

# Technology Updates for Care

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*ARPA Nonprofit Capital Project Fund - Small Purchases*

## ***Gulf Coast Dental Outreach***

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Ms. Jeannette Groeber  
450 Knights Run Ave Unit 1408  
Tampa, FL 33602-5995

jeannette@gulfcoastdentaloutreach.org  
O: 813-579-3935  
M: 859-497-1926

## ***Ms. Jeannette Groeber***

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301 S Disston Ave  
Tarpon Springs, FL 34689-4411

jeannette@gulfcoastdentaloutreach.org  
O: 813-579-3935 x105  
M: 859-497-1926

# Application Form

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## *Organization Information*

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If you would like to complete this application in Word first and copy your answers over later, use the following link: [Download Application](#)

The evaluation rubric that will be used to score your request is now available here: [Download Rubric](#)

Please pay attention to character limits while working on your draft. These limits include spaces.

### Organization Name\*

Gulf Coast Dental Outreach

### Proposal Name\*

Please choose a short name to identify this project within the grant portal:

Technology Updates for Care

### EIN\*

26-0761820

### Incorporation Year\*

What year did your organization incorporate? This will be the year listed on your determination letter from the Internal Revenue Service.

2008

### Organizational Mission Statement\*

What is your organization's mission statement? This should be no longer than one or two sentences.

Our mission is to provide low cost access to dental care through education, prevention and treatment of disease, focusing on Pinellas, Pasco and Hillsborough Counties in Florida.

### Unique Entity ID (SAM)

Please provide your organization's Unique Entity ID number. This is a specific number used by the federal government to identify your organization. **This is different from a DUNS number, which the federal government no longer uses.**

If you do not have a Unique Entity ID number, you can create an account on [SAM.gov](#) and apply for one here (it is

free and may take 3-4 days for approval): <https://sam.gov/content/home>

This field is optional as to not stop a qualifying organization from applying. **However**, a Unique Entity ID number will be required if your organization is approved for a grant. Your organization should apply for a number now if it does not yet have one.

Character Limit: 12

### Annual Operating Budget Size\*

Please provide the amount of your annual operating budget, (expenditures only) for your entire organization.

\$174,227.76

### Amount Requested\*

The maximum grant amount is \$199,999.

\$14,218.00

### Parent Non-Profit/Subsidiaries\*

If your organization has a parent non-profit that has multiple subsidiaries, will multiple subsidiaries be applying in this process?

#### Example

Better Tomorrow is the parent non-profit of three organizations. Two of those organizations want to apply in this process. Both would select "Yes" on this question.

No

## *Request Specifics*

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### Organization Programmatic Background\*

Please describe the programming your organization offers to the community and the length of time it has been doing so. What does your organization **do** and **how long** has it been doing it?

Today, Gulf Coast Dental Outreach (GCDO) serves patients on Monday and Fridays from donated space at the Tarpon Springs Health Department Dental Unit. GCDO offers comprehensive dental care to its patients, including cleanings, X-rays and exams, fillings, extractions and restorative work including dentures, partial dentures and crowns. Specialized treatment is available through a network of oral surgeons, who have agreed to see the clinic's patients at their own offices at no charge or significantly-reduced fees. Key programs include new patient recruitment, which is done quarterly through a telephone open enrollment process, periodic exams, which involve full mouth X-rays and oral examinations by volunteer dentists, oral hygiene, which involves twice-yearly cleanings by paid and volunteer dental hygienists, extractions, involving in-office work and referral to oral surgeons for more complex cases, endodontics/root canals, done by the clinic's referral specialists, occasional periodontal work, done also by referral specialists, and restoration,

including fillings, dentures, crowns and partials. The clinic offers each patient a vital health screening at each visit that informs patients of other potential health issues that may not be dental in nature.

The population served through Gulf Coast Dental Outreach consists of adults who are within 150% of the federal poverty limit, adjusted for dependents, and are uninsured or underinsured. Patients often endure dental issues until pain forces them to area emergency rooms, where they are typically given antibiotics and released. Since the basic dental issues are not addressed by the health care system, the issues return and a cycle of pain-emergency room treatment-release begins and continues unless legitimate dental intervention occurs. In an effort to combat this crisis in access to affordable dental care Gulf Coast Dental Outreach was founded 14 years ago by Dr. Robert Ettleman.

## Community Need\*

Please describe the community need that exists for your programming. If you are able to cite quantitative, local data, that will strengthen your proposal.

