

# **Financial Statements**

# For the Years Ended June 30, 2021 and 2020 With Independent Auditors' Report Thereon

(A California Not-for-Profit Corporation)

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#### **CLINIC BY THE BAY OFFICE**

4877 Mission Street San Francisco, California 94112 (415) 405-0222 Email: info@clinicbythebay.org Web Site Address: www.clinicbythebay.org

#### **REGALIA & ASSOCIATES** CERTIFIED PUBLIC ACCOUNTANTS

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CERTIFIED PUBLIC ACCOUNTANTS 103 TOWN & COUNTRY DRIVE, SUITE K, DANVILLE, CALIFORNIA 94526 DOUGLAS REGALIA, CPA DANA CHAVARRIA. CPA LISA PARKER, CPA [inactive] **TRICIA WILSON** JEANNINE REGALIA, CPA VALERIE REGALIA, CPA LISA CLOVEN, CPA WENDY THOMAS, CPA SUSAN REGALIA, CPA JENNY SO, CPA JENNIFER JENSEN **RACHEL BERGER, CPA** WWW.MRCPA.COM OFFICE: 925.314.0390 SHANNON MORELLI, CPA

## **INDEPENDENT AUDITORS' REPORT**

The Board of Directors Clinic By The Bay

We have audited the accompanying financial statements of Clinic By The Bay (a California nonprofit organization) which comprise the statements of financial position as of June 30, 2021 and the related statements of activities and changes in net assets, cash flows, and functional expenses 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.

#### Auditors' 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. 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 auditors' 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 Clinic By The Bay as of June 30, 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

We have previously audited Clinic By The Bay's June 30, 2020 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated December 14, 2020. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2020 is consistent, in all material respects, with the audited financial statements from which it has been derived.

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Danville, California April 21, 2022

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# Statements of Financial Position June 30, 2021 and 2020

#### ASSETS

	2021	2020
Current assets:		
Cash and cash equivalents	\$ 1,359,792	\$ 517,755
Accounts receivable	-	2,600
Pledges and grants receivable	 911,415	2,091,631
Total current assets	 2,271,207	 2,611,986
Noncurrent assets:		
Property and equipment, net	1,281,776	306,972
Other assets	 6,200	6,200
Total noncurrent assets	 1,287,976	313,172
Total assets	\$ 3,559,183	\$ 2,925,158
LIABILITIES AND NET ASSETS		
Current liabilities:		
Accounts payable and accrued liabilities	\$ 262,554	\$ 242,979
Accrued payroll liabilities	24,493	15,289
Refundable advance	 -	104,800
Total current liabilities	 287,047	363,068
Net assets:	1 664 706	070 070
Without donor restrictions	1,664,786	379,276
With donor restrictions	 1,607,350	2,182,814
Total net assets	 3,272,136	2,562,090
Total liabilities and net assets	\$ 3,559,183	\$ 2,925,158

# Statement of Activities and Changes in Net Assets

## For the Year Ended June 30, 2021

(with Summarized Financial Information for the Year Ended June 30, 2020)

	Net Assets					
		Without		With		
		Donor		Donor	Total	
	Re	strictions	Re	estrictions	2021	2020
Changes in net assets:						
Revenue and support:						
Contributions	\$	632,495	\$	1,177,500	\$ 1,809,995	\$ 3,142,419
In-kind donations		495,115		-	495,115	788,775
Special events		517,670		-	517,670	271,201
Investment income		518		-	518	128
Other		67		-	67	790
Net assets released from restrictions		1,752,964		(1,752,964)	-	-
Total revenue and support		3,398,829		(575,464)	2,823,365	4,203,313
Expenses:						
Programs		1,797,207		-	1,797,207	1,411,824
Fundraising		181,217		-	181,217	205,886
General and administrative		134,895		-	134,895	110,340
Total expenses		2,113,319		-	2,113,319	1,728,050
Increase (decrease) in net assets		1,285,510		(575,464)	710,046	2,475,263
Net assets at beginning of year		379,276		2,182,814	2,562,090	86,827
Net assets at end of year	\$	1,664,786	\$	1,607,350	\$ 3,272,136	\$ 2,562,090

