

INDEPENDENT AUDITOR'S REPORT AND FINANCIAL STATEMENTS



El Centro Family Health

FOR THE YEAR ENDED MAY 31, 2021 WITH COMPARATIVE TOTALS FOR 2020

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EL CENTRO FAMILY HEALTH OFFICIAL ROSTER AS OF MAY 31, 2021

BOARD OF DIRECTORS

Jackie Feeler Evaristo Maestas Janette Archuleta Sinforosa Lovato Sylvia A. Vigil Richard Frey Juliet Garcia-Gonzales Paul A. (Tony) Guiles Nesha Morse Chair Vice-Chair Secretary Treasurer Member At Large Member Member Member

ADMINISTRATION

Chief Executive Officer Chief Financial Officer Chief Operations Officer Chief Clinical Officer

Lore Pease, CPA Francine Kain Jerome Williams Mark Bjorklund



INDEPENDENT AUDITOR'S REPORT

Board of Directors El Centro Family Health Española, New Mexico

Report on Financial Statements

We have audited the accompanying financial statements of El Centro Family Health, which comprise the statement of financial position as May 31, 2021, and the related statements of activities, functional expenses, and cash flows for the year 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 audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the 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 El Centro Family Health as of May 31, 2021, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Other 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 is presented for purposes of additional analysis as required by the audit requirements of Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance), 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 Schedule of Expenditures of Federal Awards is fairly stated in all material respects in relation to the financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated August 27, 2021 on our consideration of El Centro Family Health's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of El Centro Family Health's 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 El Centro Family Health's internal control over financial reporting and compliance.

MORTON ACCOUNTING SERVICES, LLC

Monta Accounting Services, SFC

Santa Fe, New Mexico August 27, 2021

EL CENTRO FAMILY HEALTH STATEMENT OF FINANCIAL POSITION MAY 31, 2021, WITH COMPARATIVE TOTALS FOR 2020

ASSETS		
	2021	2020
CURRENT ASSETS		
Cash and cash equivalents	\$ 8,974,375	\$ 7,377,769
Certificates of deposit	208,928	206,401
Membership purchase	-	200,000
Patient receivables, net of allowance for doubtful		
accounts and adjustments of \$488,250 and \$306,796	1,331,506	948,239
Contract and grants receivable	584,774	563,092
Inventory	174,346	134,354
Prepaid expenses	15,399	1,771
TOTAL CURRENT ASSETS	11,289,328	9,431,626
NONCURRENT ASSETS		
Property and equipment, net of accumulated depreciation		
of \$8,945,047 and \$8,417,386	4,829,487	4,606,561
Certificates of deposit, collateralized	669,274	665,620
Refundable deposits	4,800	4,800
TOTAL NONCURRENT ASSETS	5,503,561	5,276,981
TOTAL ASSETS	\$ 16,792,889	\$ 14,708,607

EL CENTRO FAMILY HEALTH STATEMENT OF FINANCIAL POSITION MAY 31, 2021, WITH COMPARATIVE TOTALS FOR 2020

LIABILITIES AND NET ASSETS

		2021	2020
CURRENT LIABILITIES			
Accounts payable	\$	173,126	\$ 182,226
Accrued expenses		1,342,410	1,093,375
Paycheck Protection Program forgivable loan		2,455,790	2,455,790
Paycheck Protection Program, imputed interest		28,650	-
Long term debt - current portion		65,095	 77,140
TOTAL CURRENT LIABILITIES		4,065,071	 3,808,531
NONCURRENT LIABILITIES			
Long-term debt		361,653	 451,606
TOTAL NONCURRENT LIABILITIES		361,653	 451,606
TOTAL LIABILITIES		4,426,724	 4,260,137
NET ASSETS			
Without donor restrictions		12,253,059	10,355,568
With donor restrictions	-	113,106	 92,902
TOTAL NET ASSETS		12,366,165	 10,448,470
TOTAL LIABILITIES AND NET ASSETS	\$	16,792,889	\$ 14,708,607

See auditor's report and accompanying notes to financial statements

EL CENTRO FAMILY HEALTH STATEMENT OF ACTIVITIES FOR THE YEAR ENDED MAY 31, 2021, WITH COMPARATIVE TOTALS FOR 2020

	Without Donor Restrictions	With Donor Restrictions	2021 Total	2020 Total
Operating activities				
REVENUES, GAINS AND OTHER SUPPORT				
Support from the public: Federal grants	\$ 7,774,097	\$-	\$ 7,774,097	\$ 6,011,957
State of New Mexico grants	\$7,774,097 872,612	р – -	\$ 7,774,097 872,612	\$ 0,011,937 847,394
Other contracts and grants	896,342	-	896,342	893,374
Donations	25,756	27,897	53,653	176,704
In-kind service revenue	106,000		106,000	106,000
Revenue released from restriction	7,693	(7,693)	-	-
Total public support	9,682,500	20,204	9,702,704	8,035,429
Revenue:				
Net patient service revenue	13,404,007	-	13,404,007	13,038,208
Medicaid incentives	-	-	-	102,000
Other revenue	15,949		15,949	8,257
Total revenue	13,419,956	-	13,419,956	13,148,465
Total support and revenue	23,102,456	20,204	23,122,660	21,183,894
EXPENSES				
Healthcare services	18,089,412		18,089,412	16,639,466
Supporting services:				
Management and general	3,055,800	-	3,055,800	2,948,136
Fundraising	73,372		73,372	70,168
Total support services	3,129,172		3,129,172	3,018,304
Total expenses	21,218,584	-	21,218,584	19,657,770
Change in net assets from operations	1,883,872	20,204	1,904,076	1,526,124
Nonoperating activities				
Interest revenue	13,619		13,619	10,363
Total nonoperating activities	13,619		13,619	10,363
Change in net assets	1,897,491	20,204	1,917,695	1,536,487
NET ASSETS, beginning of year	10,355,568	92,902	10,448,470	8,911,983
NET ASSETS, end of year	\$ 12,253,059	\$ 113,106	\$ 12,366,165	\$ 10,448,470

