



**Board Meeting
November 18, 2021
6:30 PM**

Teleconference Via Zoom

<https://us02web.zoom.us/j/81855837753>

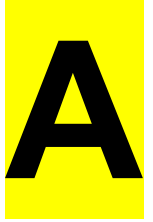
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AGENDA

- | | |
|---|-------------|
| 1. CALL TO ORDER AND ROLL CALL – Vice Chair Galligan | TABS |
| 2. MISSION MOMENT – Dr. Bonnie Jue | |
| 3. PUBLIC COMMENTS | |
| 4. APPROVAL OF SEPTEMBER 16 TH AND OCTOBER 2 ND BOARD MINUTES – Vice Chair Galligan | A |
| 5. REPORTS | |
| A. CEO Report – CEO Fecher | B |
| B. CFO Report – CFO Fama | |
| C. Fundraising Report – Maura LeBaron-Hsieh | C |
| D. Outreach Report– Dr. Bonnie Jue | D |
| E. Board Nomination Committee – Director Young | |
| F. Unaudited Financials – Tina Wang | E |
| 6. NEW BUSINESS | |
| A. Sonrisas Patient Demographics – Elijah Barnard | |
| B. Sonrisas Vision ACTION Requested – CEO Fecher | |
| C. Strategic Planning Process ACTION Requested – CEO Fecher | |
| D. Diversity/Equity/Inclusion Board Survey – Elijah Barnard | |
| E. December Board Meeting ACTION Requested- Vice Chair Galligan | |
| 7. OLD BUSINESS | |
| A. HMB Renovations Update – CEO Fecher | |
| B. FQHC Contract Update – CEO Fecher | |
| C. Farmworker Contract – CEO Fecher | |
| 8. SUGGESTED AGENDA ITEMS FOR NEXT MEETING – Vice Chair Galligan | |
| 9. ADJOURN | |





Board Meeting

September 16, 2021

6:30 PM

Teleconference Via Zoom

Minutes

1. **CALL TO ORDER AND ROLL CALL – Chair Taverner** called the meeting to order at **6:50pm**.
 - **Present:** Board Chair Nigel Taverner, Vice Chair Helen Galligan, CFO Cheryl Fama, Board Members: Larry Cappel, Larissa Cutler, Clyde Hinshelwood, Steve Stielstra, Sheryl Young.
 - **Also Present:** CEO Tracey Fecher, Executive Assistant Elijah Barnard.
 - **Absent:** Rick Navarro
2. **MISSION MOMENT – Chair Taverner** recently attended an event held by Ayudando Latinos a Soñar (ALAS). At the event, he talked to the CEO of ALAS, Belinda Hernandez Arriaga, about ALAS wanting to partner with SDH further to provide dental services to ALAS clients in Half Moon Bay (in addition to the Pescadero focused Farmworkers Program). Another example of Sonrisas' reputation in the community as a safe space for immigrant families and individuals continues to grow, bringing new opportunities for partnerships.
3. **PUBLIC COMMENTS** – No public in attendance.
4. **REPORT OUT FROM CLOSED SESSION ON SEPTEMBER 16TH** – The board unanimously congratulates CEO Fecher on a successful year and they expressed their appreciation of her leadership.
5. **APPROVAL OF JULY 15TH AND SEPTEMBER 9TH BOARD MINUTES**
 - **Director Cappel** motioned to approve the minutes for the board meeting on July 15th, 2021. The motion was seconded by **Director Young** and approved by roll call. Ayes: **Nigel Taverner, Helen Galligan, Clyde Hinshelwood, Larry Cappel, Larissa Cutler, Cheryl Fama, Sheryl Young**. Abstained: **Steve Stielstra**
 - **Director Fama** motioned to approve the minutes for the special meeting on September 9th, 2021. The motion was seconded by **Director Hinshelwood** and approved by roll call. Ayes: **Nigel Taverner, Helen Galligan, Clyde Hinshelwood, Larissa Cutler, Cheryl Fama**. Abstained: **Sheryl Young, Larry Cappel, Steve Stielstra**
6. **REPORTS**
 - **CEO Report – Director Hinshelwood** asked for an update of Sonrisas' last cybersecurity meeting which he was unable to attend. At the meeting, Sonrisas' IT consultant, Steve Almes, debriefed the team on new cybersecurity threats. All emails from Open Dental are encrypted, and a new software to help prevent phishing is being tested. Steve is in the process of creating a run book for restoration processes and procedures.



- **CFO Report – CFO Fama** reported that Sonrisas has closed an unprecedented year, with a total of 11,000 visits, 70% of which were individuals and families with no or low income. SDH’s net income was \$803K over budget. Sonrisas has kept its indirect and direct costs down. The organization was one visit short of meeting budget, but was ahead of prior years. **CFO Fama** commended CEO Fecher and her team for their hard work and commitment to providing quality care to patients with dignity.
- **Fundraising Report – Chair Taverner** noted that Sonrisas has been awarded \$293K in the past two months which is 48% of Sonrisas’ fundraising budget for FY21-22. He highlighted the new grant award from Delta Dental for \$100K. **Director Hinshelwood** encouraged board members to buy their ticket for the Cooking for a Cause event on October 22nd.
- **Board Nomination Committee** – Sonrisas has expanded the board of directors from seven members to nine members, in accordance with the bylaws. The committee has a pipeline for new board members if seats become available or on an advisory board basis.
- **Outreach Report** – Made possible by the Delta Dental grant, the outreach team will explore expanding outreach to older adults. Sequoia Healthcare District will help the outreach team develop their virtual education video library. **Director Hinshelwood** recommended inviting board members—especially new board members—to any upcoming school screenings. **CEO Fecher** will keep board members informed on those dates.
- **Unaudited Financials for July ’21 – CFO Fama** highlighted that Sonrisas has been awarded \$365K in grants. \$55K is from Sequoia Healthcare District and \$110K was released from restricted funding to help with the capital improvement at SDH’s two centers. **Chair Taverner** highlighted that Sonrisas losses are currently \$114 per patient visit, compared with \$141 per patient visit last year.

7. NEW BUSINESS

- **Board Retreat** – Sonrisas will hold its annual board retreat on –Saturday October 2nd, 2021. CEO Fecher has secured a facilitator for the meeting. The retreat will have two main sessions that will focus on the following: the role of board and governance responsibility, the Brown Act and its implications for board business and liability, and the vision of the board for Sonrisas to direct sustainable growth for the next three years.
 - **Agenda and Logistics—Chair Taverner** asked whether board members are comfortable with this retreat being in-person. Most members commented that they were comfortable assuming every person was vaccinated. CEO Fecher and Mx. Barnard will confirm vaccination status with board members prior to the event. **CFO Fama** requested that there be a conference call/ Zoom option to attend the event remotely. Mx. Barnard will figure out a solution so that board members can attend remotely.
 - **Retreat Pre-Materials—CEO Fecher** presented the Sonrisas baseline financial projection for the next five years and the financial impact of various growth scenarios (please see slide pg. 2-4). This information will be provided to board members prior to the board retreat for discussion.