# Statements of Cash Flows For the Years Ended June 30, 2021 and 2020

	 2021		2020
Cash flows from operating activities			
Increase in net assets	\$ 710,046	\$	2,475,263
Adjustments to reconcile to cash provided by (used for) operating activities:			
Depreciation	16,281		25,985
Changes in:			
Accounts receivable	2,600		2,400
Pledges and grants receivable	1,180,216	(	2,091,631)
Accounts payable and accrued liabilities	19,575		227,891
Refundable advance	(104,800)		104,800
Accrued payroll liabilities	 9,204		(3,875)
Net cash provided by operating activities	 1,833,122		740,833
Cash flows from investing activities:			
Acquisition of property and equipment	 (991,085)		(291,816)
Net cash used for investing activities	 (991,085)		(291,816)
Increase in cash and cash equivalents	842,037		449,017
Cash and cash equivalents at beginning of year	 517,755		68,738
Cash and cash equivalents at end of year	\$ 1,359,792	\$	517,755
Additional cash flow information:			
State registration taxes paid	\$ 75	\$	75
Interest paid	\$ -	\$	-

# Statement of Functional Expenses For the Year Ended June 30, 2021

(with Summarized Financial Information for the Year Ended June 30, 2020)

			General and		
		Fund-	Admin-	2021	2020
	Programs	raising	istrative	Total	Total
Conferences and meetings	\$ 740	\$-	\$ 452	\$ 1,192	\$ 1,066
Depreciation	12,732	2,149	1,400	16,281	25,985
Dues, licenses, and fees	3,531	3,279	3,676	10,486	6,945
Equipment lease and purchase	10,541	944	615	12,100	49,203
Insurance and taxes	11,070	594	387	12,051	11,511
Grant expense	703,757	-	-	703,757	82,352
Medical supplies and services	120,847	-	-	120,847	123,472
Office and related expenses	2,430	410	267	3,107	3,696
Outreach and volunteer expenses	464	-	-	464	1,949
Postage and printing	1,532	736	153	2,421	2,449
Professional services and other fees	47,614	12,000	30,452	90,066	34,084
Rent, maintenance, and utilities	67,028	11,314	7,371	85,713	86,297
Salaries, payroll taxes, and benefits	786,217	112,543	87,506	986,266	1,238,831
Special events	-	33,232	-	33,232	32,037
Travel and transportation	47	-	-	47	98
Utilities, telephone, and internet	28,657	4,016	2,616	35,289	28,075
Totals	\$ 1,797,207	\$ 181,217	\$ 134,895	\$ 2,113,319	\$ 1,728,050

#### 1. Organization

Clinic By The Bay (the Clinic) is a California tax-exempt, non-profit corporation founded in 2008 under the legal name Volunteers In Medicine – San Francisco. Clinic by the Bay provides free healthcare to the working uninsured in San Francisco and San Mateo counties. The Clinic provides a caring medical home to patients through a holistic philosophy centered on compassion, wellness and dignity. The Clinic's personalized care is 100% free and is provided by volunteer doctors, nurses, and support staff specializing in integrated medical treatment, primary care, preventative testing and screening, and ongoing counseling, education and support. Services are offered in English, Spanish and Chinese.

#### 2. Summary of Significant Accounting Policies

**Basis of Accounting** – The financial statements of the Clinic have been prepared on the accrual basis of accounting in accordance with U.S. generally accepted accounting principles ("US GAAP").

**Measure of Operations** – The statements of activities and changes in net assets reports all changes in net assets, including changes in net assets from operating and nonoperating activities. Operating activities consist of those items attributable to the Clinic's ongoing operations which include a variety of programmatic activities. Nonoperating activities are limited to resources that generate return from interest-bearing deposits and other activities considered to be of a more unusual or nonrecurring nature.