The nation's oral health has greatly improved since the 1960s, but not all Americans have equal access to these improvements. Some racial/ethnic and socioeconomic groups have worse oral health as a result of the social determinants of health—conditions in the places where people are born, live, learn, work, and play. For example, some groups of people:

Can't afford to pay out of pocket for dental care, do not have private or public dental insurance, or can't get time off from work to get to dental care. More people are unable to afford dental care than other types of health care. In 2015, the percentage of people in the United States with no dental insurance was 29% overall and 62% for older adults. CDC 2017

Oral health reflects the physiological, social, and psychological attributes that are essential to the quality of life. Oral health is influenced by the individuals changing experiences, perceptions, expectations, and ability to adapt to circumstances.

## Negative Economic Impact on Organization\*

**The following question is the keystone of a strong application in this process. If your organization cannot demonstrate a negative economic impact from the pandemic, your application will not qualify for committee review. If you are uncertain about what constitutes negative economic impact or how to demonstrate it, please contact PCF staff for technical assistance.**

Describe your organization's negative economic impact arising from the COVID-19 pandemic. Examples could include:

- A reduction in revenue from 2019 to 2020
- Inflationary pressures
- Increases in demand for services that have not been compensated for through new revenue
- The use of reserves for unbudgeted expenses since the onset of the pandemic, and such use of reserves has prevented the purchase of capital assets
- A need for capital assets to offset community need for which your organization does not have the resources to purchase due to the negative economic harm from the pandemic
- A need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC
- Growth in restricted pandemic-related revenue that does not permit capital asset acquisition

**You have the option to upload supporting documentation regarding negative economic impact. However, please limit your upload to no more than five pages.**

**Note: If you are applying for both a Small Purchase and Large Project, you may reuse the answer for this question PROVIDED THAT the negative economic impact is relevant to both requests. The Large Project Letter of Intent does not permit uploads to support the answer to this question.**

The last two years have been difficult times for the world as a whole, and truly a test to the dental world. Many of our volunteer Dentists had to close down their businesses for a time, as did Gulf Coast Dental Outreach. In order to maintain staff we continued to make payroll during the shut down, despite a cut in income and funding. But, the need for access to care only grew during this time, so efforts were put forth by our Board, volunteers and staff to continue with the mission. Efforts have grown to add additional days for new patients to be seen and the goal is for the clinic to be stronger than ever before. In order to meet the inflationary needs and demands in the market, salary increases to maintain dental assistant staff were necessary, causing a significant payroll increase. Necessary updates to computers and xray equipment made it necessary to use reserves to purchase small capital items that are essential for day to day operations.

## Proposal Description\*

The American Rescue Plan Act requires a request that is reasonable and proportional to the level of economic impact your organization experienced. This means the request you describe below should not be greater than the economic harm your organization has suffered.

Please describe your purchase proposal and address the following:

- What will you be purchasing with these funds?
- What is the estimated lifespan of the purchase/improvement?
- How does it address the negative economic harm you described in the previous question?

-GCDO is proposing ARPA grant funds help in the purchase of a new server :Desktop Server Replacement-\$1883.10

-Proposing the purchase of updated x-ray software and equipment: \$7000.00

- New lap top compatible with upgraded x-ray software and equipment: \$1604.94x 3

- software and tech support/installation- 519.91

## Guiding Principles - Client Impact\*

The American Rescue Plan Act, which provides the funding for this grant program, aims to ensure an equitable recovery from the COVID-19 pandemic. The term “equity” is defined as:

The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

One of the guiding principles of this fund is that it will apply a lens of equity to ensure the needs of specified

priority populations are met.

**Will this purchase benefit the community members defined above that have experienced disproportionate negative impacts from the COVID-19 pandemic? If so, how?**

Gulf Coast Dental Outreach(GCDO) guidelines provide access to dental care specifically to uninsured or underinsured adults living at or below 150% of the federal poverty level.

GCDO does not discriminate in regards to race, gender, religion, or disability when providing treatment of all individuals that meet these criteria. The majority of patients served at GCDO are individuals that have jobs in the service industry (restaurants, retail, or gig work) all experienced disproportionate negative impact from the COVID-19 shut down, creating a greater need for affordable dental treatment.

## Number Served\*

How many people will directly benefit from this capital purchase annually?

375

## Unduplicated vs. Duplicated\*

Is the number indicated above duplicated or unduplicated?

**Duplicated:** A client is counted each time they access services

**Unduplicated:** A client is counted once, regardless of the number of times they access services

**Example:** ABC Food Bank operates two mobile food pantries, one in Clearwater and one in St. Petersburg. Taylor, a Pinellas County resident, goes to both food pantries. If ABC Food Bank counts Taylor's visit TWICE, it is duplicated. If ABC Food Bank counts Taylor's visit ONCE, it is unduplicated.