- **Board Annual Calendar** – The board will be using an annual calendar to schedule meetings and provide advance notice of specific topics for the board. **Chair Taverner** invited feedback on the draft calendar from board members.
 - **Children’s Health Initiative (CHI) Grant for Operatory Build Out** – Sonrisas received this grant with \$85K cash up front and an agreement to receive an additional \$10K if 400 new pediatric patients are seen in the first 12 months and another \$10K if Sonrisas sees a total of 600 over the second year. The cost to build out the last operatory room at the San Mateo center is \$77K. **CEO Fecher** requested that the board approve an additional \$77K in unbudgeted capital funds to build out the operatory.
 - **Director Cappel** motioned to accept the grant from CHI of \$85K, with the understanding that once received, \$77K will be used to build out an additional operatory. The motion was seconded by **Director Hinshelwood** and approved by roll call. Ayes: **Nigel Taverner, Helen Galligan, Clyde Hinshelwood, Larissa Cutler, Cheryl Fama, Sheryl Young, Larry Cappel, Steve Stielstra.**
 - **Delta Dental Grant for Senior Dental Care** – This grant includes funding for staffing. **CEO Fecher** requested that Sonrisas use the Delta Dental grant to add two additional partial FTEs: .2 expansions of the Community Engagement Director’s FTE and .4 for an outreach coordinator, totaling \$52K. The goal of this planning stage of the grant is to conduct a community needs assessment for senior dental services. **Director Hinshelwood** asked that the Board be provided with a written cost/income estimate in advance of such funding requests.
 - **Director Cappel** motioned to provide the additional staffing needed for the grant deliverable up to the amount of the grant funds received. The motion was seconded by **Chair Taverner** and approved by roll call. Ayes: **Nigel Taverner, Helen Galligan, Clyde Hinshelwood, Larissa Cutler, Cheryl Fama, Sheryl Young, Larry Cappel, Steve Stielstra.**
8. OLD BUSINESS
- **HMB Lease and Renovations Update** – Sonrisas will be signing the new lease with the property manager – three years with an option to renew for another three. The new HVAC will be installed in mid-October. The renovations will take place starting the week of Thanksgiving, through the end of December. During this time, Half Moon Bay patients will be rescheduled at the San Mateo center.
 - **FQHC Contract Update** – No Update.
9. **SUGGESTED AGENDA ITEMS FOR NEXT MEETING** – No Suggested Items.
10. Meeting was adjourned at **8:29pm**.



Sonrisas Board of Directors Retreat

October 2, 2021, 10:00am - 4:00pm

Oceano Hotel and Spa

MINUTES

1. **Roll Call and Call to Order—Chair Taverner** called the meeting to order at **10:04am**.

- **Present:** Board Chair Nigel Taverner, Vice Chair Helen Galligan, CFO Cheryl Fama, Board Members: Larissa Cutler, Clyde Hinshelwood, Steve Stielstra.
- **Also Present:** CEO Tracey Fecher, Dental Director Torrey Rothstein, Executive Assistant Elijah Barnard, Gary Kalbach, Eric Ryan.
- **Absent:** Larry Cappel, Sheryl Young, Rick Navarro

2. **Public Comments—No Public in Attendance**

3. **Board Governance Discussion**

The Brown Act—Gary Kalbach gave a brief overview of this act, passed in the 1950's. He suggested that the summary provided gave a very good overview of the act's requirements. In response to questions, we established:

- No gatherings of board members which make up a quorum (i.e. a majority in our case) to discuss Sonrisas matters without Notice and Agendas
- No Board members may communicate directly to a quorum of members, not even serially
- Board members may not use staff to communicate to Board members, even asking for feedback
- Social gatherings of board members are allowed but board members are not allowed to talk about business related to Sonrisas
- Standing committees which have board members as participants must have notice and agendas; ad hoc or task force meetings without a quorum do not have such requirements
- Sonrisas should include Brown Act instructions in the board briefing pack to new members
- Sonrisas should have a repository of Brown Act guidance which is kept up to date.

ACTION POINT: To review our existing Board Briefing pack and other guidance and set up a suitable repository with access provided to Board members and relevant staff.

- **Board Role and Responsibilities**—The board's discussion revolved around the preferred balance between board and staff on developing strategy, key initiatives and monitoring of key activities. The duty of the board in terms of governance were accepted. The board looked at the matrix of topics and roles provided but did not examine in detail. Specific comments included:
 - Staff should feel empowered
 - Sonrisas has hired competent people, so the board does not need to micro-manage
 - The organization has been through a major disruption in 2017, two years of survival and a pandemic. Now we have confidence in the team so we should let them get on with it
 - The board would like information needed for decisions well in advance rather than just before or during the meeting
 - Reports to the board should be in relation to the strategic vision



- Mix of discussion at board meetings should aim for 10% operations and 90% strategy. It is the duty of the board chair and CEO to manage the mix of agenda items.

IN SUMMARY: The board should, in addition to governance, focus on setting the vision for Sonrisas, the strategy and initiatives for delivering that vision including major projects. Developing the strategy and initiatives should be jointly with the CEO (and staff) with ideas being brought to the board and ideas being generated by the board.

ACTION POINTS: Relevant information to be provided in plenty of time; reports to the board to be in the context of the strategy and initiatives. Board chair and CEO to review agendas to ensure the correct mix of time spent on operations vs strategic items at the board meetings.

4. **Presentation: Successes and Challenges of the Last Twelve Months Discussion**

- **CEO Fecher** reviewed the topics from the last board retreat and corresponding action items completed. These include working with a DEI consultant, regularly meeting to determine and proactively address Sonrisas cybersecurity risks and receiving aid through the CARES Act. Since the last board retreat, the board determined that Sonrisas is not yet ready for a capital campaign and will focus on building a major donor program so that the organization can be prepared for any future capital campaign opportunities.
 - Sonrisas' team is planning on 14,000-15,000 visits with the payer mix being 70% Access to Care. The clinics are at full visit capacity from 8-5, Monday to Friday, with limited opportunity for additional visits at the current clinic locations, days, and hours. Sonrisas could provide additional access to dental care with a newer, larger HMB clinic and/or new clinic locations, if an opportunity is a good fit. In Sonrisas' outreach programs, Dr. Bonnie Jue and her team is planning on screening 800 children. She will also pilot a senior dental program with community input and 50 visits.
 - Sonrisas has a strong cash position, due to Covid relief funding and continued support from grants and individual donors. CEO Fecher is working with the leadership team to improve Sonrisas' key performance indicators and dashboards. Fundraising goals this year include establishing a major donor program and a fundraising strategic plan. Both clinics have undergone significant capital improvements to maximize space and keep equipment up to date.
 - **CEO Fecher** presented the following three questions for the board consideration:
 - Should Sonrisas expand through more clinics?
 - What should the organization's target patient mix be?
 - To what level should Sonrisas rely on Healthcare Districts' support?
5. Board members discussed the position of the board on the growth of Sonrisas Dental Health.
- **Director Galligan** expressed that some Peninsula Health Care District residents still need access to dental care and that Sonrisas should focus on those residents before exploring other expansion opportunities.
 - **CFO Fama** advised caution when considering new clinics and asked whether Sonrisas is doing everything to maximize the utility of existing facilities. She expressed that she loves Sonrisas' current business model but is curious whether it is the best model. She also recommended considering the things that are shifting in San Mateo County and how Sonrisas would be positioned to participate in those opportunities. For example, Health Plan of San Mateo is now merging its adult dental program with their medical program.
 - **Director Stielstra** suggested that the strategy of the organization should inform the vision, instead of the other way around.
 - **CFO Fama** asked the board to discuss the language of Sonrisas' mission, specifically, who is included in the mission to "increase access to care in our community." The board then reviewed Sonrisas' mission



statement. The board and staff at the retreat agreed that Sonrisas' mission is to provide access to dental care to all populations who do not have access, not just those with limited income. For example, seniors and individuals with special needs struggle to find dental care in San Mateo County.

- **CFO Fama** asked if the board wants to provide more access though expanding Sonrisas' facilities around the county? **Director Stielstra** suggested that if there is a need in the community, Sonrisas' fundamental mission is to expand and meet that need and it should be done with fiscal responsibility.
- **Director Hinshelwood** asked whether following the measurable outcomes from the Strategic Oral Health Plan of San Mateo County could guide the populations Sonrisas focuses on providing access to dental care. **Vice Chair Galligan** commented that the Peninsula Health Care District is not a department of San Mateo County government services and serves the interest of all residents in its district, not just low-income children and adults. The district's priority is any resident that does not have a dental home.
- **Director Cutler** asked for information on who Sonrisas is currently serving. **Mx. Barnard** and **CEO Fecher** will prepare and present a full demographic data report at the November regular board meeting. The board discussed Sonrisas' current brand awareness, agreeing that the organization's visibility in the community is low. **CEO Fecher** commented that Sonrisas' marketing strategy was in its adolescence.
- **Chair Taverner** asked Dr. Rothstein, whether the board was on the right track, based on his experience during his tenure at Sonrisas. Dr. Rothstein acknowledged that the original mission of Sonrisas was to serve low-income individuals, who could not find care elsewhere, such as undocumented immigrants and farmworkers. Many staff have joined Sonrisas, under the impression that Sonrisas served mostly low and no-income individuals. He recommended that staff are brought up to speed on how this mission has shifted. **CEO Fecher** commented that the thing that makes Sonrisas unique is that the organization can do things that other private practices cannot. **Director Hinshelwood** added that "access to care" is more than just income. **Director Stielstra** recommended that whatever comes out of the board retreat should be clearly communicate to the staff. **Dr. Rothstein** recommended finding a way to measure the success of the efforts to expand Sonrisas' mission and to remove barriers to access to care.