**Cash and Cash Equivalents** – The Clinic cash consists of cash on deposit with banks. Cash equivalents represent savings, cash deposits and money market accounts with maturity dates of three months or less from the date of purchase.

**Concentrations of Credit Risk** – Financial instruments that potentially subject the Clinic to concentrations of credit risk consist principally of cash and cash equivalents and deposits. The Clinic maintains its cash and cash equivalents in various bank accounts that, at times, may exceed federally insured limits. The Clinic manages deposit concentration risk by placing cash and money market accounts with financial institutions believed to be creditworthy.

To date, the Clinic has not experienced losses in any of these accounts. Credit risk associated with accounts receivable and grants receivable considered to be limited due to high historical collection rates and because substantial portions of the outstanding amounts are due from reputable organizations and foundations supportive of the Clinic's mission.

**Comparative Financial Information** – The accompanying financial statements include certain prior-year summarized comparative information in total but not by functional category. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America (GAAP). Accordingly, such information should be read in conjunction with our audited financial statements for the year ended June 30, 2020, from which the summarized information was derived.

## 2. Summary of Significant Accounting Policies (continued)

Accounts, Grants and Pledges Receivable – The Clinic records receivables that are expected to be collected within one year at net realizable value. When material, receivables expected to be collected in future years are initially recorded at fair value using present value techniques incorporating risk-adjusted discount rates designed to reflect the assumptions market participants would use in pricing the asset. In subsequent years, amortization of the discounts (when applicable) will be included in contribution revenue on the statement of activities and changes in net assets.

The Clinic determined that no allowance for doubtful uncollectible accounts receivable is needed based on historical experience, an assessment of economic conditions, and a review of subsequent collections. It is the policy of the organization to periodically assess receivables to determine proper carrying value. Receivables are written off when deemed uncollectible.

**Fair Value Measurements** – Fair value is defined as the price that would be received to sell an asset in the principal or most advantageous market for the asset in an orderly transaction between market participants on the measurement date. Fair value should be based on the assumptions market participants would use when pricing an asset. US GAAP establishes a fair value hierarchy that prioritizes investments based on those assumptions.

The fair value hierarchy gives the highest priority to quoted prices in active markets (observable inputs) and the lowest priority to an entity's assumptions (unobservable inputs). The Clinic groups assets at fair value in three levels, based on the markets in which the assets and liabilities are traded and the reliability of the assumptions used to determine fair value. These levels are:

#### Level 1

Unadjusted quoted market prices for identical assets or liabilities in active markets as of the measurement date.

#### Level 2

Other observable inputs, either directly or indirectly, including:

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

#### Level 3

Unobservable inputs that cannot be corroborated by observable market data.

In some cases, the inputs used to measure the fair value of an asset or a liability might be categorized within different levels of the fair value hierarchy. In those cases, the fair value measurement is categorized in its entirety in the same level of the fair value hierarchy as the lowest level input that is significant to the entire measurement. Assessing the significance of a particular input to entire measurement requires judgment, taking into account factors specific to the asset or liability. The categorization of an asset within the hierarchy is based upon the pricing model of the asset and does not necessarily correspond to our assessment of the quality, risk or liquidity profile of the asset or liability.

#### 2. Summary of Significant Accounting Policies (continued)

**Property and Equipment** – The Clinic's policy is to record acquisitions of property and equipment at cost or, if donated, at fair market value on the date of donation. Depreciation expense is calculated using the straight-line method over the estimated useful lives of the assets. When assets are sold or otherwise disposed of, the cost and related depreciation or amortization are removed from the accounts, and any resulting gain or loss is included in the statements of activities.

Costs of maintenance and repairs are expensed currently. The Clinic reviews the carrying values of all assets for impairment whenever events or circumstances indicate that the carrying value of an asset may not be recoverable from the estimated economic utility and/or future cash flows expected to result from its use and eventual disposition. When considered impaired, an impairment loss is recognized to the extent carrying value exceeds the fair value of the asset. The Clinic has determined that no long-lived assets were impaired during the year ended June 30, 2021.