EL CENTRO FAMILY HEALTH STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED MAY 31, 2021, WITH COMPARATIVE TOTALS FOR 2020

		2020			
	Healthcare Services	Management and General	Fundraising	Total	Total
Salaries	\$ 11,739,834	\$ 1,995,775	\$ 69,023	\$ 13,804,632	\$ 12,624,194
Payroll taxes	725,648	139,704	4,349	869,701	889,366
Employee benefits	1,542,096	241,320	-	1,783,416	1,636,765
Total salaries and related expenses	14,007,578	2,376,799	73,372	16,457,749	15,150,325
Contractual services	875,963	414,760	-	1,290,723	1,307,717
Supplies	874,354	36,566	-	910,920	861,156
Telecommunications	376,435	46,838	-	423,273	332,345
Rental and lease	283,846	7,573	-	291,419	295,612
Provision for bad debt	234,019		-	234,019	136,068
Equipment purchases	196,344	22,015	-	218,359	74,745
Utilities	158,780	25,960	-	184,740	196,326
Janitorial services	139,157	30,496	-	169,653	159,576
Maintenance and repair	91,982	25,302	-	117,284	81,359
Insurance	99,858	14,939	-	114,797	121,389
Conferences, meetings and travel	61,818	12,789	-	74,607	113,694
Staff development	62,623	9,988	-	72,611	109,951
Interest	43,206	1,761	-	44,967	17,539
Advertising	22,594	6,747	-	29,341	42,220
Dues, subscriptions and licenses	18,823	4,967	-	23,790	30,551
Printing, publishing, and Postage	13,185	4,954		18,139	29,510
Other	13,573	-	-	13,573	6,762
Board relations	-	705	-	705	48,358
Professional fees	254	-	-	254	-
	3,566,814	666,360	-	4,233,174	3,964,878
Total expenses before depreciation	17,574,392	3,043,159	73,372	20,690,923	19,115,203
Depreciation	515,020	12,641		527,661	542,567
Total expenses	\$ 18,089,412	\$ 3,055,800	\$ 73,372	\$ 21,218,584	\$ 19,657,770

EL CENTRO FAMILY HEALTH STATEMENT OF CASH FLOWS FOR THE YEAR ENDED MAY 31, 2021, WITH COMPARATIVE TOTALS FOR 2020

	2021	2020
CASH FLOWS FROM OPERATING ACTIVITIES		
Cash from grants and contracts	\$ 22,484,413	\$ 20,992,495
Cash from other sources	69,602	184,961
Interest income	13,619	10,363
Cash paid to employees and suppliers	(20,295,945)	(18,902,306)
Interest paid	(16,317)	(17,539)
CASH PROVIDED BY OPERATING ACTIVITIES	2,255,372	2,267,974
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of property & equipment	(750,587)	(1,752,848)
Proceeds from sale of Property & equipment	-	2,785
Proceeds from sale of Investments	200,000	-
Purchase of investments	(6,181)	(5,856)
CASH USED FOR INVESTING ACTIVITIES	(556,768)	(1,755,919)
CASH FLOWS FROM FINANCING ACTIVITIES		
Proceeds from long-term debt	-	500,000
Proceeds from paycheck protection program	-	2,455,790
Payments on long-term debt	(101,998)	(23,571)
CASH USED FOR (PROVIDED BY) FINANCING ACTIVITIES	(101,998)	2,932,219
NET INCREASE IN CASH	1,596,606	3,444,274
CASH AT BEGINNING OF YEAR	7,377,769	3,933,495
CASH AT END OF YEAR	\$ 8,974,375	\$ 7,377,769

EL CENTRO FAMILY HEALTH STATEMENT OF CASH FLOWS FOR THE YEAR ENDED MAY 31, 2021, WITH COMPARATIVE TOTALS FOR 2020

	 2021	 2020
RECONCILIATION OF CHANGE IN NET ASSETS TO NET CASH PROVIDED BY OPERATING ACTIVITIES		
Change in Net Assets	\$ 1,917,695	\$ 1,536,487
Adjustments to reconcile change in net assets to		
net cash provided by operating activities:		
Depreciation	527,661	542,567
Provision for bad debt	234,019	136,068
Imputed interest, PPP Loan	28,650	-
Changes in assets and liabilities:		
Patient receivable, net	(617,286)	213,400
Other receivables	(21,682)	(249,906)
Inventory	(39,992)	(33,988)
Prepaid expenses	(13,628)	5,062
Accounts payable	(9,100)	20,615
Accrued expenses	249,035	99,534
Gain on sale of fixed assets	-	(1,865)
Total adjustments	 337,677	 731,487
CASH PROVIDED BY OPERATING ACTIVITIES	\$ 2,255,372	\$ 2,267,974

NOTE A - NATURE OF ACTIVITIES

El Centro Family Health (ECFH) is a non-profit New Mexico corporation that provides healthcare services primarily to people living in rural areas of northern New Mexico. ECFH operates primary care medical clinics in the communities of Taos, Coyote, Embudo, Española, La Loma, Las Vegas, Peñasco, Roy, San Miguel, Springer, Truchas, and Wagon Mound, as well as the Student Health Center at New Mexico Highlands University. ECFH also operates school based clinics in Española, Peñasco, Springer, West Las Vegas, Robertson High School, Sierra Vista Middle School and Taos Middle and High Schools. ECFH also operates dental clinics in Española, Peñasco and Las Vegas.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting. The accompanying financial statements have been prepared using the accrual method of accounting. Under the accrual method of accounting, revenues are recognized when earned rather than when received and expenses are recognized when the related liability is incurred rather than when paid.