[BREAK 2:01-2:20 PM]

- Following feedback from Mx. Barnard and Dr. Rothstein, Mr. Ryan suggested that Sonrisas' staff take some time to discuss Sonrisas' mission and values, with the goal of bringing clarity around who the organization serves.

IN SUMMARY: Sonrisas has a clear mission and is currently serving those identified in the mission. The board is aligned on this and that there is still a high need in San Mateo County for access to dental care for various underserved groups, which means that if Sonrisas can grow sustainably it should do so to provide additional access to care. The key questions for consideration are: Which underserved groups should Sonrisas focus on? What is the appropriate patient payer mix, consistent with the mission of the organization? With an overall commitment to increasing capacity, how shall the board address Sonrisas next steps and core strategy?

6. Clarifying the Board's Long-term Vision

- **CEO Fecher** presented to the board a vision for clinic services and what potential two growth opportunities could add in capacity. The patient mix may well be different for each clinic location. Possible barriers to clinic growth include availability of resources to assess expansion opportunities, the growth of leadership within the organization, and the fundraising to support this expansion year over year.



- In Outreach, the Sonrisas team believes they will be able to grow to provide 2,000 grant-funded oral health and education screenings per year by FY 25. Dr. Bonnie Jue envisions building a Senior Dental program through on-site dental visits and education for seniors, and their families and caretakers. Potential barriers to this vision for outreach include staffing, availability of long-term grants to support growth, and the future of senior dental insurance benefits.
 - **CFO Fama** commented that there is enthusiasm for school screenings from the Oral Health Coalition but there are some logistics to be worked out. Speaking to the Senior Dental Program, she recommended starting to build relationships with senior facilities so that Sonrisas is ready when there is funding available. She added that Sonrisas should continue to look for new partnerships with other organizations, such as the San Mateo Pride Center.
 - **Director Stielstra** asked whether Sonrisas currently tracks its Outreach data. **Mx. Barnard** will send the FY20-21 report to Director Stielstra and Director Cutler.
- The primary focus for Sonrisas' staffing vision is to maintain and replicate Sonrisas' culture. To support this, the leadership team has explored ways for both clinical and administrative staff to develop professionally. Human Resources continues to be an area of needed growth for Sonrisas and will need additional maturation over the next 1-3 years. Meaningful team building often comes at the expense of the clinical visits and Sonrisas is challenged to balance the two. Adding new clinics could grow the Sonrisas staff by 15 FTE in the next 3-5 years. Staffing barriers include hiring clinical staff and replicating Sonrisas' patient-first culture with continued visit volume, administrative and other efficiencies.
 - **Director Stielstra** commented that investment in staff in form of team-building and professional development is essential to the organization.
 - **Director Hinshelwood** recommended that the leadership team address staff satisfaction as a fundamental matter, so that as Sonrisas adds more staff, it does not generate issues.
 - **CFO Fama** asked what role the board plays in staff issues and team building. **Chair Taverner and Vice Chair Galligan** responded that it is the CEO's role to present the vision and ask for direction from the board. **CEO Fecher** commented that she is sharing the staffing vision to inform the board that investment in Sonrisas' culture will be required with current year planned growth and any additional growth planned.
 - **Director Stielstra** asked whether there are words that describe Sonrisas culture. Sonrisas core values were created in 2020, but this list needs to be brought to the board for input. **CEO Fecher** commented that the team needs to look at ways to embed these core values in the things they do things. **Director Hinshelwood** recommended making these core values part of the performance review process.
- The vision for Sonrisas' Board of Directors is moving from an operational board to one focused on strategic planning, fundraising, committee work, building community awareness of the organization, and fiscal and strategic oversight. Some barriers for this vision are growing the board for fundraising, working within the Brown Act, and participation on board committees. There was discussion about expanding committees to include community members.
 - **Mr. Ryan** asked whether the board has discussed expanding the board and its demographic representation further. Sonrisas' board has increased from 7 to 9 members. Sonrisas is considering another increase from 9 to 11 board members in the next 2-3 years. **Mr. Ryan** suggested exploring other models, such as adding an auxiliary board.
 - **CFO Fama** asked how many standing committees Sonrisas has. **CEO Fecher** responded that Sonrisas only has ad hoc committees. **CFO Fama** suggested exploring the possibility of having a community



advisory board that could be occupied by people from partner organizations, patients, representatives from the county, in addition to the governance board

- Sonrisas' fundraising vision through FY25 focuses on growth in individual donations, including the launch of a Major Donor Program. Event revenue has the capacity to increase, with two annual major events and several smaller donor cultivation events. Sonrisas' goal is to have less reliance on funding from Peninsula Health Care District and a deeper relationship with Sequoia Healthcare District. The team anticipates a minimal increase in grant funding. **CEO Fecher** mentioned a capital campaign will be launched if warranted.
 - **CFO Fama** suggested that the development team also include a vision for funding from other partner entities like San Mateo County.
 - Several board members echoed that they would like any growth plans to take fiscal sustainability into consideration as well as the shifts that will take place in San Mateo County. They would like to see growth plans and the decisions that would need to be made to get there. They also agreed that they would like a report on who Sonrisas is currently serving to help guide Sonrisas' future patient mix.

7. Debrief and Next Steps:

- The group reviewed the action items from the day. See below for list of action items from the retreat.
- Next Step is to clarify the Vision for the Board's input

The Meeting was adjourned at **4:10pm**.

DRAFT Vision and Decision Points Made by Board During Retreat

Sonrisas Dental Health's vision is to be a growing community partner which, building on its current success, is actively looking to expand the dental health services and education currently provided to San Mateo County residents, who are currently unable to access this essential healthcare service.

This based on the conclusions reached at the retreat:

1. Access to care is not just determined by income but by other factors as well including ability, gender, race, age.
2. Sonrisas is ready for growing its mission to increase access to care for all in the San Mateo County community.
3. Sonrisas' culture is important to preserve amidst growth and the impact of Covid-19.
4. Sonrisas needs to set sustainable goals and priorities.



Action Items from Sonrisas Board Retreat

5. Elijah: Create a practical document (checklist?) that summarizes the implications of the Brown Act for the board and any standing committees. (Cheryl Fama and Gary Kalbach can provide a review of the document.)
6. Elijah: Create a virtual repository for these and other important documents for the Board.
7. Tracey/Elijah: Board members would like to receive board meeting materials, especially supplemental data on action items sooner than they are currently getting them. (Tracey is working with Tina to get financials earlier. Goal is to have packet to board members on the Friday before a board meeting.)
8. Tracey: Clyde will set up a meeting among Maura, Tracey, himself, and John Ettinger to cultivate a fundraising relationship.
9. Tracey/Elijah: Elijah and Tracey will provide a full demographic report to the board.
10. Elijah: Elijah will send FY 20-21 Outreach Outcomes Report to Steve and Larissa
11. Tracey: Explore possibility of expanding hours at both clinics to allow for more visit volume without a new brick and mortar clinic
12. Tracey: Discuss access to dental care with Leadership team and come back to board with feedback on the following questions:
 - a. Do we receive referrals from dentists when they can't serve a patient? (for example: special needs, wheelchair)
 - b. What are the barriers to dental care in San Mateo County?
 - i. Anything missing?: Seniors, Pediatric, Hospital Dentistry for children and adults, Public Dental Insurance, Undocumented/Uninsured, Language, Special Needs, Pregnant women, Adults in Skilled Nursing Facilities (Institutionalized adults),
 - ii. Helen mentioned PHCD residents who don't have a dental home who've just moved into the area.



