2016 and 2015**

**Note D: Board Designated Cash and Investments**

Board designated cash and investments are designated by the board of directors. As such, these funds are unrestricted and are stated at their fair market value at June 30, 2016 and 2015. Board designated cash and investments include the following at June 30, 2016 and 2015.

	2016	2015
Cash	\$ -	\$ 1,500,000
Money market	18,332	153,660
Insurance contracts	2,216,866	-
Corporate bonds	2,697,480	2,593,290
Municipal bonds	194,873	347,934
US Government bonds	157,679	232,525
US Agencies	1,990,828	1,808,128
Mutual funds	692,954	500,574
Equities	1,396,003	1,348,999
Total	<u>\$ 9,365,016</u>	<u>\$ 8,485,110</u>

Income from board designated cash and investments is primarily comprised of interest and dividend income, which amounted to \$215,648 and \$185,408 for the years ended June 30, 2016 and 2015, respectively. Unrealized gains were \$26,755 for the year ended June 30, 2016 and unrealized losses were \$7,963 for the year ended June 30, 2015.

**Note E: Patient Accounts Receivable, Net**

Net patient accounts receivable are comprised of the following payors at June 30, 2016 and 2015:

	2016	2015
Medi-Cal	\$ 1,779,360	\$ 1,714,117
Medicare	70,246	43,950
Private Pay	60,112	94,683
Other third-party payors	823,087	512,334
Total patient accounts receivable, net	<u>\$ 2,732,805</u>	<u>\$ 2,365,084</u>

**Note F: Grants and Contracts Receivable**

Grants and contract receivables are comprised of the following at June 30, 2016 and 2015:

	2016	2015
Federal	\$ 198,130	\$ 207,083
State	200,155	284,613
County	312,385	235,717
Local	162,598	127,246
Total grants and contract receivable	<u>\$ 873,268</u>	<u>\$ 854,659</u>

**Vista Community Clinic**  
**Notes to the Financial Statements**  
**For the years ended June 30, 2016 and 2015**

**Note G: Concentration of Credit Risk**

VCC grants credit without collateral to its patients, most of whom are local residents and are insured under third-party agreements. The mix of accounts receivables from patients and third-party payors at June 30, 2016 and 2015 was as follows:

Payor Class	2016	2015
Medi-Cal	65%	72%
Medicare	3%	2%
Private pay patients	2%	4%
Other third-party payors	30%	22%
Total	100%	100%

**Note H: Property and Equipment**

Land, building and equipment at June 30, 2016 and 2015 was comprised of the following:

	2016	2015
Land	\$ 4,004,277	\$ 3,925,429
Motor Vehicles	188,828	213,228
Buildings & Leasehold Improvements	36,201,123	34,794,683
Medical Equipment	930,356	646,184
Office Equipment	2,406,182	2,134,983
Construction in progress	114,165	36,271
	43,844,931	41,750,778
Accumulated Depreciation	(11,739,560)	(10,187,492)
Total	\$32,105,371	\$31,563,286

Depreciation expense as of June 30, 2016 and 2015 is \$1,576,468 and \$1,452,774, respectively.

**Note I: Net Patient Revenue**

Vista Community Clinic has agreements with third-party payors that provide payments at amounts different from its established rates. A summary of the payment agreements with third party payors follows:

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

**Medi-Cal** - Medical and dental services rendered to Medi-Cal beneficiaries are paid under the Prospective Payment System (PPS) using rates established by Vista Community Clinic's "Base Year" cost report filed under the previous cost based reimbursement system. These rates are adjusted annually according to changes in the Medicare Economic Index and any approved changes in Vista Community Clinic's scope of service.

**Vista Community Clinic**  
**Notes to the Financial Statements**  
**For the years ended June 30, 2016 and 2015**

**Note J: Long-term Debt**

Long-term debt consists of the following at June 30, 2016 and 2015:

	2016	2015
VCC financed in part the purchase of the Horne Street Site with Community Development Block Grants funds, administered by the City of Oceanside, documented by a service payable promissory note. The principal amount of the note is \$200,000, at an interest rate of 3.0%. Repayment of the note is based on VCC's commitment to provide healthcare services for a 10 year period.	\$ 38,777	\$ 57,312
VCC entered into a loan agreement in September 2010 for partial financing of the La Tortuga site development due September 2025. The original principal amount of the note was \$4,200,000, at 4.57% annual interest. The loan is payable in monthly installments of \$32,422 which includes principal and interest.	2,900,109	3,148,120
VCC entered into a loan agreement in July 2011 with the California Primary Care Association for partial financing of the expansion of its Vale Terrace site. The original principal amount of the note was \$600,000, at 3.175% annual interest and is due February 2017. The loan is payable in monthly installments of \$10,840, which includes principal and interest.	75,051	200,494
VCC entered into a loan agreement with the California Health Facilities Financing Authority in September 2011 for partial financing of the expansion of its Vale Terrace site; the note is due November 2026. The original principal amount of the note was \$750,000, at 3.00% annual interest. The loan is payable in monthly installments of \$5,179, which includes principal and interest.	551,642	596,513
VCC entered into a loan agreement in February 2012 with The California Endowment for partial financing of the expansion of its Vale Terrace site. The original principal amount of the note was \$2,000,000, at 2.00% annual interest. The loan is payable in quarterly installments of interest only from July 2013 until July 2015, at which time quarterly installments of \$67,789 of principal and interest will be paid until the note is due in March 2022.	1,469,374	1,767,104
	5,034,953	5,769,543
Less current portion	(582,756)	(674,448)
	<u>\$4,452,197</u>	<u>\$5,095,095</u>