Accounting method. ECFH prepares financial statements in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 958-205 and subsections (formerly Statement of Financial Accounting Standards No. 117, Financial Statements of Not-for-Profit Organizations [958-205]). Under 958-205, ECFH is required to report information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions.

Net assets. Net assets without donor restrictions — Represents Net assets that are not subject to donorimposed restrictions and may be expended for any purpose in performing the primary objectives of the organization. These net assets may be used at the discretion of ECFH'S management and the board of directors. Net assets with donor restrictions — subject to stipulations imposed by donors, and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of ECFH or by the passage of time. Other donor restrictions are perpetual in nature, where by the donor has stipulated the funds be maintained in perpetuity.

Donor restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions in the statements of activities.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Measure of operations – The statements of activities reports all changes in net assets, including changes in net assets from operating and nonoperating activities. Operating activities consist of those items attributable to ECFH's ongoing healthcare and interest and dividends earned on investments. Nonoperating activities are limited to resources that generate return from investments and other activities considered to be of a more unusual or nonrecurring nature.

Cash and cash equivalents. For purposes of the statements of cash flows, ECFH considers all highly liquid debt instruments with a maturity date of three months or less at the time of purchase to be a cash equivalent. Cash and cash equivalents consist of checking accounts, savings accounts and cash on hand. ECFH maintains its cash accounts at various local financial institutions. The balances in these institutions exceed federally insured limits.

Inventory. Inventories consist of medical and pharmaceutical supplies stated at the lower of cost or market, with cost being determined by the first-in, first-out method.

Account and other receivables. Receivables are recorded net of the allowance for doubtful accounts. ECFH records an allowance based on the history of past collections. Accounts are written off as a charge to the valuation allowance in the year they are determined to be uncollectible. No allowance has been made for contract and other receivables.

Significant estimates - patient receivables. A significant estimate is made by management related to the collectability of patient service receivables. Management makes these estimates based on the individual funding sources and aging of the receivables based on historical experience. It is reasonable that management's estimates could change significantly if new information is provided to the organization. Significant changes in payor mix, business office operations, economic conditions or trends in federal and state governmental healthcare coverage could affect our collection of accounts receivable. The process of estimating the allowance for doubtful accounts requires us to estimate the collectability of self-pay and other third-party payor accounts receivable, which is primarily based on our collection history, adjusted for expected recoveries and, if available, anticipated changes in collection trends.

Prepaid expenses. Prepaid expenses primarily represent insurance premiums paid during the year for coverage which extends through part of the following year.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Property and equipment. Property and equipment acquisitions in excess of \$2,500 are recorded at cost or, if donated, at the approximate fair value at the date of donation. Depreciation is recorded over the estimated useful life of each class of depreciable asset, which range from 5 to 20 years, and is computed using the straight-line method. Repairs and maintenance are charged to expense as incurred.

Impairment of long-lived assets. ECFH accounts for long-lived assets in accordance with the provisions of FASB ASC 360-10 and subsections, Accounting for the Impairment of Long-Lived Assets. ASC 360-10 requires that long-lived assets be reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability of assets to be held and used is measured by a comparison of the carrying amount of an asset to future undiscounted net cash flows expected to be generated by the asset. If such assets are considered to be impaired, the impairment to be recognized is measured by the amount by which the carrying amount of the assets exceeds the fair value of the assets. Assets to be disposed of are reported at the lower of the carrying amount or the fair value less costs to sell. Management does not believe impairment indicators are present as of May 31, 2021.

Advertising costs. ECFH expenses all advertising costs in the period in which they are incurred.

Net patient service revenue. ECFH has agreements with third-party payors that provide for payments to ECFH at amounts different from its established rates. Payment arrangements include reimbursed costs, capitation and discounted charges. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others, for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. Contractual adjustments represent the difference between ECFH's billings at established rates for services and amounts reimbursed by third-party payors. Services rendered to Medicare and certain Medicaid program beneficiaries are paid at predetermined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. A summary of the payment arrangements with major third-party payors is as follows:

Medicare. Services provided to Medicare beneficiaries are paid based on a cost reimbursement methodology. ECFH is paid for cost reimbursable items on an interim rate per encounter with final settlement determined after submission of annual cost reports and audits thereof by the Medicare fiscal intermediary.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Net patient service revenue (continued)

Medicaid. The State of New Mexico administers its Medicaid program through contracts with several Managed Care Organizations (MCO). Medicaid beneficiaries are required to enroll with one of the MCOs. The State pays each MCO per member, per month rate based on their current enrollment. As a result, beyond the "withhold" amounts discussed below, the MCOs assume the financial risk of providing healthcare to their members. This arrangement, called Centennial Care, has been implemented for ECFH's clinics. ECFH contracted with each of the MCOs through the New Mexico Health Care Coalition, a Physician Hospital Organization (PHO). Two of the MCOs fund the PHO based on a percentage per member, per month rate paid by the State of New Mexico (the other reimburses providers based strictly on a fee schedule). These funding amounts are allocated to separate pools for the hospital, physicians, and ancillary providers. During the contract year, ECFH is paid on a fee schedule basis, less a 15 percent withhold. Reinsurance provides coverage for patients with excess hospital and primary care costs. This arrangement limits exposure of financial risk to PHO providers. At the end of the plan year, payments made to providers will be compared to the amounts provided in each pool. If a net surplus exists, the providers would receive some or all of their withholdings. Any surplus above the amount of the withholdings would be distributed based on a predetermined risk formula. If a net deficit exists, some or all of their withholdings would be retained.

Any deficit above the withholdings would be offset by reducing the reimbursement amounts during the following period.