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

#### Net Assets Without Donor Restrictions

Net assets without donor restrictions represent funds which are available for use in general operations and not subject to donor (or certain grantor) restrictions. The governing board has the ability to designate, from net assets without donor restrictions, net assets for an operating reserve and board-designated endowment, and it has opted not to do so as of June 30, 2021.

#### Net Assets With Donor Restrictions

Net assets with donor restrictions represent funds which are subject to donor- (or certain grantor-) imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions can be perpetual in nature, where the donor stipulates that such resources be maintained in perpetuity. Gifts of long-lived assets and gifts of cash restricted for the acquisition of long-lived assets are recognized as revenue when the assets are placed in service. Donor-imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both.

**Donated Services and In-Kind Contributions** – Contributed services and costs are reflected at the fair value of the contribution received. The contributions of services and costs are recognized if they (a) create or enhance nonfinancial assets or (b) require specialized skills that are provided by individuals possessing those skills and would typically need to be purchased if not provided by donation. Such amounts, which are based upon information provided by third-party service providers, are recorded at their estimated fair value determined on the date of contribution and are reported as contributions in-kind and supporting services on the accompanying statement of activities and statements of functional expenses.

## 2. Summary of Significant Accounting Policies (continued)

**Income Taxes** – The Clinic is exempt from income tax under IRC section 501(c)(3), though it is subject to tax on income unrelated to its exempt purpose, unless that income is otherwise excluded by the Code. The Clinic has processes presently in place to ensure the maintenance of its tax-exempt status; to identify and report unrelated income; to determine its filing and tax obligations in jurisdictions for which it has nexus; and to identify and evaluate other matters that may be considered tax positions. The Clinic has determined that there are no material uncertain tax positions that require recognition or disclosure in the financial statements.

The Clinic has received notification from the Internal Revenue Service and the State of California that it qualifies for tax-exempt status under Section 501(c)(3) of the Internal Revenue Code and Section 23701d of the California Revenue and Taxation Code. The exemptions are subject to periodic review by the federal and state taxing authorities and management is confident that the organization continues to satisfy all federal and state statutes in order to qualify for continued tax exemption status.

**Revenue and Revenue Recognition** - Revenue is recognized in accordance with authoritative guidance, including *ASU 2018-08, Not-for-Profit Entities (Topic 605) and ASU No. 2014-09, Revenue from contracts with Customers (Topic 606).* Contributions are recognized when cash, securities or other assets, an unconditional promise to give, or notification of a beneficial interest is received. Conditional promises to give – that is, those with a measurable performance or other barrier and a right of return - are not recognized until the conditions on which they depend have been substantially met. A transfer of funds with a conditional promise to contribute is accounted for as a refundable advance until the conditions have been substantially met. Certain payments received include both elements of contributed income and earned income (such as special events), and management evaluates such transactions to determine the proper revenue rules to apply and to bifurcate the revenue components. When applicable, revenue earned under a contractual arrangement (an "exchange transaction") is recognized when earned and therefore measured as services are provided in accordance with Topic 606.

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.

The Clinic has adopted Accounting Standards Update (*ASU*) *No. 2018-08 Not-for-Profit Entities: Clarifying the Scope and the Accounting Guidance for Contributions received and Contributions Made* (*Topic 605*) as amended, as management believes the standard improves the usefulness and understandability of the Organization's financial reporting. Analysis of various provisions of this standard resulted in no significant changes in the way the Organization recognizes revenue, and therefore no changes to the previously issued audited financial statements were required on a retrospective basis. The presentation and disclosures of revenue have been enhanced in accordance with the standard.

**Reclassifications** – Certain reclassifications of amounts previously reported have been made to the accompanying financial statements to maintain consistency between periods presented. The reclassifications had no impact on previously reported net assets.

#### 2. Summary of Significant Accounting Policies (continued)

**Use of Estimates** - The preparation of financial statements in conformity with generally accepted accounting principles requires us to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reported period. Actual results could differ from those estimates.

