INTERNET REPORT ID: 115386 2/19/04 OMB No. 0348-0057

FORM **SF-SAC** (3-20-2001)

U.S. DEPT. OF COMM.– Econ. and Stat. Admin.– U.S. CENSUS BUREAU
ACTING AS COLLECTING AGENT FOR OFFICE OF MANAGEMENT AND BUDGET

Data Collection Form for Reporting on AUDITS OF STATES, LOCAL GOVERNMENTS, AND NON-PROFIT ORGANIZATIONS

for Fiscal Year Ending Dates On or After January 1, 2001

▶ Complete this form, as required by OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

RETURN TO **Federal Audit Clearinghouse**
1201 E. 10th Street
Jeffersonville, IN 47132

PART I GENERAL INFORMATION *(To be completed by auditee, except for Item 7)*

1. Fiscal period ending date for this submission
Month 06 / Day 30 / Year 2003 — Fiscal Period End Dates Must Be On or After January 1, 2001

2. Type of Circular A-133 audit
1 ☒ Single audit 2 ☐ Program-specific audit

3. Audit period covered
1 ☒ Annual 2 ☐ Biennial 3 ☐ Other – Months

FEDERAL GOVERNMENT USE ONLY

4. Date received by Federal clearinghouse

5. Employer Identification Number (EIN)
a. Auditee EIN 9 2 0 1 1 7 8 3 8

b. Are multiple EINs covered in this report? 1 ☐ Yes 2 ☒ No
If Part I, Item 5b = "Yes," complete Part I, Item 5c (Complete the continuation sheet on Page 4)

6. AUDITEE INFORMATION

a. Auditee name
SUNSHINE COMMUNITY HEALTH CENTER, INC.

b. Auditee address *(Number and street)*
PO BOX 787

City
TALKEETNA

State AK ZIP + 4 Code 9 9 6 7 6 – 0 7 8 7

c. Auditee contact
Name
KAREN HOLT

Title
CHIEF FINANCIAL OFFICER

d. Auditee contact telephone
(907) 733 – 2273

e. Auditee contact FAX *(Optional)*
(907) 733 – 1735

f. Auditee contact E-mail *(Optional)*
kholt@sunshineclinic.org

g. AUDITEE CERTIFICATION STATEMENT – This is to certify that, to the best of my knowledge and belief, the auditee has: (1) engaged an auditor to perform an audit in accordance with the provisions of OMB Circular A-133 for the period described in Part I, Items 1 and 3; (2) the auditor has completed such audit and presented a signed audit report which states that the audit was conducted in accordance with the provisions of the Circular; and, (3) the information included in **Parts I, II,** and **III** of this data collection form is accurate and complete. I declare that the foregoing is true and correct.

Signature of certifying official: Karen Holt
Date Month Day Year: 2 / 23 / 04
Printed Name/Title of certifying official: KAREN HOLT

7. AUDITOR INFORMATION *(To be completed by auditor)*

a. Auditor name
RIEHLE & ASSOCIATES, P.C.

b. Auditor address *(Number and street)*
1120 E. HUFFMAN ROAD, STE 23 #460

City
ANCHORAGE

State AK ZIP + 4 Code 9 9 5 1 5 –

c. Auditor contact
Name
SUSAN M. RIEHLE

Title
OWNER

d. Auditor contact telephone
(907) 345 – 9695

e. Auditor contact FAX *(Optional)*
(907) 345 – 9700

f. Auditor contact E-mail *(Optional)*
RIEHLECPA@ALASKA.NET

g. AUDITOR STATEMENT – The data elements and information included in this form are limited to those prescribed by OMB Circular A-133. The information included in Parts II and III of the form, except for Part III, Items 8, 9, and 10, was transferred from the auditor's report(s) for the period described in Part I, Items 1 and 3, and is **not a substitute** for such reports. The auditor has not performed any auditing procedures since the date of the auditor's report(s). A copy of the reporting package required by OMB Circular A-133, which includes the complete auditor's report(s), is available in its entirety from the auditee at the address provided in Part I of this form. As required by OMB Circular A-133, the information in **Parts II** and **III** of this form was entered in this form by the auditor based on information included in the reporting package. The auditor has not performed any additional auditing procedures in connection with the completion of this form.