Beginning January 1, 2014, the State of New Mexico still utilized MCO's, however the MCO pays the Organization based on an established fee per all-inclusive encounter. The Organization bills the MCO and receives payment based on the flat fee regardless of actual charges/costs.

Sliding fee scale. ECFH provides care to patients who meet federal poverty guidelines under a sliding fee scale policy at amounts less than its established rates. Revenues are recorded at gross charges with a deduction of fee revenue by recording a contractual allowance according to each sliding scale. They utilize the direct write off method when recording the contractual allowances; see Note M for the breakout of the contractual allowance relating to patient income.

Private insurance. ECFH has agreements with multiple private insurance groups.

Federal and State Grant Revenue. Revenue for grants is recognized when funds are spent in accordance with contractual provisions. Contracts and other receivables represent amounts due for expenditures incurred by year-end, but not yet reimbursed.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Contributions. Contributions received are recorded as net assets without donor restrictions or net assets with donor restrictions, depending on the existence and/or nature of any donor-imposed restrictions. Contributions that are restricted by the donor are reported as an increase in net assets without donor restrictions if the restriction expires in the reporting period in which the contribution is recognized. All other donor restricted contributions are reported as an increase in net assets with donor restrictions, depending on the nature of restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of activities as net assets released from restrictions.

Contributed property and equipment are recorded at fair value at the date of donation. Contributions with donor-imposed stipulations regarding how long the contributed assets must be used are recorded as net assets with donor restrictions; otherwise, the contributions are recorded as net assets without donor restrictions.

Donated services. Donated services are recognized as contributions in accordance with FASB ASC 958-605, Accounting for Contributions Received and Contributions Made, if the services (a) create or enhance non-financial assets, (b) require specialized skills and are performed by people with those skills, and (c) would otherwise be purchased by ECFH. Donated goods are recorded at the estimated fair market value at the time of donation.

Distinguishing bad debt from charity care policy. ECFH distinguishes bad debt from charity care. Bad debt is an expense that is no longer collectible and may be written off. Charity care is healthcare provided for free or at a reduced price to low income patients that experiencing financial hardship.

Income taxes. ECFH files their Federal Form 990 tax return in the U.S. federal jurisdiction and the online charitable registration in the Office of the Attorney General for the State of New Mexico. The Organization is generally no longer subject to examination by the Internal Revenue Service and the New Mexico Taxation and Revenue Department for fiscal years before 2018. The organization is not currently under audit nor has the Organization been contacted by any of these jurisdictions. Management believes that they are operating within their tax-exempt purpose.

ECFH recognizes interest accrued related to unrecognized tax benefits in interest expenses and penalties in operating expenses, when applicable. No provision for the effects of uncertain tax positions has been recorded for the years ended May 31, 2021 or 2020.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Functional expenses. The costs of providing program and other activities have been summarized on a functional basis in the statements of functional expenses. Accordingly, certain costs have been allocated among healthcare services and supporting services benefited. Such allocations are determined by management on an equitable basis.

The expenses that are allocated include the following:

Expense	Method of Allocation
Salaries and benefits	Time and effort
Contractual services	Full time equivalent
Supplies	Full time equivalent
Rental and Lease	Square footage
Telecommunications	Square footage
Utilities	Square footage
Maintenance and repair	Square footage
Provision for bad debt	Actual costs
Conferences, meeting, travel	Full time equivalent
Janitorial services	Square footage
Staff development	Full time equivalent
Insurance	Full time equivalent
Dues, subscriptions, and licenses	Full time equivalent
Printing, publishing, and Postage	Full time equivalent
Equipment purchases	Actual costs
Board relations	Full time equivalent
Interest	Actual costs
Advertising	Full time equivalent
Other	Actual costs

Estimates. The preparation of financial statements in conformity with US generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Prior year comparative totals. The financial statements include certain prior-year summarized comparative information in total but not in each net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with ECFH's financial statements for the year ended May 31, 2020.

Reclassifications. Certain prior year amounts have been reclassified to conform to the current year presentation.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Grant and indirect cost rate finalization. The grants and contracts operated by ECFH are subject to a closing audit process by federal granting agencies subsequent to the end of a grant period. At this time, no reasonable estimate can be made as to adjustments, if any, in amounts due to or from grantors that may result from the closing process. Actual general and administrative costs reported in the accompanying statements of activities, and for prior years since inception of ongoing grants, exceeded billed costs, and management believes no material reimbursements to granting agencies are due.

Compensated absences. Regular part-time and full-time employees accrue Paid Time Off (PTO) based on length of service. ECFH employees may accrue and carry-over up to 120 hours (15 days) of PTO.

NOTE C - AVAILABILITY AND LIQUIDITY

The following represents ECFH's financial assets at May 31:

Financial assets at year end:	 2021	 2020
Cash and cash equivalents Certificates of deposit	\$ 8,974,375 208,928	\$ 7,377,769 206,401
Receivables	1,916,280	1,511,331
	11,099,583	 9,095,501
Less amounts not available to be used within one year:		
Net assets with donor restrictions	113,106	92,902
Less net assets with purpose restrictions to be met in less than a		
year	 -	 -
	 113,106	 92,902
Financial assets available for expenditures over next 12 months	\$ 10,986,477	\$ 9,002,599

ECFH's goal is generally to maintain financial assets to meet 90 days of operating expenses (approximately \$5.1 million). As part of its liquidity plan, excess cash is invested in certificates of deposit.