Future principal payments for the years ended June 30, 2017 through 2021 are \$582,756, \$587,031, \$586,679, \$606,514, and \$627,617, respectively, and \$2,044,357 thereafter.

**Vista Community Clinic**  
**Notes to the Financial Statements**  
**For the years ended June 30, 2016 and 2015**

**Note K: Donated Services**

Donated services are those services that have been received, valued and recorded. Contributed services are those services that are received but not valued or recorded. It is the policy of Vista Community Clinic to encourage contributions from the residents of the greater San Diego County area. Donated services are valued at prevailing market rates. Certain immaterial services and facilities contributed to Vista Community Clinic have not been valued or recorded.

**Note L: Deferred Revenue**

Deferred revenue consists of the following at June 30, 2016 and 2015:

	2016	2015
Kaiser – La Habra Bldg	\$ 500,000	\$ -
DentaQuest	-	62,398
Emergency Care Continuum Project	-	16,208
Oral Health Services	204,374	-
REACH – Leichtag	-	19,144
MA Training Program	51,504	-
Molina Deferred Revenue	1,964,959	219,958
Other	89,554	91,920
Total	<u>\$ 2,810,391</u>	<u>\$ 409,628</u>

**Note M: Commitments and Contingencies**

**Operating leases** – Vista Community Clinic has commitments under operating lease agreements through 2020. The future minimum lease payment for the succeeding years under these committed lease arrangements is approximately: \$184,223 in 2017, \$186,109 in 2018, \$186,670 in 2019, \$138,543 in 2020, \$70,772 in 2021, and \$72,895 thereafter.

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

**Retirement plans** - Vista Community Clinic maintains a tax deferred annuity plan 403(b) for substantially all of its employees who have met specified age and service requirements. On July 1, 2015, VCC amended its 403(b) plan and now fully matches the first 3% of employee contributions, and matches half of the next 2% of employee contributions. For the years ended June 30, 2016 and 2015, VCC contributed \$435,265 and \$209,699, respectively relating to these retirement plans.

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



**Vista Community Clinic**  
**Notes to the Financial Statements**  
**For the years ended June 30, 2016 and 2015**

**Note N: Sliding Fee Scale Discounts**

As described in Note B, Vista Community Clinic records sliding fee discounts as a contra-revenue account. The amount of sliding fee discounts for the years ended June 30, 2016 and 2015 was approximately \$3,940,455 and \$3,371,474, respectively.

**Note O: Temporarily Restricted Net Assets**

Temporarily restricted net assets are \$240,615 at June 30, 2016 and \$258,049 at June 30, 2015. Temporarily restricted net assets are available primarily for scholarships and an early cancer detention program. Net assets were released from donor restrictions by incurring expenses satisfying the restricted purpose in fiscal year 2016 and 2015 in the amount of \$32,027 and \$236,898, respectively.

**Note P: Functional Expenses**

	Program Services	Fund Raising	General & Administration	Total
<b>2016 Expenses:</b>				
Salaries & benefits	\$ 29,090,307	\$ 178,226	\$ 3,497,121	\$ 32,765,654
Other operating expenses	2,347,738	130,765	1,220,821	3,699,324
Medical supplies and drugs	3,556,182	-	13,845	3,570,027
Contract services	2,358,657	38	518,540	2,877,235
Space costs	1,311,955	1,362	133,216	1,446,533
Depreciation	1,433,741	1,548	141,179	1,576,468
Insurance	190,076	117	59,971	250,164
Travel, conferences and meetings	219,423	-	61,451	280,874
Interest	-	-	195,652	195,652
<b>Total expenses</b>	<b>\$ 40,508,079</b>	<b>\$ 312,056</b>	<b>\$ 5,841,796</b>	<b>\$ 46,661,931</b>
Percentage	86%	1%	13%	100%