- c. Do we need to do an awareness campaign with dentists in San Mateo County? A general marketing/brand awareness campaign would be helpful. Why more visibility when we have a waitlist?
- 13. Dr. Torrey/Tracey: Train Sonrisas' staff to understand our mission and who we serve.
- 14. Tracey/Board of Directors: How do we define success in providing access to care before we choose to grow?
- 15. Tracey/Elijah: Present Sonrisas' values to board of directors to get feedback and input.
- 16. Tracey: Define deficits in staffing/training/teamwork and what is needed.
- 17. Board Nominating Committee: Consider increasing board to 11 seats by 2023





DATE: November 11, 2021

TO: SDH Board of Directors

FROM: Tracey Fecher, CEO

RE: CEO Report

1. Clinic Operations:

- Both clinics are focused on booking appointments for patients who need treatment and those with emergencies through December 31st. There is a high demand for appointments from current patients as they try to schedule treatment before the end of the calendar year to use their dental insurance benefits. The team will evaluate taking new patients in January, after the on-boarding of a newly hired dental assistant and the dental assistant on family leave returns.
- The team is pleased to have rehired a former care coordinator, who worked in the clinic when needed, as a fulltime dental assistant. We are continuing to recruit dental assistants to ensure the clinical team has the support needed.
- While one of the dentists is on maternity leave, Dr. Brian Lee, who was the dental resident in HMB last year, will join the team to add much needed patient appointments. He will begin seeing primarily Medi-Cal patients.
- The net patient revenue for the first quarter is down 5% while the number of visits at both clinics is up 1.6%. The budget was created with average visit revenue numbers from a time when patients were returning to the dentist after the shutdown. As patients are back to recall appointments, those higher revenue procedures are not being done at the same rate. Also, while the visit volume for the first quarter is higher than budget, there were 160 more visits than budget at HMB and 100 less visits than budget in San Mateo. The average net revenue per patient in HMB is \$70 lower per visit than in San Mateo. The expenses for direct care is down in the first quarter, which offsets the lower net patient revenue. The team is working on a plan to rectify the net patient income trend.

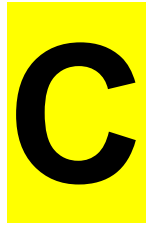
2. FQHC Contract Update:

- SMMC software systems (x-ray, patient registration and electronic health records) are working on Sonrisas computers over the VPN. There are still some issues that are being worked through and the clinical team is being trained on the new computer setup. We hope to be fully using Sonrisas computers to access SMMC systems by January.

3. Farmworkers:

- The Sonrisas clinical team, in particular Dr. Torrey, Pam Bertin and Marleen Rodriguez, have been working very hard, including during power outages, using a generator and phone hot spots, to treat farmworker patients on-site at Puente. The working relationship with Puente and SMMC is excellent.

- To date, the Sonrisas team has treated 23 unique farmworker patients and there are 39 farmworkers on the SMMC/Puente waitlist. SMMC expects that the partnership will have seen all of the waitlist patients by the end of the contract in April 2022.
4. Half Moon Bay Clinic Refresh:
- The HVAC is fully functioning in the HMB clinic, including the air conditioning feature. The staff reports using the A/C regularly. We have received payment from the landlord for \$10,000 for the completion of the leaseholder improvement.
 - The full clinic refresh is scheduled to begin on November 22nd.
5. Financial Updates:
- The team applied for a CARES Act Provider Phase 4 grant from Health and Human Services and has submitted the paperwork to ADP for Employee Retention Credits. After ADP reviews the paperwork, it will be submitted to the IRS. We will keep you updated as we hear about the status of these applications.
 - We will begin the process of applying for the 2nd PPP loan forgiveness in November with the goal of submitting the application in December.
 - In the Unaudited Financial Memo from Tina Wang, the board will find a second quarter cash forecast. This forecast includes October to December. She will be creating this forecast quarterly and including it in the financial memo sent in the first month of the new quarter.
 - On November 10th, 2021, Sonrisas' current cash position was \$1,693,800.





DATE: November 12, 2021
TO: SDH Board of Directors
FROM: Maura LeBaron-Hsieh, MPH, Director of Development
RE: Development Update

In October, the development team's focus was planning and holding our October 22nd Cooking for a Cause event. We also worked on pre-production for our annual Fall Giving Campaign, which begins this week with mailing of our Annual Appeal letter and will extend through the end of the calendar year with a variety of outreach to our supporters.

Please see the attached Fundraising Report for visual overview of our progress toward our annual fundraising goals.

1. Individual Donations

- As of October 31st, we have received \$33,985 in individual donations and sponsorships, on track with projected individual donor income for FY21-22.

2. Grant-seeking

- Sonrisas has been awarded \$420,022 in grants thus far this fiscal year.
- Recent awards include Kaiser Permanente's support for Sonrisas' Access to Care program.
- Sonrisas is currently in consideration for grants totaling \$361,000.