NOTE D - CASH AND CASH EQUIVALENTS

At May 31, cash and cash equivalents were the following:

	2021	2020		
Southwest Capital Bank - Savings	\$ 5,854,055	\$	1,367,173	
Southwest Capital Bank - Payroll	750,383		3,765,150	
Community 1st Bank	257,271		1,178,261	
Various banking institutions	1,407,092		613,187	
Southwest Capital Bank - Operating Account	702,874		451,348	
Petty Cash	 2,700		2,650	
Total cash and cash equivalents	\$ 8,974,375	\$	7,377,769	

NOTE E - CERTIFICATES OF DEPOSIT

ECFH has the following certificates of deposit:

Current:	2021		 2020
Del Norte Credit Union, .8% interest, matures 12/2021 Total current	\$	208,928 208,928	\$ 206,401 206,401
Noncurrent, collateralized:			
Community 1st Bank, .5% interest, matures 3/2023 restricted by depositor as collateral for debt agreements held by Southwest Capital Bank Southwest Capital Bank, 2.20% interest, matures 11/2023		500,000	500,000
restricted by depositor as collateral for debt agreements held by Southwest Capital Bank		169,274	165,620
Total noncurrent		669,274	665,620
Total investments	\$	878,202	\$ 872,021

NOTE F - PATIENT RECEIVABLES, CONCENTRATIONS OF CREDIT RISK

ECFH grants credit without collateral to its patients, most of whom are residents of ECFH's service area. Accounts receivable related to patient services revenue as of May 31 is as follows:

	 2021	2021	2020		2020
	Amount	Percentage		Amount	Percentage
Self-pay	\$ 158,633	9%	\$	150,188	12%
Medicaid	388,313	21%		305,601	24%
Private insurance	555,093	31%		323,056	26%
Medicare	703,233	39%		452,077	36%
Other contracts	 14,484	0% *	·	24,113	2%
	1,819,756			1,255,035	
Less Allowance	 (488,250)			(306,796)	
Net patient receivables	\$ 1,331,506		\$	948,239	

* constitutes less than 1% of the total

NOTE G - CONTRACTS AND GRANTS RECEIVABLE

Contracts and grants receivable as of May 31 are as follows:

	2021			2020		
U.S. Department of Health and Human Services	\$	214,823	\$	-		
State of New Mexico Department of Health						
NM Rural Primary Health Care Act		58,705		58,705		
NM High Risk Pregnancy		1,268		2,536		
School-Based		284,500		456,780		
Rio Arriba County Mill Levy		20,000		20,000		
ECHO (Multiple)		-		2,517		
Presbyterian		4,500		21,300		
Other		978		1,254		
	\$	584,774	\$	563,092		

All contract and grant receivables are expected to be collected in full, and therefore, management has not established an allowance for uncollectible amounts.

NOTE H - PROPERTY AND EQUIPMENT

Property and equipment at May 31 include:

	2020		Additions		Deletions		2021	
Land	\$	75,457	\$	-	\$	-	\$	75,457
Buildings		6,928,319		404,848		-		7,333,167
Equipment and fixtures		3,633,708		103,088		-		3,736,796
Leasehold improvements		2,129,677		242,651		-		2,372,328
Vehicles		256,786		-		-		256,786
		13,023,947		750,587		-		13,774,534
Less Accumulated								
Depreciation		(8,417,386)		(527,661)		-		(8,945,047)
Property and Equipment, net	\$	4,606,561	\$	222,926	\$	-	\$	4,829,487

Depreciation expense for the years ended May 31, 2021 and 2020 was \$527,661 and \$542,567, respectively.

NOTE I - ACCRUED LIABILITIES

Accrued liabilities consisted of the following at May 31:

	2021		2020	
Accrued salaries	\$	590,064	\$	460,425
Accrued vacation		723,251		587,750
FICA and FSA liabilities		26,695		30,343
Other accrued liabilities		2,400		14,857
Total accrued liabilities	\$	1,342,410	\$	1,093,375

NOTE J - PAYCHECK PROTECTION PROGRAM FORGIVABLE LOAN

The United States Congress created the Paycheck Protection Program (PPP) as part of the \$2 trillion Coronavirus Aid Relief and Economic Security (CARES) Act., P.L. 116-136. The legislation authorized the United States Treasury to use the SBA's 7(a) small business lending program to fund forgivable loans of up to \$10 million per borrower that qualifying businesses could spend to cover payroll, mortgage interest, rent and utilities.

NOTE J - PAYCHECK PROTECTION PROGRAM FORGIVABLE LOAN (continued)

Congress designed the loans to support organizations facing economic hardships created by the coronavirus pandemic and assist them in continuing to pay employee salaries. PPP loan recipients can have their loans forgiven in full if the funds were used for eligible expenses and other criteria are met. The amount of the loan forgiveness may be reduced based on the percentage of eligible costs attributed to nonpayroll costs, any decrease in employee headcount, and decreases in salaries or wages per employee.

ECFH applied for and received a PPP loan in the amount of \$2,455,790. The loan was funded on April 9, 2020. As of May 31, 2021, ECFH has used the entirety of \$2,455,790 of the loan proceeds toward qualifying PPP expenses. ECFH applied for loan forgiveness. ECFH was granted forgiveness on June 14, 2021. A gain on extinguishment of debt for the full loan amount of \$2,484,440, which includes imputed annual interest of 1% for the term of the loan of \$28,650, in fiscal year 2022.

NOTE K - LONG-TERM DEBT

Long-term debt consisted of the following at May 31:

	2020		20 Additions			Deletions	2021		
Notes and mortgages payable	\$ \$	528,746 528,746	\$ \$	-	\$ \$	(101,998) (101,998)	\$ \$	426,748 426,748	
						2021		2020	
5.5% fixed note payable to Sou installments of \$1,330, inclu secured by real estate.	\$	-	\$	38,951					
3.25% fixed mortgage loan, p monthly installments of \$6,50 2023; secured by real estate.		426,748		489,795					
Less current portion						426,748 (65,095)		528,746 (77,140)	
Long-term debt less current po	ortion	above			\$	361,653	\$	451,606	

NOTE K - LONG-TERM DEBT (continued)

Long-term debt matures as follows for the years ending May 31,

2022	\$ 78,000
2023	370,679
2024	-
2025	-
Thereafter	 -
	448,679
Less interest	 (21,931)
Total	\$ 426,748

NOTE L - LEASES

ECFH leases facilities and equipment under leases that expire in various months and years between June 2018 and May 2029. Monthly lease payments range from \$205 to \$4,881, and lease terms range from 6 months to 240 months. These leases have been accounted for as operating leases by ECFH.