Unduplicated

## Other (Explanation Required)

If you selected "Other" in the previous question, please explain how your organization determined the number of clients that will benefit from the proposed capital purchase.

**The American Rescue Plan Act (ARPA) prioritizes organizations that either have headquarters or carry out the majority of their operations inside Qualified Census Tracts (QCTs). QCTs are a standard method of identifying communities with a large proportion of low-income residents. The U.S. Department of Housing and Urban Development determines what areas qualify as QCT.**

To assess if your organization serves or is headquartered in a QCT, use the following link:

[https://www.huduser.gov/portal/sadda/sadda\\_qct.html](https://www.huduser.gov/portal/sadda/sadda_qct.html)

**In the top right-hand corner, choose the state of Florida and Pinellas County. Then on the left-hand side of the screen, click the box next to "Color QCT Qualified Tracts." The QCT zones are denoted in purple. You can also map your address by adding it into the address box at the top to see if your location is inside the zones.**

Below, please provide the location of your operations and the location of your headquarters, if different.

### Headquarters Location\*

Please provide your organization's headquarters address as it appears on your Sunbiz account. To check your Sunbiz registration, you may search here: <https://dos.myflorida.com/sunbiz/search/>  
Tarpon Springs, FL

### QCT Determination - Headquarters\*

Is this organization headquartered in a QCT?

No

## Purchase Location\*

Where will the majority of the activities related to the purchase(s) take place?

### Examples

- If you are proposing the purchase of a van that will deliver to multiple areas within Pinellas County, specifically mention what areas those are.
- If your purchase enables remote access to your services, such as telehealth, provide geographical data around where the majority of your clients reside (presuming they will access your services from their residence).

Pinellas County

## QCT Determination - Purchase\*

Does this organization's proposed purchase benefit residents of QCTs?

No

## Community Connection

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This section aims to capture general demographic data about your organization and to see how you engage with and represent the community you serve. PCF has generalized the demographic data questions more than it has in other processes because of the public nature of this process. PCF understands that identity disclosure can be a sensitive matter, and wants to respect your organization's board and staff. If your organization feels comfortable sharing more detailed demographic information, it may do so in the "Community Representation and Connection" section.

## Community Representation and Connection\*

Describe how your organization is representative of, or has authentic connections to, the community your proposal seeks to serve. You can list other community-based organizations that work on programming with you and/or list examples of your work within this community.

Physical location of the clinic is an important factor in access to care to underserved populations. Gulf Coast Dental Outreach(GCDO) clinic operates from donated space at the Tarpon Springs Health Department. This location itself provides the organization an opportunity to serve within a community providing services to the same demographic of the population that meet the GCDO criteria, therefore creating an authentic connection to the community members served. Many of the patients served at GCDO require public transportation to and from appointments, the Health Department is located near a bus stop that serves all of Pinellas County. Referrals frequently come from the Pinellas County Health Department, Jewish Family Services, and other social services organizations also serving the same demographic of citizens.



### Leadership Demographics - Board Membership\*

Do your board members consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled

BIPOC

Neurodiverse/physically disabled

### Leadership Demographics - Executive Level Leadership Team\*

Does your executive leadership team consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled

If your organization is volunteer-run and does not have an executive leadership team, please select "Not applicable."

BIPOC

LGBTQ+

Neurodiverse/physically disabled

### Leadership Demographics - CEO/Executive Director\*

Does your CEO/Executive Director consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ defined as Lesbian, Gay, Bisexual, Transgender, Queer+
- Neurodiverse/physically disabled

If your organization is volunteer-run and does not have an executive leader, please select "Not applicable."

Neurodiverse/physically disabled

## *Proposal Costs*

### Purchase Estimates/Bids\*

**You must combine all bids/estimates into one file.**

**Attach current verifiable bids, estimates, or price lists [from your potential vendor(s)]. Please ensure there is a date listed or when you obtained these estimates/bids, as they must be from within the past sixty (60) days.**

- If your purchase is **BELOW** \$75,000, you must upload TWO verifiable bids or estimates for the proposed purchases.
- If your purchase is **EQUAL TO** or **MORE THAN** \$75,000, you must upload THREE verifiable bids or estimates for your proposed purchases.

This can be as simple as screenshots from Amazon or Best Buy (though PCF does not endorse or recommend any specific vendor) or may be from specialized vendors that sell your proposed purchase. If you have concerns regarding bids or estimates, please reach out to PCF staff.