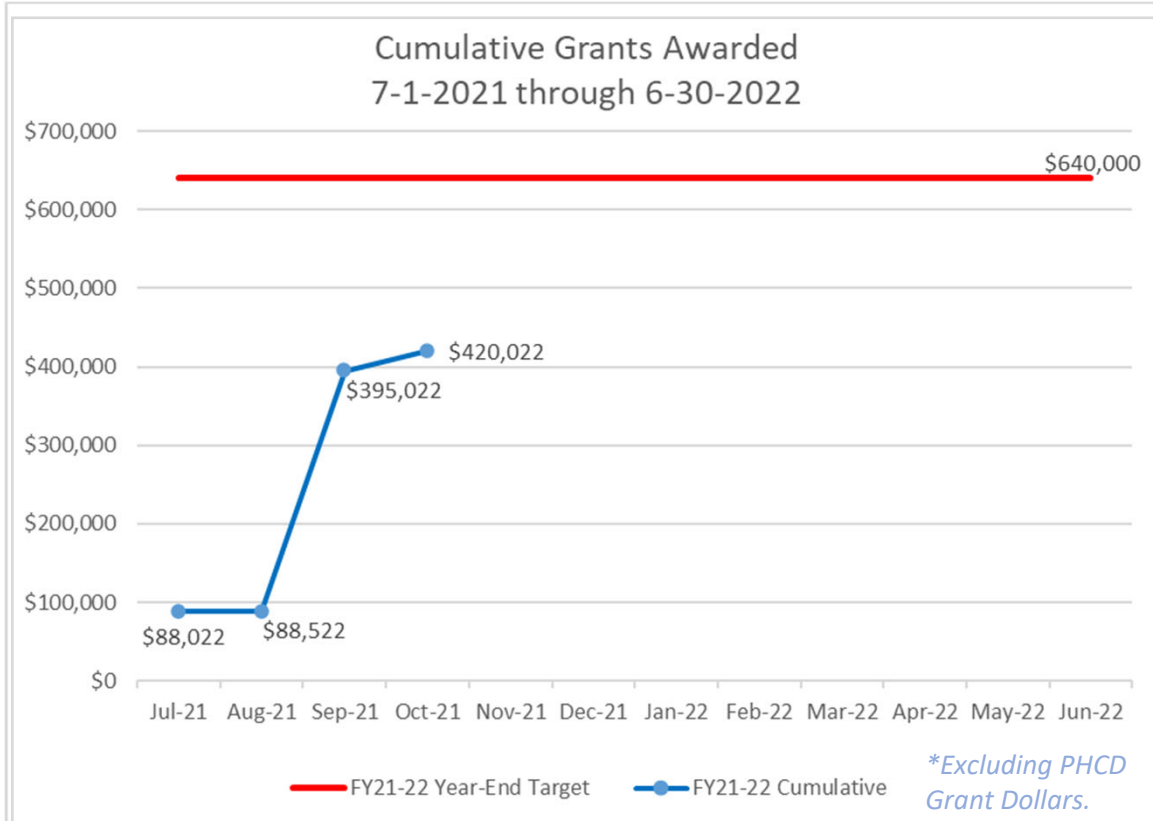
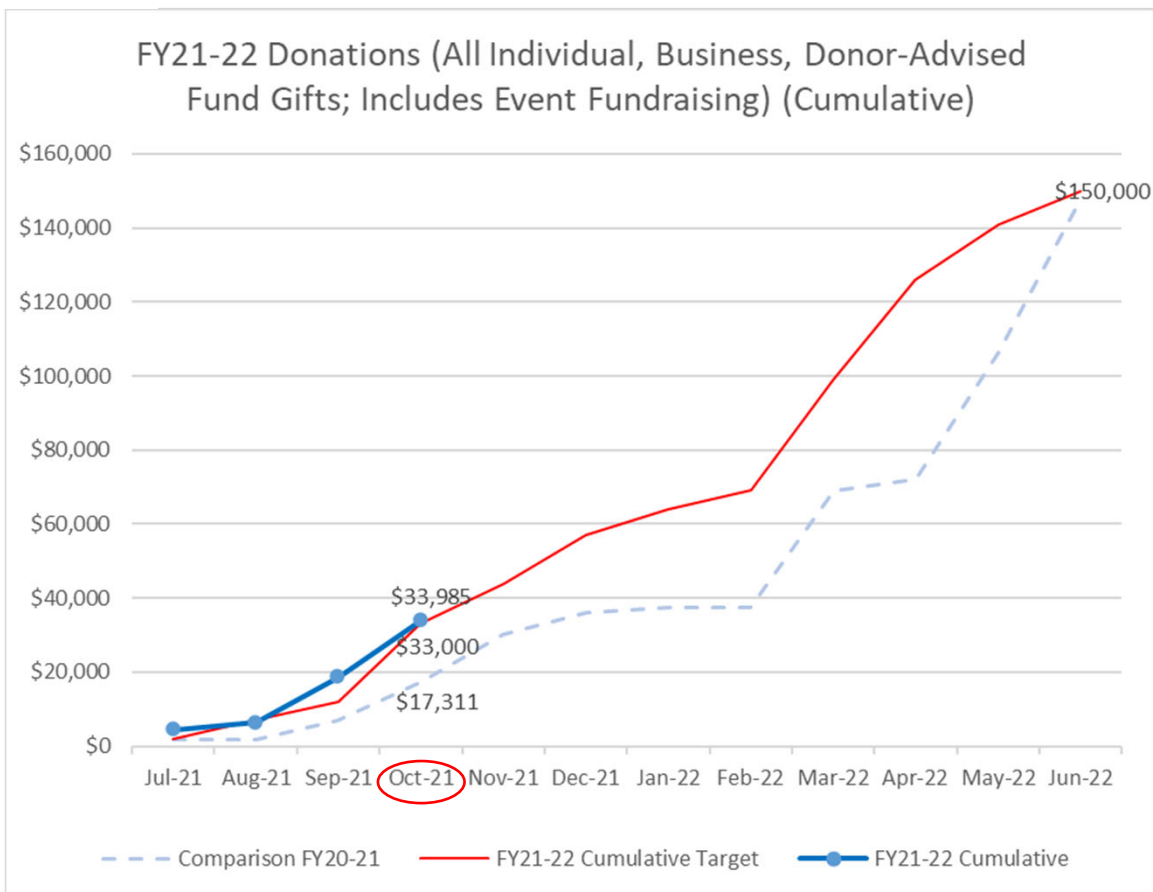
3. Events

- Approximately 150 people gathered at the Half Moon Bay Library on October 22 to enjoy the return to Sonrisas' traditional Paella Demonstration and Benefit Dinner! The event raised approximately \$15,000 directly and provided a warm opportunity to deepen our relationships with new and longtime supporters. Photos below!





SDH Fundraising Report FY21-22 Through October 31, 2021



3/1/2021 - 6/30/2022







DATE: November 11, 2021

TO: SDH Board of Directors

FROM: Bonnie Jue, DDS

RE: **Community Engagement Director Report – November 2021**

Sonrisas Dental Health's (SDH) school-based dental screenings are in full swing again this fall. While rainfall is greatly appreciated, we hope for a few hours of clear skies during our screening days because they continue to be held outdoors.

School Screenings

In the last 2 months, SDH has provided free dental screenings (and some fluoride varnish applications) to 145 students at the following schools, with the help of Foothill Dental Hygiene student volunteers this semester:

- a) Belle Air Elementary (San Bruno)
- b) Alvin S. Hatch Elementary (Half Moon Bay)
- c) Peninsula Family Service:
 - a. San Mateo Early Learning Center (San Mateo)
 - b. Haven Child Development Center (Menlo Park) – Haven House is dedicated to serving children whose families reside in emergency or transitional housing through LifeMoves.

Dr. Jue has been giving presentations to school nurses and superintendents throughout the County about SDH's Community Outreach Programs with the intention of developing Memorandum of Understanding (MOU) contracts with more school districts in order to expand our school-based dental screening program.

High School Internship

Sonrisas is collaborating with Design Tech High School in Redwood City this month to provide a 2-week internship to students exploring various career options. During their time at Sonrisas, Drs. Bonnie and Laurie Jue mentored two students as they attended oral health coalition meetings, assisted in school screenings and learned some dental lab skills. They were also introduced to the administrative and business aspects of running a non-profit organization through interviews with SDH's CEO, Development Director, and Senior Accountant.

Older Adult Services

Dr. Jue was invited to present at the Commission on Aging General Meeting, which advises San Mateo County Health's Aging and Adult Services - this division serves as the Area Agency on Aging for planning, coordination, program funding, and advocacy for older adults and people with disabilities in the County. At this meeting, Dr. Jue informed local leaders and community members of SDH's oral health services available to seniors and older adults in the County, including the announcement of SDH's "Smiles for Older Adults Program" (SOAP) funded by the Delta Dental Community Care Foundation grant. This meeting also provided an opportunity to recruit community members for SOAP's advisory boards and focus groups, as well as garner interest in the mobile dental services beginning in early 2022.







DATE: September 12, 2021
TO: SDH Board of Directors
CC: Cheryl Fama, CFO
FROM: Tina Wang, Senior Accountant
RE: September Unaudited Financials and YTD Performance to Budget

September PERFORMANCE:

1. The last 1/6 of PPP loan forgiveness was recognized in September. All of the PPP revenue was fully recognized as of 09/30/2021
 2. Total of \$140K in restricted funds was released for San Mateo operatory build-out. The total cash expenditure for the build-out project was \$163K
- A. Revenue:** Net Patient Revenue was **\$195,574**
- 1,175 visits -9 visits more than budget
 - Total gross revenue was \$468,723 – \$27K less than budget
 - Total uncompensated care deductions were **(\$273,399)** – 58% of gross revenue.
- B. Total Expense:** **(\$379,012)** – \$4,984 better than budget
- Direct Expense-\$14K better than budget due to savings in personnel and overages in Dental Supplies due to increased unit prices and restocking the mobile truck for Farmworker patients. Team is analyzing dental supply spending to understand the trend.
 - Indirect Expense- \$9K less than budget because of compensation paid to fundraising consultants, which was for Year-to-date service and was within the YTD budget.
- C. Donations/Grants & Other Income: \$193,193**
- Grants and Donations - \$45,205 released from restricted grants, including \$30K released for the San Mateo build-out; \$5,005 from individual donations; \$690 for incentive checks and \$75,000 from PHCD.
 - Other income includes the balance of \$67,105 PPP loan and \$187 interest income

Net Income: \$9,754

YTD PERFORMANCE TO BUDGET: YTD net income is **\$213,494** better than budget*. Cash-flow is **\$184K** after \$163K of cash spending as of September. PHCD grant received to date is **\$225,000**.