Minimum future lease payments as of May 31, 2021, are as follows:

2022	\$ 112,872
2023	112,872
2024	112,872
2025	59,181
2026	54,300
Thereafter	 105,500
TOTAL	\$ 557,597

Certain facility leases have short right of termination provisions and, therefore, the scheduled future minimum lease payments are not included in the above schedule. Total rent expense for the years ended May 31, 2021 and 2020 were \$291,419 and \$295,612, respectively.

One of the facility leases (Peñasco) that ECFH currently has in place is for a lease in which ECFH previously owned the facility. In an effort to comply with certain New Mexico state laws, ECFH deeded the facility to the lessor in order for the lessor to utilize certain state funds to improve the facility. Once the improvements to the facility have been completed, and subject to approval of the county board, the facility is expected to be deeded back to ECFH. The facility consists of modular property, which was fully depreciated on ECFH's records. As of the date of these financial statements, the facility has not been deeded back to ECFH.

NOTE L - LEASES (continued)

Each respective lease has a provision that ECFH will perform services in lieu of paying any rent under the lease. The San Miguel lease calls for an amount not to exceed \$15,000 per year over the ten year period of the lease. Accordingly, ECFH has recorded in-kind revenue and expense for the \$15,000. The Peñasco lease called for an amount up to \$100,000. This lease has been in effect since June, 1996 and does not have an expiration date or a period of time for which the \$100,000 of services are to be rendered. Management indicated that \$100,000 of services was rendered during the early inception of the lease; therefore, no further amounts have been recorded under this lease for 2021 or 2020.

Beginning on August 30, 2012, ECFH entered into a lease agreement with the County of Rio Arriba, to rent a building in Rio Arriba owned by the County. The term of the lease is for 5 consecutive years, with five additional 5 consecutive year options of extending. ECFH is required to pay \$40,000 in cash each year to the County, and also provide at least \$91,000 in in-kind services per year, to the citizens at or below the federal poverty level in Rio Arriba County.

The in-kind services to be provided include:

- Primary healthcare services
- All standard medical procedures
- Annual physicals
- Well-child
- Immunizations
- Diabetes care, treatment and education
- Reproductive health and education
- Pre-natal care
- Sliding fee scale
- Breast and cervical cancer prevention program
- Coumadin clinic
- Certification assistance for Medicaid
- Patient assistance program
- Discount on medications and lab work

ECFH is required to provide quarterly reports to the County Manager and Health and Human Services Director. The report details the number of clients served, services received, and in-kind value of services provided for the each period. Twelve month notice is required to terminate the lease.

NOTE M - NET ASSETS

ECFH has the following net assets with donor restrictions at May 31:

Purpose Restriction		2020	A	dditions	Releases			2021
Donations								
5k Run Fundraiser	\$	5,429	\$	-	\$	-	\$	5,429
D'Amore Int. Foundation		3,000		-		-		3,000
Semillas Scholarships		27,235		12,512		5,000		34,747
Truchas Clinic		1,728		-		-		1,728
Board - Penasco Clinic		50		-		-		50
Board - Roy Clinic		50		-		-		50
EE - Diabetes Wellness		25		-		-		25
ES - Color Run		896		-		-		896
SUD		200		-		-		200
Luna CC Suicide Summit		2,782		-		-		2,782
2020 WS Color Run R4L		2,051		1,705		-		3,756
Rosie the Respirator		4,658		640		2,693		2,605
Covid-19		5,000		5,040		-		10,040
Grants								
Family Counseling		2,925		-		-		2,925
Las Vegas dental								
Equipment		563		-		-		563
NM Alliance for SBHC		-		8,000		-		8,000
Community Health Worker								
Patient Education		4,716		-		-		4,716
Nirvana Manana Espanola								
Valley High Schools		6,394		_		_		6,394
School-Based Peer		0,554						0,554
		4,213		_		_		4,213
Education Program School-Based Espanola		7,213						7,213
Valley High School Semillas Student Health								
		6,254		_		_		6,254
Education Fresh Fruits and		0,231						0,231
Vegetables Purchasing and		9,733		_		_		9,733
Education Program Semillas de Salud		5,000		_		_		5,000
Total Temporarily Restricted	\$	92,902	\$	27,897	\$	7,693	\$	113,106
	¢	92,902	¢	21,031	¢	1,035	¢	115,100

NOTE M - NET ASSETS (continued)

Net assets without donor restrictions for the years ended May 31, 2021 and 2020 were \$12,253,059 and \$10,355,568.

Net assets released from net assets with donor restrictions are as follows:

Satisfaction of Purpose Restrictions	2021			2020		
Healthcare Services	\$	7,693	\$	58,081		

NOTE N - NET PATIENT SERVICE REVENUE

Net Patient service revenue consists of the following at May 31:

	2021			2020		
Patient service charges at established rates	\$	15,485,813	\$	14,582,545		
Less: Contractual adjustments		(1,513,784)		(1,247,171)		
Less: Discounted fees		(568,022)		(297,166)		
	\$	13,404,007	\$	13,038,208		

NOTE O - ECONOMIC DEPENDENCY

ECFH receives a significant portion of its revenue in the form of grants and awards from governmental entities, private foundations and other contributions, and patient revenues. ECFH expects these grants and awards, and patient revenues to continue into the foreseeable future. If, however, a significant portion of these funds are not continued, ECFH's ability to continue all programs would be diminished. The following is a summary of concentrations from contributions and grants as of May 31:

Concentrations:	 2021	2020		
Federal grants	\$ 7,774,097	\$	6,011,957	
Grants and contracts	1,768,954		1,740,768	
Patient revenues, net	 13,404,007		13,038,208	
	 22,947,058		20,790,933	
Total revenue	\$ 23,136,279	\$	21,194,257	
Concentration percentage	99.2%		98.1%	

NOTE P - CONCENTRATION OF CREDIT RISK - UNINSURED CASH BALANCES

At May 31, 2021, the FDIC insured balances up to \$250,000, per institution. ECFH's total uninsured cash balances were \$8,630,105 as of May 31, 2021.