**Functional Allocation of Expenses** - The costs of providing program and other activities have been summarized on a functional basis in the statements of activities in accordance with the requirements of *ASU 2016-14, Not-for-Profit Entities (Topic 958) – Presentation of Financial Statements of Not-for-Profit Entities,* which requires the Foundation to report expenses by their natural classification. Every natural expense must be broken out into individual functional categories on an analysis of expenses by their nature and function. Accordingly, certain costs have been allocated among services and supporting services benefited. Such allocations are determined by management on an equitable basis. A majority of expenses (salaries and benefits, utilities, and other overhead) have been allocated based on time and effort using the Foundation's payroll allocations. Other expenses (such as professional services and other direct costs) have been allocated in accordance with specific services received from vendors.

**Recent and Relevant Accounting Pronouncements** – The following pronouncements represent relevant current accounting guidance applicable to nonprofit organizations:

In August 2014, the FASB issued ASU 2014-15, Presentation of Financial Statements—Going Concern (Subtopic 205-40) Disclosure of Uncertainties about an Entity's Ability to Continue as a Going Concern, which requires an organization's management to evaluate whether there are conditions and events, considered in the aggregate, that raise substantial doubt about an entity's ability to continue as a going concern within one year after the date that the financial statements are issued (or within one year after the date that the financial statements are available to be issued, when applicable). As of April 21, 2022 (the date of the Independent Auditors' Report), management has made this evaluation and has determined that the Clinic has the ability to continue as a going concern.

In August 2016, the FASB issued ASU 2016-14, Not-for-Profit Entities (Topic 958) – Presentation of Financial Statements of Not-for-Profit Entities. The update addresses the complexity and understandability of net asset classification, deficiencies in information about liquidity and availability of resources, and the lack of consistency in the type of information provided about expenses and investment return. The Organization has adjusted the presentation of these statements accordingly.

In February 2016, the FASB issued ASU 2016-02, Leases (Topic 842) Accounting for Leases, which requires lessees to recognize leases on-balance sheet and disclose key information about leasing arrangements. This new pronouncement is effective for fiscal years beginning after December 15, 2021. This standard establishes a right-of-use model (ROU) that requires a lessee to recognize a ROU asset and lease liability on the statements of financial position for all leases with a term longer than 12 months. Leases are required to be classified as finance or operating, with classification affecting the pattern and classification of expense recognition in the statements of activities and changes in net assets.



## 2. Summary of Significant Accounting Policies (continued)

In May 2014, the FASB completed its Revenue Recognition project by issuing *ASU 2014-09, Revenue from Contracts with Customers (Topic 606)*. This guidance establishes the principles to report useful information to users of financial statements about the nature, timing, and uncertainty of revenue from contracts with customers. The guidance (1) Removes inconsistencies and weaknesses in existing revenue requirements, (2) Provides a more robust framework for addressing revenue issues, (3) Improves comparability of revenue recognition practices across entities, industries, jurisdictions, and capital markets, (4) Provides more useful information to users of financial statements through improved disclosure requirements, and (5) Simplifies the preparation of financial statements by reducing the number of requirements to which an organization must refer.

In June 2018, the FASB issued *ASU 2018-08, Not-for-Profit Entities (Topic 958) – Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made.* The FASB issued this update to clarify and improve the scope and the accounting guidance for contributions received and contributions made. The amendments in this Update should assist entities in (1) evaluating whether transactions should be accounted for as contributions (nonreciprocal transactions) within the scope of Topic 958, Not-for-Profit Entities, or as exchange (reciprocal) transactions subject to other guidance and (2) determining whether a contribution is conditional. Accordingly, The School has incorporated these clarifying standards within the audited financial statements.