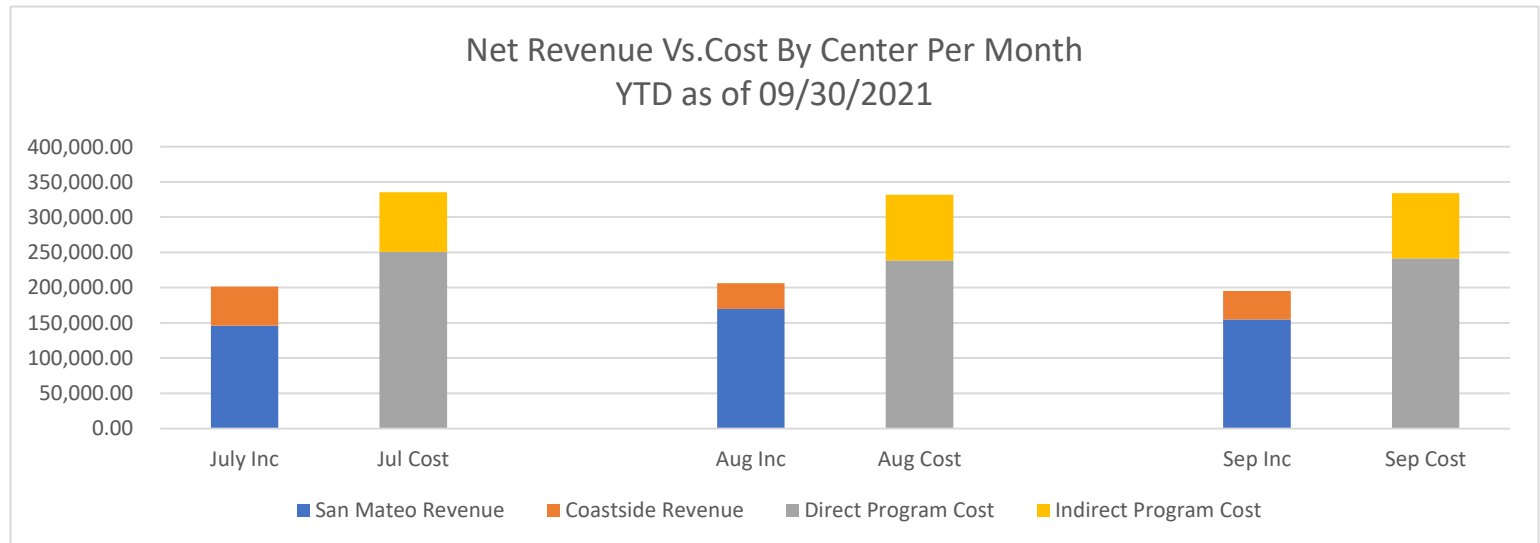
	YTD Actual	YTD Budget	Performance
<i>Visits</i>	<i>3,531</i>	<i>3,475</i>	<i>56</i>
Gross Patient Revenue	\$1,398,316	\$1,472,048	(-5%)
Uncompensated Care (Deductions)	\$(795,432)	\$(839,535)	5%
Grants/Donations/Other Income	\$790,537	\$599,041	32%
Direct Cost	\$(731,106)	\$(772,888)	5%
Indirect Cost	\$(386,019)	\$(395,863)	2%
Net Income	\$276,297	\$62,803	340%
<i>Non-cash items adj.</i>			
Depreciation	\$70,798	\$75,721	8%
Capital Expenditure	\$(162,853)	\$(136,879)	(18%)
Estimated Cash Flow	\$ 184,242	\$1,645	111%

*\$140K restricted funds were released to cover capital expenditures for San Mateo Operatory Build-Out

Cash Forecast 2nd Quarter FY 22	
Previous Cash Forecast for 9/30/21	\$ 1,565,939
Cash Balance as of 9/30/2021	\$ 1,678,444
Estimated Cash Revenue from Operating	
Patient Services	\$ 611,341
Estimated Grants Received	\$ 231,000
Estimated Donations	\$ 30,000
PHCD Grant	\$ 225,000
Total Revenue	\$ 1,097,341
Estimated Cash Expenses from Operating	
Salaries, Benefits, 401K	\$ 849,129
Dental Supplies	\$ 60,183
Lab Fees	\$ 32,296
PPE & COVID Related	\$ 16,586
Fundraising Expenses	\$ 15,993
Outreach Expenses	\$ 1,256
Other Clinic Expenses	\$ 2,000
Indirect Expenses	\$ 93,756
Total Expenses	\$ 1,071,198
Projected Cash Operating Income	\$ 26,144
Estimated Capital Spending	\$ (140,800)
Planned Social Tax Payback	\$ (42,000)
Estimated Cash as of 12/31/2021	\$ 1,521,787

Sonrisas Dental Health Operations

	Jul 21	Aug 21	Sep 21	YTD	YTD Budget	B(W)
San Mateo Revenue	146,167	169,861	154,776	470,804	530,182	(59,378)
Coastside Revenue	55,195	36,338	40,578	132,080	102,331	29,749
Total Net Revenue	201,362	206,199	195,354	602,884	632,513	(29,629)
Direct Program Cost	250,922	238,541	241,643	731,106	772,888	41,782
Indirect Program Cost	121,699	126,951	137,369	386,019	395,863	9,844
Total Cost	372,621	365,492	379,012	1,117,125	1,168,751	51,626
TOTAL	(171,259)	(159,293)	(183,658)	(514,241)	(536,238)	21,997
Dividend/Other Income	67,000	70,003	67,542	204,545	201,042	3,503
Donations Received	223,149	86,942	50,901	360,992	173,000	187,992
Grant from PHCD	75,000	75,000	75,000	225,000	225,000	-
OTHER INCOME	365,149	231,945	193,443	790,537	599,042	191,495
NET INCOME	193,890	72,652	9,785	276,297	62,804	213,493



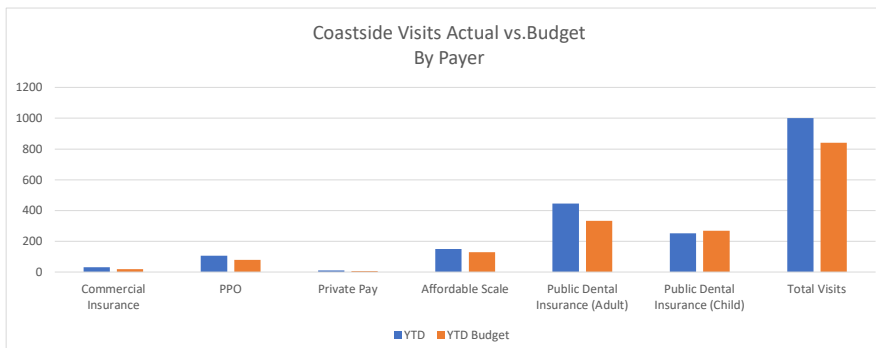
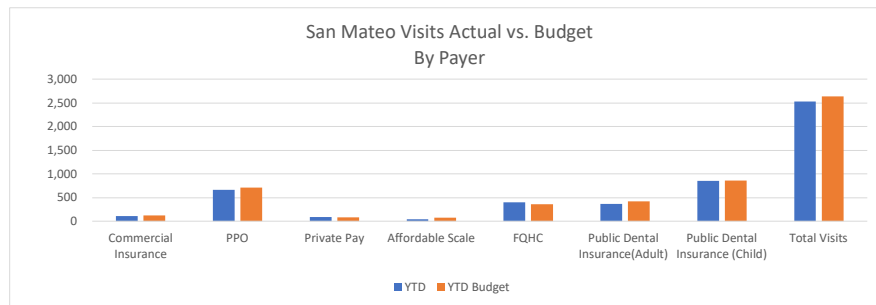
	Jul 21	Aug 21	21-Sep	YTD	Budget	Variance
San Mateo Visits	839	855	836	2,530	2635	(105)
Coastside Visits	340	322	339	1,001	840	161
Total Visits	1179	1177	1175	3,531	3,475	56

Visits by Payer -San Mateo

	21-Sep	Sept Budget	Variance	YTD	YTD Budget	Variance
Commercial Insurance	27	41	(14)	107	121	(14)
PPO	225	244	(19)	665	712	(47)
Private Pay	30	29	1	90	85	5
Affordable Scale	18	26	(8)	45	77	(32)
FQHC	139	123	16	400	360	40
Public Dental Insurance(Adult)	128	143	(15)	366	419	(53)
Public Dental Insurance (Child)	269	295	(26)	857	861	(4)
Total Visits	855	901	(65)	2,530	2,635	(105)