NOTE Q - CONTINGENCIES

Medical Malpractice Claims. ECFH medical malpractice insurance is covered by the Federal Torts Claim Act (FTCA). ECFH also purchases supplemental professional and general liability insurance. In the ordinary course of business, claims alleging malpractice and other matters may be filed against ECFH. It is not possible to estimate the likelihood and amount of such claims. Accordingly, no accrual has been made for them in these financial statements.

Grants. Amounts received, or receivables from grantor agencies, are subject to audit and adjustment by grantor agencies. Any disallowed claims, including amounts already collected, may constitute a liability of ECFH. The amount, if any, of expenses which may be disallowed by the grantor cannot be determined at this time, although ECFH expects such amount, if any, to be immaterial.

Contingent Liabilities. ECFH is involved in litigation, including malpractice, personnel and regulatory investigations arising in the ordinary course of business. While the ultimate outcome of these matters is not completely determinable, it is the opinion of management and of legal counsel that the resolution of outstanding claims will be reduced significantly or will be completely eliminated. Either way, the contingent liability is not believed to have a material adverse effect on the financial statements of ECFH.

NOTE R - RETIREMENT PLAN

ECFH has a defined contribution pension plan in which employees may elect to participate. Contributions are made to the plan in an amount equal to 4% of each eligible participant's annual salary (i.e. the "safe harbor" contribution). Each eligible participant becomes vested in the employer "safe harbor" contribution immediately. Any additional employer contributions vest at a rate of 20% per year over a five-year period. ECFH contributed \$500,022 and \$466,820 to the pension plan for the years ended May 31, 2021 and 2020, respectively.

NOTE S - MEMBERSHIP PURCHASE

During fiscal year 2019, ECFH purchased a class A membership investment in New Mexico Care Partners, LLC (NMCP). Centers for Medicare and Medicaid Systems (CMS) are moving the payment structure for health care services away from a Prospective Payment System (PPS) to a Value Based system which requires a shared savings or risk based contracts with Medicare and Medicaid services. NMCP, LLS is made up of 5 FQHC's who are working in a Clinically Integrated Network to build best practices in meeting healthcare goals which in turn reduces emergency room and urgent care visits and reduces care costs across the network. Reducing costs and meeting goals will result in financial incentives. This change in the payment systems is a result of preparing for possible future cuts in funding. During fiscal year 2021, ECFH liquidated the investment.

NOTE T - FAIR VALUES MEASURED ON A RECURRING BASIS

Under FASB ASC 820-10-05, the Financial Accounting Standards Board establishes a framework for measuring fair value in generally accepted accounting principles and expands disclosures about fair value measurements. This Statement reaffirms that fair value is the relevant measurement attribute. The adoption of this standard did not have a material effect on the Organization's financial statements as reflected herein. The carrying amounts of cash and cash equivalents, receivables, payables, accrued expenses, and other liabilities approximate fair value due to the short maturity periods of these instruments. The fair value of long-term debt is the carrying value due to the adjustable market rate if interest. The Organization measures certain financial assets and liabilities at fair value on a recurring basis, including its derivative liabilities. The Organization's financial assets and liabilities are measured using inputs from the three levels of the fair value hierarchy. The three levels are as follows:

Level 1. Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the organization has the ability to access.

Level 2. Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in active markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

NOTE T - FAIR VALUES MEASURED ON A RECURRING BASIS (continued)

Level 3. Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The fair value of investments securities is the market value based on the quoted market prices, when available, or market prices provided by recognized broker dealers. If listed prices or quotes are not available, fair value is based upon externally developed models that use unobservable inputs to the limited market activity of the instrument.

The Organization's significant financial instruments are cash and investments. For these financial instruments, carrying values approximate fair value.

The following methods and assumptions were used by the Organization in estimating the fair value of its financial instruments:

Patients receivables - valued at principal outstanding, less adjustments and allowances, taking into account historical collection rates.

	_	2021			2020			
Description		Level 1		Level 2		Level 1		Level 2
Certificates of deposit	\$	878,202	\$	-	\$	872,021	\$	-
Patient receivables		-		1,331,506		-		948,239
Total	\$	878,202	\$	1,331,506	\$	872,021	\$	948,239

All of ECFH's other assets and liabilities meet Level 1 criteria.

NOTE U - IN-KIND REVENUE

ECFH had the following in-kind service revenues at May 31:

	 2021	2020		
Rent (in return for services)	\$ 106,000	\$	106,000	

NOTE V - SUBSEQUENT EVENTS

Subsequent events are events or transactions that occur after the statement of financial position date but before the financial statements are issued. ECFH recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of financial position, including the estimates inherent in the process of preparing the financial statements. ECFH's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of financial position but arose after the statement of financial position date and before financial statements are available to be issued. ECFH has evaluated subsequent events through August 27, 2021, which is the date the financial statements were available to be issued.

Construction on the Springer Dental Clinic was completed during fiscal year 2021. Operations are expected to commence during fiscal year 2022 as adequate staffing is achieved.