In September 17, 2021, the FASB issued Accounting Standards Update (ASU) 2020-07; Presentation and Disclosure by Not-for-Profit Entities for Contributed Nonfinancial Assets. The Update increases transparency around contributed nonfinancial assets (also known as "gifts-in-kind") received by non-profit organizations, including transparency on how those assets are used and how they are valued. The Update requires that an organization to present contributed nonfinancial assets as a separate line item in the statement of activities, apart from contributions of cash or other financial assets. It also requires that an organization disclose:

- 1. A disaggregation of the amount of contributed nonfinancial assets recognized within the statement of activities by category that depicts the type of contributed nonfinancial assets.
- 2. For each category of nonfinancial assets recognized:
- Qualitative information about whether the contributed nonfinancial assets were either monetized or utilized during the reporting period. If utilized, a description of the programs or other activities in which those assets were used
- The organization's policy (if any) about monetizing rather than utilizing contributed nonfinancial assets
- A description of any donor-imposed restrictions associated with the contributed nonfinancial assets
- A description of the valuation techniques and inputs used to arrive at a fair value measure in accordance with requirements in *Topic 820, Fair Value Measurement*, at initial recognition
- The principal market (or most advantageous market) used to arrive at a fair value measure if it is a market in which the recipient not-for-profit is prohibited by a donor-imposed restriction from selling or using the contributed nonfinancial assets.

## 3. Cash and Cash Equivalents

Cash and cash equivalents of \$1,359,792 and \$517,755 at June 30, 2021 and 2020, respectively, includes cash on hand and deposits in checking, savings, and money market accounts at a local financial institution. The money market account reflected a balance of \$1,011,278 and \$143,550 at June 30, 2021 2020, respectively bearing interest at a rate of 0.10% and 0.25% per annum as of June 30, 2021 and 2020, respectively. All of the other cash balances are noninterest-bearing. At certain times during the year, domestic deposits may exceed federally insurance limits. The Clinic attempts to minimize its credit risk associated with cash equivalents by utilizing highly rated financial institutions.

#### 4. Accounts, Grants and Pledges Receivables

Total receivables of \$911,415 and \$2,094,231 at June 30, 2021 and 2020, respectively, reflect amounts due from various individuals, corporations, foundations, and governmental entities based on written commitments. The Clinic carefully evaluates all outstanding grants and pledges and uses the direct write-off method with regards to grants and pledges receivable which are deemed to be uncollectible. There were no bad debt write-offs involving grants and pledges receivable for the year ended June 30, 2021 and 2020. Management has evaluated the grants and pledges receivable as of June 30, 2021 and determined that such amounts are fully collectible based on collection history and the financial strength of the donors involved.

#### 5. Property and Equipment

Property and equipment consist of the following at June 30:

	2021	2020
Medical and dental equipment	\$ 68,508	\$ 57,266
Leasehold improvements	1,462,726	482,883
Total property and equipment	1,531,234	540,149
Less accumulated depreciation	(249,458)	(233,177)
Total property and equipment (net)	\$ 1,281,776	\$ 306,972

Depreciation expense amounted to \$16,281 and \$25,985 for the years ended June 30, 2021 and 2020, respectively, and is reflected on the statement of functional expenses.

## 6. Compensated Absences (Accrued Payroll and Related Benefits)

Financial statement presentation follows the recommendations of *ASC 710.25, Compensated Absences.* Under *ASC 710.25*, the Clinic is required to record a liability for the estimated amounts of compensation for future absences. Employees are permitted to accrue a specific number of hours of vacation which is payable upon termination of the employee. Annual leave accruals are recorded in the financial statements as an accrued liability based on hourly rates in effect at the end of the fiscal year. Accrued payroll liabilities amounted to \$24,493 and \$15,289 at June 30, 2021 and 2020, respectively.

## 7. Liquidity

The Clinic regularly monitors liquidity required to meet its operating needs and other contractual commitments, while also striving to maximize the safeguarding of its available funds. The Clinic has various sources of liquidity at its disposal, including cash and equivalents, receivables, and other sources (including the future collection of grants and contributions receivable.)