Signature of auditor: Susan M. Riehle
Date Month Day Year: 02 / 18 / 04

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PART I GENERAL INFORMATION – Continued

8. Did the auditee expend more than $25,000,000 in Federal awards during the fiscal year? *(Mark (X) one box)*

1 ☐ Yes – **Identify Cognizant Agency in Part I, Item 9** 2 ☒ No – ***SKIP to Part II, Item 1***

9. Indicate which **Federal** awarding agency provided the predominant amount of direct funding in **fiscal year 2000**. *(Mark (X) one box) However, if cognizance has been reassigned, see instructions.*

02 ☐ Agency for International Development
10 ☐ Agriculture
11 ☐ Commerce
12 ☐ Defense
84 ☐ Education
81 ☐ Energy
66 ☐ Environmental Protection Agency
83 ☐ Federal Emergency Management Agency
93 ☐ Health and Human Services
14 ☐ Housing and Urban Development
15 ☐ Interior
16 ☐ Justice
17 ☐ Labor
47 ☐ National Science Foundation
20 ☐ Transportation
☐ Other – *Specify:*

PART II FINANCIAL STATEMENTS *(To be completed by auditor)*

1. Type of audit report *(Mark (X) one box)*

1 ☒ Unqualified opinion 2 ☐ Qualified opinion 3 ☐ Adverse opinion 4 ☐ Disclaimer of opinion

2. Is a "going concern" explanatory paragraph included in the audit report? 1 ☐ Yes 2 ☒ No

3. Is a reportable condition disclosed? 1 ☐ Yes 2 ☒ No – *SKIP to Item 5*

4. Is any reportable condition reported as a material weakness? 1 ☐ Yes 2 ☐ No

5. Is a material noncompliance disclosed? 1 ☐ Yes 2 ☒ No

PART III FEDERAL PROGRAMS *(To be completed by auditor)*

1. Type of audit report on major program compliance

1 ☒ Unqualified opinion 2 ☐ Qualified opinion 3 ☐ Adverse opinion 4 ☐ Disclaimer of opinion

2. Does the auditor's report include a statement that the auditee's financial statements include departments, agencies, or other organizational units expending greater than $300,000 in Federal awards that have separate A-133 audits which are not included in this audit? (AICPA SOP 98-3 chapter 10) 1 ☐ Yes 2 ☒ No

3. What is the dollar threshold to distinguish Type A and Type B programs? (§___ .520(b)) **$ 300,000**

4. Did the auditee qualify as a low-risk auditee? (§___ .530) 1 ☒ Yes 2 ☐ No

5. Is a reportable condition disclosed for any major program? (§ ___ .510(a)(1)) 1 ☐ Yes 2 ☒ No – *SKIP to Item 7*

6. Is any reportable condition reported as a material weakness? (§ ___ .510(a)(1)) 1 ☐ Yes 2 ☐ No

7. Are any known questioned costs reported? (§ ___ .510(a)(3) or (4)) 1 ☐ Yes 2 ☒ No

8. Was a Summary Schedule of Prior Audit Findings prepared? (§___.315(b)) 1 ☐ Yes 2 ☒ No

9. Indicate which **Federal** agency(ies) have current year audit findings related to **direct** funding or prior audit findings shown in the Summary Schedule of Prior Audit Findings related to **direct** funding. *(Mark (X) all that apply or None)*

02 ☐ Agency for International Development
10 ☐ Agriculture
23 ☐ Appalachian Regional Commission
11 ☐ Commerce
94 ☐ Corporation for National and Community Service
12 ☐ Defense
84 ☐ Education
81 ☐ Energy
66 ☐ Environmental Protection Agency
83 ☐ Federal Emergency Management Agency
39 ☐ General Services Administration
93 ☐ Health and Human Services
14 ☐ Housing and Urban Development
03 ☐ Institute for Museum Services
15 ☐ Interior
16 ☐ Justice
17 ☐ Labor
09 ☐ Legal Services Corp
43 ☐ National Aeronautics and Space Administration
89 ☐ National Archives and Records Administration
05 ☐ National Endowment for the Arts
06 ☐ National Endowment for the Humanities
47 ☐ National Science Foundation
07 ☐ Office of National Drug Control Policy
59 ☐ Small Business Administration
96 ☐ Social Security Administration
19 ☐ State
20 ☐ Transportation
21 ☐ Treasury
82 ☐ United States Information Agency
64 ☐ Veterans Affairs
00 ☒ **None**
☐ Other – *Specify:*

Each agency identified is required to receive a copy of the reporting package.