The COVID-19 Pandemic (pandemic) continues to have an impact on the health-care industry. ECFH experienced lower in-person and higher tele-health visits at the onset of the pandemic, and dental services were initially decreased. ECFH expects in-person and dental services to continue to be offered during fiscal year 2022 as ECFH continues to build and maintain its supply of personal protective equipment. ECFH anticipates a need for increased Behavioral Healthcare Services in the communities it serves, as higher rates of depression and suicide are identified due to the COVID-19 environment (quarantine, work-at-home scenarios, joblessness, etc.). ECFH also anticipates the pandemic will continue to stifle its ability to attract and hire healthcare staff. ECFH continues to offer remote working schedules to its staff during this unprecedented pandemic environment.

EL CENTRO FAMILY HEALTH SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS FOR THE YEAR ENDED MAY 31, 2021

Program Title	Federal Catalog of Domestic Assistance No.	Pass-Through / Grantor No.		Amount Expended
U.S. Department of Health and Human Se				
Health Resources and Services				
Direct:				
Health Center Cluster				
Consolidated Health Centers	93.224	20H8DCS36378C3 20H80CS00605	\$	1,258,089 188,461
Affordable Care Act Grants for New				
Expanded Services under Health				
Center Program	93.527	20H80CS00605		5,510,826
Total Health Center Cluster				6,957,376
Telehealth Programs	93.211	20G26RH40077		62,801
School Based Health Center Capital	93.501	19SBHCC		65,192
Rural Health Care Services Outreach	93.912	19GA1RH33499		340,838
		18D04RH31775		221,286
		20D78RH39349		126,604
Total Other Federal Programs				816,721
Total U.S. Department of Health and Hu	man Services			
and Federal Expenditures			\$	7,774,097
Reconciliation of federal expenditures to		:	<i>*</i>	7 77 4 007
Federal revenue per Statement of Activit		Federal Aurende	\$	7,774,097
Federal awards expended per Schedule o Difference	or expenditures of	rederal Awards	4	7,774,097
Difference			¢	-

See auditor's report and accompanying notes to financial statements

EL CENTRO FAMILY HEALTH NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS FOR THE YEAR ENDED MAY 31, 2021

NOTE 1

The accompanying schedule of expenditures of federal awards includes the federal grant activity of ECFH and is presented on the accrual basis of accounting. 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).

NOTE 2

ECFH did not provide any federal funds to subrecipients.

NOTE 3

There were no federal awards expended in the form of non-cash assistance or loan guarantees outstanding at year-ed. ECFH benefited from deemed malpractice liability coverage in accordance with Section 224(g) of the Public Health Service Act, 42, U.S.c. Sec 233(g), as amended by P.I., 104-73. The value of the insurance coverage cannot be determined, and therefore it is not included in the SEFA.

NOTE 4

ECFH did not use the 10 percent de minimis indirect cost rate.



INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

Board of Directors El Centro Family Health Española, New Mexico

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 El Centro Family Health, which comprise the statement of financial position as of May 31, 2021, and the related statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements and have issued our report thereon dated August 27, 2021.

Internal Control over Financial Reporting

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

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's 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 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 El Centro Family Health's 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.

MORTON ACCOUNTING SERVICES, LLC

Monta Accounting Services, SFC

Santa Fe, New Mexico August 27, 2021



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

Board of Directors El Centro Family Health Española, New Mexico

Report on Compliance for Each Major Federal Program

We have audited El Centro Family Health's compliance with the types of compliance requirements described in the *U.S. Office of Management and Budget (OMB) Compliance Supplement* that could have a direct and material effect on each of El Centro Family Health's major federal programs for the year ended May 31, 2021. El Centro Family Health'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 federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of El Centro Family Health's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about El Centro Family Health'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 El Centro Family Health's compliance.

Opinion on Each Major Federal Program

In our opinion, El Centro Family Health complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended May 31, 2021.

Report on Internal Control over Compliance

Management of El Centro Family Health 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 El Centro Family Health'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 El Centro Family Health'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 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 deficiencies is a deficiency or detected and corrected on a timely basis. A *significant deficiency in internal control over compliance* is a deficiencies, in internal control over compliance to the prevented, or detected and corrected on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency is a deficiencies, in internal control over compliance with a type of compliance to the prevented 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 and therefore, 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.

MORTON ACCOUNTING SERVICES, LLC

Monta Accounting Services, SFC

Santa Fe, New Mexico August 27, 2021

EL CENTRO FAMILY HEALTH SCHEDULE OF FINDINGS AND QUESTIONED COSTS FOR THE YEAR ENDED MAY 31, 2021

SECTION I - SUMMARY OF AUDITOR'S RESULTS

Financial Statements

Type of auditor's report	issued	Unmodified
Internal control over fin 1. Material weaknesses 2. Significant deficiencie 3. Noncompliance mate	identified	No No No
Federal Awards Type of auditor's report	issued on compliance for major pr	ograms Unmodified
Internal control over ma 1. Material weaknesses 2. Significant deficiencie	identified	No No
Any audit findings discle accordance with 2 CFR s	osed that are required to be reporte section 200.516(a)?	ed in No
Identification of major p	program:	
Identification of major p	program: <u>Name of Federal Program</u>	Funding Source
		<u>Funding Source</u> U.S. Department of Health and Human Services
<u>CFDA No.</u>	Name of Federal Program Health Center Cluster	U.S. Department of Health and Human
<u>CFDA No.</u> 93.224/93.527 Dollar threshold used to	Name of Federal Program Health Center Cluster distinguish between:	U.S. Department of Health and Human Services
CFDA No. 93.224/93.527 Dollar threshold used to Type A and Type B Prog Auditee qualified as a Lo	Name of Federal Program Health Center Cluster distinguish between:	U.S. Department of Health and Human Services \$750,000 Yes