For purposes of analyzing resources available to meet general expenditures over a 12-month period, Reed Schools Foundation considers all expenditures related to its ongoing activities in support of community initiatives to be general expenditures. Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the balance sheet date, comprise the following at June 30:

	2021	2020
Cash and cash equivalents	\$ 1,359,792	\$ 517,755
Accounts, grants and pledges receivable	911,415	2,094,231
Total financial assets	2,271,207	2,611,986
Less: amounts not available to be used within one year:		
Net assets with donor restrictions for programs	(1,572,350)	 (2,155,814)
Financial assets available to meet general expenditures		
over the next year	\$ 698,857	\$ 456,172

The Clinic receives a substantial amount of support by way of restricted contributions. Because donor restrictions require resources to be used in a particular manner or in a future period, the Clinic must maintain sufficient resources to meet those responsibilities to its donors. Thus, financial assets may not be available for general expenditures within one year. As part of the Clinic's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations become due.

#### 8. In-Kind Contributions

The Clinic recognizes donated materials which create and enhance non-financial assets or that require specialized skills. The Clinic was the recipient of certain in-kind contributions which satisfied the provisions of under *ASC 958.605.30-11 Revenue Recognition of Not-For-Profit Entities* and these donated services and materials were recorded at their estimated fair market values as program and supporting revenues and expenses. The values of these contributions as reflected on the statement of activities and changes in net assets amounted to \$495,115 and \$788,775 at June 30, 2021 and 2020, respectively.

A substantial number of unpaid volunteers have made significant contributions of time to various departments or programs of the Clinic as well as receipt of COVID and flu vaccines. The value of these contributed nonfinancial assets are not reflected in the financial statements because it is not susceptible to objective measurement or valuation and therefore did not meet the criteria for recognition under *ASC 958.605.30-11*.

#### 9. Retirement Plan

The Clinic offers employees the opportunity for participation in a salary reduction retirement plan qualified under Internal Revenue Code Section 403(b). Under the terms of the Plan, contributions in the form of payroll deductions are invested at the direction of the Plan participant into one or more of the investment vehicles available under the Plan. The Plan is funded through elective salary deferrals by participating employees. Contributions by employees and investment earnings in the plan grow tax deferred until withdrawal, at which time they are taxed in accordance with applicable rules and regulations.

#### 10. Net Assets

#### Net Assets Without Donor Restrictions

Net assets without donor restrictions of \$1,664,786 and \$379,276 at June 30, 2021 and 2020, respectively, represents the cumulative operating surpluses of the Clinic since its inception.

#### Net Assets with Donor Restrictions

The Clinic recognizes support from net assets with donor restrictions when the restrictions imposed by the donors have been satisfied or expired. Net assets restricted by donor for time and purpose are summarized as follows at June 30:

Restricted For:	2021 202		
Capital project	\$ 1,544,850	\$	2,155,814
Behavioral Health Screening and Access Program	37,500		-
Time restricted	25,000		27,000
Total donor restricted net assets	\$ 1,607,350	\$	2,182,814

During the years ended June 30, 2021 and 2020 the Clinic received donor restricted contributions of \$1,177,500 and \$2,572,000, respectively. Net assets released from restrictions amounted to \$1,752,964 and \$389,186 during the years ended June 30, 2021 and 2020, respectively.

#### 11. Capital Campaign

As of June 30, 2021, the Clinic is in the process of renovating a new clinic at 35 Onondaga Avenue in San Francisco. The total budget for the construction costs has been estimated at \$5,000,000 and the project is being funded by donations from various sources which include individuals, foundations, governmental agencies, and corporations. Additionally, the Clinic anticipates using its \$200,000 operating reserve.

The Clinic has engaged Nibbi Bros as the general contractor and Hammel, Green and Abrahamson as the architect to renovate the facility. The total contract commitment for these two vendors amounts to \$2,838,000. As of June 30, 2021, \$1,997,434 has been expended cumulatively under this arrangement. Management anticipates the project will be completed during 2022.