Visits by Payer -Coastside

	Sept 21	Budget	Variance	YTD	YTD Budget	Variance
Commercial Insurance	10	6	4	33	20	13
PPO	37	26	11	107	81	26
Private Pay	2	2	0	11	6	5
Affordable Scale	47	41	6	151	130	21
Public Dental Insurance (Adult)	147	105	42	446	334	112
Public Dental Insurance (Child)	96	85	11	253	269	(16)
Total Visits	339	265	74	1001	840	161



Avg. Income (Loss) per Visit		
YTD		
Net Revenue per Visit	\$	170.75
Direct Cost per Visit	\$	(207.05)
*Indirect Cost per Visit	\$	(76.55)
Net Income per Visit	\$	(112.86)

True Income (Loss) per Visit by Payer		
Payer	Avg. YTD	
Commercial Insurance	\$	52.79
PPO	\$	(22.11)
Public Dental Insurance	\$	(212.82)
Private Pay	\$	163.27
Affordable Scale	\$	46.41
FQHC	\$	17.81

* Indirect cost represents clinic overhead cost and excludes fundraising program cost and outreach program cost

Sonrisas Dental Health Operations FY22 VS. FY21			
	Sep 21	Spe 20	Variance B(W)
Visits	1175	811	364
San Mateo Revenue	154,776	101,872	52,904
Coastside Revenue	40,578	36,790	3,788
Total Net Revenue	195,354	138,662	56,692
Direct Program Cost	241,643	191,421	(50,222)
Indirect Program Cost	137,369	93,432	(43,937)
Total Cost	379,012	284,853	(94,159)
TOTAL	(183,658)	(146,191)	(37,467)
Dividend/Other Income	67,542	65,899	1,643
Donations Received	50,901	33,562	17,339
Grant from PHCD	75,000	0	75,000
OTHER INCOME	193,443	99,461	93,982
			0
NET INCOME	9,785	(46,730)	56,515

Sonrisas Dental Health
Revenues and Expenditures - Budget vs Actual
As of September 30, 2021

As of Date:
Location:
Restriction:

09/30/2021
Sonrisas Dental Health
Unrestricted

	Month Ending 09/30/2021				Year To Date 09/30/2021			
	Actual	2021	2022 BUDGET	Budget Diff	Actual	2021	2022 BUDGET	Budget Diff
Revenue and Expenditures								
Net Program Income								
Patient Revenue								
Patient Services								
Commercial Insurance	12,199.00	16,949.72	(4,750.72)	48,494.00	49,987.58	(1,493.58)		
PPO	102,995.88	112,801.35	(9,805.47)	283,890.40	331,679.77	(47,789.37)		
Public Dental Insurance	257,207.00	276,624.65	(19,417.65)	797,557.00	824,547.96	(26,990.96)		
Private Pay	6,026.00	9,097.28	(3,071.28)	24,485.00	26,660.22	(2,175.22)		
Affordable Scale	18,701.00	21,309.22	(2,608.22)	58,626.00	65,254.05	(6,628.05)		
FQHC	71,594.00	59,535.01	12,058.99	185,264.00	173,918.39	11,345.61		
Gross Patient Revenue	468,722.88	496,317.23	(27,594.35)	1,398,316.40	1,472,047.97	(73,731.57)		
Uncompensated Care								
Prior Period Adjustment	(3,529.69)	(3,200.00)	(329.69)	(6,929.48)	(9,600.00)	2,670.52		
Uncompensated Care - Commercial Insurance	(2,277.60)	(2,489.79)	212.19	(8,399.30)	(7,376.56)	(1,022.74)		
Uncompensated Care - PPO	(45,380.69)	(48,491.63)	3,110.94	(122,932.01)	(142,657.89)	19,725.88		
Uncompensated Care - Public Dental Insurance	(179,060.85)	(192,803.66)	13,742.81	(553,342.45)	(574,564.03)	21,221.58		
Uncompensated Care - Affordable Scale	(9,036.00)	(9,935.66)	899.66	(27,276.00)	(30,461.67)	3,185.67		
Uncompensated Care - FQHC	(31,860.00)	(23,808.05)	(8,051.95)	(70,343.00)	(69,549.96)	(793.04)		
Fee Adjustments	(2,254.38)	(1,775.00)	(479.38)	(6,173.63)	(5,325.00)	(848.63)		
Patient Account - Bad Debt Write-off	0.00	0.00	0.00	(36.11)	0.00	(36.11)		
Total Uncompensated Care	(273,399.21)	(282,503.79)	9,104.58	(795,431.98)	(839,535.11)	44,103.13		
Other Program Revenue								
Other Program Revenue	250.00	0.00	250.00	250.00	0.00	250.00		
Total Other Program Revenue	250.00	0.00	250.00	250.00	0.00	250.00		
Net Patient Revenue	195,573.67	213,813.44	(18,239.77)	603,134.42	632,512.86	(29,378.44)		
Total Expenses								
Direct Expenses								
Direct Personnel Expense								
Direct Program Salaries	181,189.86	190,492.12	9,302.26	542,937.72	571,476.36	28,538.64		
Payroll Taxes	12,535.73	13,486.85	951.12	40,072.22	40,460.55	388.33		
Unemployment Taxes	981.78	2,285.90	1,304.12	1,856.63	6,857.70	5,001.07		
Benefits	2,824.07	6,171.94	3,347.87	13,111.71	18,515.82	5,404.11		
401k Match	4,188.22	5,200.43	1,012.21	12,837.31	15,601.29	2,763.98		

Worker's Comp	829.12	662.30	(166.82)	2,487.36	1,986.90	(500.46)
Continuing Education	1,070.00	50.00	(1,020.00)	1,405.00	150.00	(1,255.00)
License and Registration	783.77	1,075.00	291.23	1,603.59	3,225.00	1,621.41
Total Direct Personnel Expense	204,402.55	219,424.54	15,021.99	616,311.54	658,273.62	41,962.08
Clinic Expenses						
Sterilization Services	756.00	756.00	0.00	2,268.00	2,268.00	0.00
Shredding	67.00	67.00	0.00	201.00	201.00	0.00
Dental Supplies	19,281.76	16,296.20	(2,985.56)	59,403.53	48,673.35	(10,730.18)
Small Dental Equipment	380.37	0.00	(380.37)	895.06	5,185.00	4,289.94
Dental Equipment Repair	1,494.44	1,036.00	(458.44)	4,127.95	3,612.00	(515.95)
Lab Fees	7,815.05	9,903.88	2,088.83	29,345.46	29,335.59	(9.87)
Uniforms	50.00	92.00	42.00	100.00	276.00	176.00
PPE& Covid Related	7,395.82	8,292.08	896.26	18,453.24	25,063.90	6,610.66
Total Clinic Expenses	37,240.44	36,443.16	(797.28)	114,794.24	114,614.84	(179.40)
Total Direct Expenses	241,642.99	255,867.70	14,224.71	731,105.78	772,888.46	41,782.68
Indirect Expenses						
Indirect Personnel Expenses						
Salaries/Wages	65,688.49	57,699.20	(7,989.29)	176,830.64	173,097.60	(3,733.04)
Payroll Taxes	5,163.68	4,085.11	(1,078.57)	13,473.02	12,255.33	(1,217.69)
Unemployment Taxes	0.00	761.63	761.63	0.00	2,284.89	2,284.89
Benefits	1,114.93	1,246.30	131.37	3,945.23	3,738.90	(206.33)
401k Match	2,565.80	1,730.98	(834.82)	7,062.17	5,192.94	(1,869.23)
Worker's Comp	352.88	519.70	166.82	1,058.64	1,559.10	500.46
Total Indirect Personnel Expenses	74,885.78	66,042.92	(8,842.86)	202,369.70	198,128.76	(4,240.94)
Facility Expenses						
Auto Expenses	92.75	110.00	17.25	278.25	330.00	51.75
Building Maintenance	726.55	899.00	172.45	2,288.25	2,797.00	508.75
Janitorial Service	2,465.00	2,260.00	(205.00)	7,395.00	6,780.00	(615.00)
Rent	3,484.00	3,600.00	116.00	10,084.00	10,500.00	416.00
Phone/Internet	1,661.92	1,833.00	171.08	5,113.13	5,499.00	385.87
Utilities	3,148.88	2,850.00	(298.88)	8,685.01	8,550.00	(135.01)
Total Facility Expenses	11,579.10	11,552.00	(27.10)	33,843.64	34,456.00	612.36
Office Expenses						
Claims Processing	144.00	411.00	267.00	485.36	1,233.00	747.64
Patient Notification	485.00	230.00	(255.00)	1,455.00	690.00	(765.00)
Office Supplies	886.37	1,000.00	113.63	1,806.43	3,000.00	1,193.57
Postage and Shipping	460.72	200.00	(260.72)	860.17	600.00	(260.17)
Printing Costs	0.00	505.00	505.00	147.99	815.00	667.01
Property Taxes	0.00	0.00	0.00	249.99	0.00	(249.99)
Dues, Fees & License	0.00	0.00	0.00	0.00	4.00	4.00
Employee Goodwill	30.12	350.85	320.73	376.49	1,172.55	796.06
Recruitment Expense	96.69	208.00	111.31	306.40	624.00	317.60
Total Office Expenses	2,102.90	2,904.85	801.95	5,687.83	8,138.55	2,450.72
Insurance						