In addition, one copy each of the reporting package is required for:

- the Federal Audit Clearinghouse archives . . . . . ☒
- and, if not marked above, the cognizant agency (if identified in Part I, Item 9) 0

Count total number of boxes marked above and submit this number of reporting packages 1

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PART III FEDERAL PROGRAMS – Continued (Page 3 - #1 of 1)

10. FEDERAL AWARDS EXPENDED DURING FISCAL YEAR / **11. AUDIT FINDINGS**

CFDA Number (a) Federal Agency Prefix [1]	Extension [2]	Research and development (b)	Name of Federal program (c)	Amount expended (d)	Direct award (e)	Major program (f)	Type(s) of compliance requirement(s)[3] (a)	Audit finding reference number(s)[4] (b)
9 3	.224	1 ☐ Yes 2 ☒ No	AK INITIATIVE, HLTH CNTR CLUSTER DEMO GRANT	$ 601,669 .00	1 ☒ Yes 2 ☐ No	1 ☒ Yes 2 ☐ No	O	N/A
9 3	.912B	1 ☐ Yes 2 ☒ No	RURAL HEALTH NETWORKS	$ 30,844 .00	1 ☒ Yes 2 ☐ No	1 ☐ Yes 2 ☒ No	O	N/A
9 3	.224	1 ☐ Yes 2 ☒ No	COMMUNITY HEALTH CENTERS	$ 673,305 .00	1 ☒ Yes 2 ☐ No	1 ☒ Yes 2 ☐ No	O	N/A
9 3	.130	1 ☐ Yes 2 ☒ No	COMM HLTH, ALASKA EXPOSURE	$ 10,000 .00	1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☒ No	O	N/A
9 3	.919	1 ☐ Yes 2 ☒ No	BREAST AND CERVICAL HLTH CHECK	$ 29,556 .00	1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☒ No	O	N/A
9 0	.100	1 ☐ Yes 2 ☒ No	LARGE CLINIC CONSTRUCTION FUNDING	$ 339,526 .00	1 ☒ Yes 2 ☐ No	1 ☒ Yes 2 ☐ No	O	N/A
9 0	.100	1 ☐ Yes 2 ☒ No	CONCEPT PLANNING & PROJ MNGMT	$ 13,221 .00	1 ☒ Yes 2 ☐ No	1 ☒ Yes 2 ☐ No	O	N/A
		1 ☐ Yes 2 ☐ No		$ .00	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No		
		1 ☐ Yes 2 ☐ No		$ .00	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No		
		1 ☐ Yes 2 ☐ No		$ .00	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No		
TOTAL FEDERAL AWARDS EXPENDED →				$ 1,698,121 .00	*IF ADDITIONAL LINES ARE NEEDED, PLEASE PHOTOCOPY THIS PAGE, ATTACH ADDITIONAL PAGES TO THE FORM, AND SEE INSTRUCTIONS*			

[1] See Appendix 1 of instructions for valid Federal Agency two-digit prefixes.

[2] Or other identifying number when the Catalog of Federal Domestic Assistance (CFDA) number is not available. *(See Instructions)*

[3] Enter the letter(s) of all type(s) of compliance requirement(s) that apply to audit findings (i.e., noncompliance, reportable conditions (including material weaknesses), questioned costs, fraud, and other items reported under § ___ .510(a)) reported for each Federal program.

A. Activities allowed or unallowed
B. Allowable costs/cost principles
C. Cash management
D. Davis – Bacon Act
E. Eligibility
F. Equipment and real property management
G. Matching, level of effort, earmarking
H. Period of availability of Federal funds
I. Procurement and suspension and debarment
J. Program income
K. Real property acquisition and relocation assistance
L. Reporting
M. Subrecipient monitoring
N. Special tests and provisions
O. None
P. Other

[4] N/A for NONE

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PART I Item 5 Continuation Sheet

c. List the multiple Employer Identification Numbers (EINs) covered in this report.

1	N / A	16		31		46		61	
2		17		32		47		62	
3		18		33		48		63	
4		19		34		49		64	
5		20		35		50		65	
6		21		36		51		66	
7		22		37		52		67	
8		23		38		53		68	
9		24		39		54		69	
10		25		40		55		70	
11		26		41		56		71	
12		27		42		57		72	
13		28		43		58		73	
14		29		44		59		74	
15		30		45		60		75	

IF ADDITIONAL LINES ARE NEEDED, PLEASE PHOTOCOPY THIS PAGE, ATTACH ADDITIONAL PAGES TO THE FORM, AND SEE INSTRUCTIONS.