## 12. PPP Loan Program Under the CARES Act

During May 2020, the Clinic applied for and received \$104,800 in a forgivable loan under the Small Business Administration Paycheck Protection Program ("PPP"). Congress established the PPP to provide relief to small businesses during the coronavirus pandemic as part of the \$2 trillion Coronavirus Aid, Relief, and Economic Security (CARES) Act, P.L. 116-136. This legislation authorized the United States Treasury Department to use the SBA's 7(a) small business lending program to fund loans of up to \$10 million per borrower that qualifying businesses could spend to cover payroll, mortgage interest, rent, and utilities.

The Clinic expended the funds for payroll, operating overhead, and other eligible costs in accordance with its agreement with the SBA. Management applied for loan forgiveness and received lender approval on March 1, 2021. As such, the forgiven loan was removed from the statements of financial position and recorded as government contributed income on the statement of activities and changes in net assets during the year ended June 30, 2021.

#### 13. Lease Commitments

The Clinic leases its clinic under a multi-year operating lease agreement expiring July 31, 2022. The clinic lease provides for a rental payment of \$6,075 per month as of June 30, 2021. The Clinic is also obligated under a lease agreement for its new clinic facility at 35 Onondaga Avenue expiring July 31, 2033. Lease payment for this facility will begin once renovation is complete, estimated to be in 2022.

The Clinic also leases its copier under an equipment lease agreement requiring a monthly payment of \$420. This lease has commitment periods running through April 30, 2025.

In February 2016, the FASB issued ASU 2016-02, Leases (Topic 842) – Accounting for Leases. This ASU increases transparency and comparability among organizations by recognizing lease assets and liabilities on the balance sheet and disclosing key information about leasing arrangements. The ASU is effective for fiscal years beginning after December 15, 2021, and early adoption is permitted. In transition, lessees and lessors are required to recognize and measure leases at the beginning of the earliest period presented using a modified retrospective approach. The modified retrospective approach includes a number of optional practical expedients that entities may elect to apply. The Clinic is currently assessing the impact that adoption of this ASU will have on its financial statements.

As of June 30, 2021, minimum annual payments on all operating leases for the next five years with written agreements extending beyond one year are as follows: Amounts due during: (1) Year ending June 30, 2022: \$57,865; (2) Year ending June 30, 2023: \$52,850; (3) Year ending June 30, 2024: \$54,738; (4) Year ending June 30, 2025: \$56,382; (5) Year ending June 30, 2026: \$54,792; and (6) thereafter \$403,919. Total occupancy expense (including rent, utilities, and janitorial services) amounted to \$85,713 and \$86,297 for the years ended June 30, 2021 and 2020, respectively.



## 14. COVID-19

As a result of COVID-19 and its variants, the worldwide threat continues to (a) impact financial markets, (b) threaten revenue streams, and (c) impact private enterprises with which the Clinic conducts business. Business continuity, including supply chains and consumer demand across a broad range of industries and countries, continues to present challenges. Management continues to monitor and evaluate its options. These financial statements reflect certain economic ramifications which impacted the years ended June 30, 2021 and 2020.

#### 15. Commitments and Contingencies

In the normal course of business there are outstanding various commitments and contingent liabilities, such as commitments to enter into contracts and future funding agreements, which are not reflected in the financial statements. Such commitments and contingencies also include risks associated with various economic and operating factors, which include (a) Grant restrictions and donor conditions which obligate the Clinic to fulfill certain requirements as set forth in grant instruments, (b) Funding levels which vary based on factors beyond the Clinic control, such as generosity of donors and general economic conditions, (c) Employment and service agreements with key management personnel, including executive officers of the organization, and (d) Financial risks associated with funds on deposit in accounts at financial institutions. Management believes that such commitments, contingencies and risks will not have a material adverse effect on the financial statements.

#### 16. Subsequent Events

In compliance with *ASC 855, Subsequent Events*, the Clinic has evaluated subsequent events through April 21, 2022, the date the financial statements were available to be issued and, in the opinion of management, there are no subsequent events which are required to be disclosed.