Insurance - Auto	317.92	317.92	0.00	953.76	953.76	0.00
Insurance - Malpractice	514.33	514.33	0.00	1,542.99	1,542.99	0.00
Insurance - Liability & Property	761.68	761.67	(0.01)	2,285.04	2,285.01	(0.03)
Insurance - Directors & Officer Liability	816.25	345.50	(470.75)	1,558.60	1,036.50	(522.10)
Total Insurance	2,410.18	1,939.42	(470.76)	6,340.39	5,818.26	(522.13)
Fundraising Department						
Fundraising Expenses	447.02	682.66	235.64	1,898.81	5,016.32	3,117.51
Fundraising Consulting	11,652.75	8,507.00	(3,145.75)	20,862.75	21,927.00	1,064.25
Total Fundraising Department	12,099.77	9,189.66	(2,910.11)	22,761.56	26,943.32	4,181.76
Professional Fees						
Consultant - Professional Fees	1,650.00	2,900.00	1,250.00	14,325.00	8,700.00	(5,625.00)
Total Professional Fees	1,650.00	2,900.00	1,250.00	14,325.00	8,700.00	(5,625.00)
General						
Depreciation Expense	23,834.83	25,240.21	1,405.38	70,797.90	75,720.63	4,922.73
Marketing Expense	0.00	458.00	458.00	300.00	2,416.00	2,116.00
Meeting & Travel Expenses	0.00	339.00	339.00	0.00	603.00	603.00
Fees and Interest	959.94	1,200.00	240.06	3,060.45	3,600.00	539.55
Merchant Processing	975.28	880.00	(95.28)	3,140.15	2,640.00	(500.15)
Outreach Supplies	0.00	0.00	0.00	12.99	4,469.00	4,456.01
Training & Membership	39.00	0.00	(39.00)	776.05	1,180.00	403.95
Board Expense	1,963.19	414.00	(1,549.19)	2,021.32	1,242.00	(779.32)
Total General	27,772.24	28,531.21	758.97	80,108.86	91,870.63	11,761.77
Computer expense						
Computer Support	4,270.48	4,270.00	(0.48)	13,028.46	13,810.00	781.54
Software Support	599.00	799.00	200.00	7,553.40	7,997.00	443.60
Total Computer expense	4,869.48	5,069.00	199.52	20,581.86	21,807.00	1,225.14
Total Indirect Expenses	137,369.45	128,129.06	(9,240.39)	386,018.84	395,862.52	9,843.68
Total Total Expenses	379,012.44	383,996.76	4,984.32	1,117,124.62	1,168,750.98	51,626.36
Total Net Program Income	(183,438.77)	(170,183.32)	(13,255.45)	(513,990.20)	(536,238.12)	22,247.92
Grants and Other Income						
Grants and Donations						
Fundraiser	0.00	0.00	0.00	17,113.58	0.00	17,113.58
Donations	5,005.81	5,000.00	5.81	11,640.80	12,000.00	(359.20)
Incentives	690.00	0.00	690.00	690.00	1,000.00	(310.00)
Grants	45,205.00	53,333.00	(8,128.00)	331,547.68	159,999.00	171,548.68
PHCD Grants	75,000.00	75,000.00	0.00	225,000.00	225,000.00	0.00
Total Grants and Donations	125,900.81	133,333.00	(7,432.19)	585,992.06	397,999.00	187,993.06
Other Income						
Estimated PPP Loan Forgiveness	67,105.00	67,000.00	105.00	201,105.00	201,000.00	105.00
Interest Income	186.88	4.00	182.88	424.69	12.00	412.69
Dividends	0.00	10.00	(10.00)	7.31	30.00	(22.69)
Other Income	0.00	0.00	0.00	2,757.81	0.00	2,757.81
Total Other Income	67,291.88	67,014.00	277.88	204,294.81	201,042.00	3,252.81
Total Grants and Other Income	193,192.69	200,347.00	(7,154.31)	790,286.87	599,041.00	191,245.87

Net income

9,753.92	30,163.68	(20,409.76)	276,296.67	62,802.88	213,493.79
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Sonrisas Dental Health Balance Sheet

As of Date:

09/30/2021

Location:

Sonrisas Dental Health

Year To Date

09/30/2021

Current Year Balance

Assets

Current Assets

Cash and Cash Equivalents

11205 - Operating - Boston Private Checking	472,648.52
11211 - Boston Private-CD 1	200,059.45
11212 - Boston Private-CD 2	300,110.41
11213 - Boston Private-CD 3	500,254.83
11600 - Petty Cash	581.41

Total Cash and Cash Equivalents	1,473,654.62
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Accounts Receivable, Net	361,540.83
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Other Current Assets	36,080.65
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Total Current Assets	1,871,276.10
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Long-term Assets

Property & Equipment

17300 - Improvements	1,084,767.70
17400 - Equipment	1,203,172.53
17500 - Furniture/Fixtures	128,309.06
17600 - Vehicle	111,934.08
17999 - Accum Depreciation	(1,508,932.57)

Total Property & Equipment	1,019,250.80
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Other Long-term Assets	16,726.70
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Total Long-term Assets	1,035,977.50
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Investments

Long Term Investments

11410 - Investment Acct. - Merrill Lynch	167,247.17
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Total Long Term Investments	167,247.17
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Total Investments	167,247.17
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Total Assets

3,074,500.77

Liabilities and Net Assets

Liabilities

Short-term Liabilities

Accounts Payable

21110 - Accounts Payable	79,946.39
23100 - Patient Prepayments	25,859.40
23200 - Patient Refunds Payable	4,748.24

Total Accounts Payable	110,554.03
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Accrued Liabilities

22210 - Accrued Payroll	71,788.37
22220 - Accrued PTO	101,735.72
22250 - Accrued 401k Funds Payable	23,004.10
22260 - Accrued HSA Fund Payable	1,844.95
22320 - FSA Employee Account	1,910.41

Total Accrued Liabilities	200,283.55
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Withholding Tax Payable	
22230 - Accrued Payroll Taxes	41,421.20
Total Withholding Tax Payable	<u>41,421.20</u>
Total Short-term Liabilities	352,258.78
Long Term Liabilities	
Notes Payable - Long Term	
28000 - PPP Loan	402,210.00
28001 - Estimated PPP Loan Forgiveness	(402,210.00)
Total Long Term Notes Payable	0.00
Other Long-term Liabilities	8,439.14
Total Long Term Liabilities	<u>8,439.14</u>
Other Liabilities	83,988.56
Total Liabilities	<u>444,686.48</u>
Net Assets	<u>2,629,814.29</u>
Total Liabilities and Net Assets	<u><u>3,074,500.77</u></u>

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