	Program Services	Fund Raising	General & Administration	Total
<b>2015 Expenses:</b>				
Salaries & benefits	\$ 24,368,660	\$ 145,175	\$ 3,054,027	\$ 27,567,862
Other operating expenses	2,207,173	17,602	1,419,844	3,644,619
Medical supplies and drugs	3,120,853	6,078	13,747	3,140,678
Contract services	2,016,582	-	355,799	2,372,381
Space costs	1,199,937	1,274	144,058	1,345,269
Depreciation	1,309,780	1,647	141,347	1,452,774
Insurance	188,431	118	52,636	241,185
Travel, conferences and meetings	187,751	-	47,063	234,814
Interest	-	-	226,190	226,190
<b>Total expenses</b>	<b>\$ 34,599,167</b>	<b>\$ 171,894</b>	<b>\$ 5,454,711</b>	<b>\$ 40,225,772</b>
Percentage	86%	1%	13%	100%

**Vista Community Clinic**  
**Notes to the Financial Statements**  
**For the years ended June 30, 2016 and 2015**

**Note Q: Business Combination**

On March 1, 2016, Vista Community Clinic entered into an agreement with The Gary Center to combine operations. The Gary Center is a California nonprofit public benefit corporation that provides various services to North Orange County residents, including behavior and mental health, dental care, community development and other social services. The combination was made with the goal of building on each corporation's strengths, streamlining operations, and enhancing their ability to deliver healthcare services to a greater number of patients in their combined service areas. This combination is being accounted for using the acquisition method. Vista Community Clinic assumed all assets and liabilities of The Gary Center and did not transfer any consideration. Assets and liabilities assumed by Vista Community Clinic as of March 1, 2016 include the following:

**Assets**

Cash and cash equivalents	\$ 440,460
Investments	188,812
Grant receivables	60,681
Patient account receivables, net	6,980
Prepaid expenses and other assets	1,172
Property, plant and equipment	200,000
	<hr/> \$ 898,105

**Liabilities**

Accounts payable	\$ 37,980
Accrued payroll liabilities	44,718
	<hr/> \$ 82,698

The remaining balance of \$815,407 was recorded as an inherent contribution as of March 31, 2016.

## **SINGLE AUDIT REPORTS**

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

Independent Auditor's Report

Board of Directors  
Vista Community Clinic  
Vista, California

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Vista Community Clinic (the "VCC"), which comprise the balance sheets as of June 30, 2016 and 2015 and the related statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements, and have issued our report thereon dated September 29, 2016.

**Internal Control Over Financial Reporting**

In planning and performing our audit, we considered Vista Community Clinic internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of VCC's internal control. Accordingly, we do not express an opinion on the effectiveness of VCC's internal control.

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

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

## **Compliance and Other Matters**

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

## **Purpose of this Report**

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

**CAW. LLP**

Fresno, California  
September 29, 2016

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

Independent Auditor's Report

Board of Directors  
Vista Community Clinic  
Vista, California

**Report on Compliance for Each Major Federal Program**

We have audited Vista Community Clinic (the "VCC") compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of the VCC's major federal programs for the year ended June 30, 2016. The VCC's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

***Management's Responsibility***

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

***Auditor's Responsibility***

Our responsibility is to express an opinion on compliance for each of the VCC'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* 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 VCC'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 VCC's compliance.

### ***Opinion on Each Major Federal Program***

In our opinion, Vista Community Clinic complied, in all material respects, with the 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, 2016.

### **Report on Internal Control Over Compliance**

Management of Vista Community 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 VCC'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 VCC's internal control over compliance.

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

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. 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.

***CAW. LLP***

Fresno California  
September 29, 2016

**Vista Community Clinic**  
**Schedule of Expenditures of Federal Awards**  
**For the year ended June 30, 2016**

Federal Grant / Program Title	Federal CFDA Number	Pass-Through Identification Number	Expenditures
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>			
<u>Direct Programs:</u>			
Community Health Center Cluster, Section 330	*93.224	N/A	\$ 5,636,039
CHAT	93.137	N/A	34,921
CHASE	93.243	N/A	87,177
Diabetes TLC	93.359	N/A	500,634
330 PCMH NRR	93.526	N/A	306,542
SAMSHA Social Media	93.243	N/A	35,273
MyLife CAE	93.060	N/A	85,106
Subtotal			<u>\$ 6,685,692</u>
<u>Passed Through:</u>			
North County Health Services - AIDS Case Management	93.918	H76HA00168-21	\$ 103,711
California Department of Public Health - Wise Women	93.283	13-20877	273,083
California Department of Public Health - HACER I&E	93.778	11-10302	54,183
Family Health Centers - Health Care for the Homeless Project	*93.224	PS 15-1502	149,998
Family Health Centers - HIV ADS	93.959	535066	229,554
Family Health Centers - YMSM Counseling and Testing	93.939	1U65PS003487	40,755
California Family Health Council - Family Planning Program (Title X)	93.217	2288-5320-71209-16	210,293
Interfaith Community Services- SNAP Ed/CX3 Project	93.569	544434	82,659
Interfaith Community Services - Access to Benefits	93.525	544433	6,156
University of California - Be There San Diego	93.610	C1CMS331345-01	80,447
Passed through County of San Diego:			
Ryan White Care Act Outreach	93.914	550561	100,952
HIV Counseling and Testing	93.914	550561	95,510
Alcohol & Drug Prevention Services	93.959	534604	335,116
Expanded HIV Testing	93.943	552648	79,554
HIV Prevention Activities	93.940	547309	133,296
Regional Leadership Academy - Needs Assessment	93.569	N/A	66,619
Total Department of Health & Human Services			<u>\$ 8,727,578</u>

\* Denotes major program



**Vista Community Clinic**  
**Schedule of Expenditures of Federal Awards**  
**For the year ended June 30, 2016**

Federal Grant / Program Title	Federal CFDA Number	Pass-Through Identification Number	Expenditures
<b>U.S. DEPARTMENT OF HOUSING &amp; URBAN DEVELOPMENT</b>			
Passed through City of Vista CDBG - Pediatrics	14.218	N/A	\$ 12,150
Passed through City of Oceanside CDBG – Club 55	14.218	921559400238	7,500
Passed through City of Oceanside CDBG - Loan	14.218	N/A	38,777
Passed through City of Oceanside CDBG - Reach Project	14.218	822138500237	13,581
Passed through City of La Habra CDBG – Food Distribution	14.218	44425-428	2,417
			<u>\$ 74,425</u>
 Passed through Vista School District: REACH Rancho Buena Vista	 84.287	 172045	 <u>\$ 39,999</u>
 Total federal financial assistance			 <u>\$ 8,842,002</u>

\* Denotes major program

**Vista Community Clinic**  
**Notes to Schedule of Expenditures of Federal Awards**  
**For the year ended June 30, 2016**

**Note A: Basis of Presentation**

The accompanying Schedule of Expenditures of Federal Awards (the "Schedule") summarizes the expenditures of Vista Community Clinic (the "VCC") under programs of the federal government for the year ended June 30, 2016. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of VCC, it is not intended to, and does not, present the financial position, changes in net assets, or cash flows for VCC.

**Note B: Summary of Significant Accounting Policies**

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

**Vista Community Clinic**  
**Schedule of Findings and Questioned Costs**  
**For the year ended June 30, 2016**

**I. Summary of Auditor's Results**

**Financial Statements**

Type of auditor's report issued

Unmodified

Internal Control over financial reporting:  
 Material weakness(es) identified?

\_\_\_\_\_ yes

\_\_\_X\_\_\_ no

Significant deficiency(ies) identified that are not  
 considered to be material weaknesses?

\_\_\_\_\_ yes

\_\_\_X\_\_\_ None Reported

Noncompliance material to financial  
 statements noted?

\_\_\_\_\_ yes

\_\_\_X\_\_\_ no

**Federal Awards**

Internal control over major programs:  
 Material weakness(es) identified?

\_\_\_\_\_ yes

\_\_\_X\_\_\_ no

Significant deficiency(ies) identified that are not  
 considered to be material weaknesses?

\_\_\_\_\_ yes

\_\_\_X\_\_\_ None Reported

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

Unmodified

Any audit findings disclosed that are required to  
 be reported in accordance with 2 CFR 200.516(a)?

\_\_\_\_\_ yes

\_\_\_X\_\_\_ no

**Major Programs**

CFDA Number

Community Health Center Cluster, Section 330

93.224

Health Care for the Homeless Project

93.224

Dollar threshold used to distinguish  
 Types A and B programs

\$750,000

Auditee qualified as low-risk auditee?

\_\_\_X\_\_\_ yes

\_\_\_\_\_ No

**Vista Community Clinic  
Schedule of Findings and Questioned Costs  
For the year ended June 30, 2016**

**II. Financial Statement Findings**

None Reported

**III. Federal Award Findings And Questioned Costs**

None Reported

**Prior Year Audit Findings and Questioned Costs**

None Reported



October 3, 2017

Brendan Rafferty  
City of Lake Elsinore  
Community Support Funding  
City Manager's Office  
130 S. Main Street  
Lake Elsinore, CA 92530

Dear Mr. Rafferty:

Per the guidance for the Community Support Program, which states that applicants should provide signed acknowledgement of the requirements related to funding under that Program, this letter will serve as acknowledgement that Vista Community Clinic has read the guidance and understands the compliance requirements for this Program, and will fulfill them if funded.

Thank you for your consideration of our application.

Sincerely,

Fernando Sañudo  
Chief Executive Officer