Capitol grant PCF cap quotes 2022.pdf

### Sole Source\*

In some cases, a proposed small purchase is only available from a single vendor, and as such, only one bid/estimate can be uploaded. If this is the case for your organization, please explain in the field below. Otherwise, write "N/A" below.

Single vendor quotes are proposed due to the following circumstances:

Digital Ninjaz is the contracted tech company for Gulf Coast Dental Outreach therefore it is necessary to purchase small purchase technology equipment through them in order to access installation and monitoring, updating etc. included in the contract. A significant discount is given for purchase of equipment for contracted organizations.

Patterson/dental supply also provides Gulf Coast Dental Outreach with a significant discount (20%) due to our nonprofit status serving in a local Pinellas County Health Department.

Quotes from other sources do not provide a discount and prove to be significantly higher. The standing business relationship established between GCDO and these businesses provide a significant discount.

### Related Parties\*

Are any of the contractors/vendors that have provided bids/estimates a related party to your organization?

#### Examples of Related Parties

- A board member that owns the contracting company that provided a bid
- The relative of a director, officer, or executive team member owns a company that provided an estimate
- The CEO of the applying organization has a financial interest in the construction company providing a bid

**If yes**, identify the vendor and describe the relationship.

**If no**, write "No related parties below."

No related parties below.

## Budget Summary\*

Please use **THIS TEMPLATE** to indicate costs and any cash match your organization may have for the proposed purchases. Note: this spreadsheet will automatically round numbers to make it easier to read for committee members.

Please note that indirect costs are not permitted for small purchases.

If you have additional notes to add to your budget summary, you may do so in the text box below.

ARNP Budget-Template-Small-Capital-Purchases.xlsx

## Other Funding Sources\*

Please describe any other funding not already mentioned that your organization has applied for or obtained for this purchase.

This includes but is not limited to Community Block Development Grants (CBDG), local government grants (including Tourist Development Council funding), foundation grants, and private donors (you do not need to disclose donor identities but simply indicate the amount raised for this purchase). This includes any matching grants or in-kind contributions you may have obtained.

**Please be sure these other funding sources are represented in the "Applicant Match" column in the budget summary uploaded above.**

A private donor provided \$2800.00 donation in 2022 to utilize at the discretion of GCDO administration. At that time the need for a new server took precedence, and was utilized with the intent to apply for grant funding through a capitol grant as soon as possible.

## Changes in Operating Costs\*

Please answer this question based on the descriptions below:

- If this project **increases** ongoing operational costs (programmatic, operating maintenance or other costs), how will you compensate for the difference?
- If this purchase **decreases** ongoing operating costs, how will it do so?
- If this purchase **does not affect** operating costs, please note so below.

The installation of a new server, updated x-ray technology and updated operatory computers will decrease operating cost. Specifically through decreasing the hourly employees(dental assistants) time spent at the end of a clinic day entering notes into the technology system. Currently the computers utilized in each operatory are 12-13 years old, therefore very slow and do not operate in a time efficient way. The x-ray technology update will also create a more time efficient environment therefore creating time for more patient appointments during a clinic day.

## *Organization Documentation*

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**Please reach out to PCF staff if you have trouble uploading the files below. We are able to assist with file conversion and file compression.**

### **Organization Budget\***

Please upload your most recent, board-approved organizational budget for this fiscal year. PDF and Excel documents are accepted.

GCDO BUDGET 2022 final (1).xlsx

### **Board of Directors List\***

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

GCDO Board of Directors- Fl Blue 2022.pdf

### **IRS Form 990\***

Please upload a PDF copy of your most recently submitted IRS Form 990.

**If Form 990 from your most recent fiscal year is delayed or you have received an extension, please explain in the text space below. You may also explain if you don't have a Form 990 due to organization type.** You should still upload the most recent publicly available 990.

If you file a Form 990-EZ and do not have anything to attach, please note so below.

Only PDF files are permitted.

990 - 2020.pdf

Gulf Coast Dental Outreach is in the process of filing 2021 tax return with an extension. Due to the COVID 19 epidemic the organizations accounting firm and auditing firm has experienced a delay and are currently completing GCDO 2021 tax return as well as the 2020-2021 audit. Additional financial documents can be provided as requested.

### **Most Recent Financial Statements\***

Upload a PDF version of your most recent financial statements. If you have audited financial statements, please upload the most recently conducted audit. If you do not have a recent audit, please explain why.

2018 Gulf Coast Dental Financial Statements FINAL (1).pdf

## *Insurance Requirements*

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### **Evidence of Insurance Coverage\***

Grantees of the ARPA Nonprofit Capital Project Fund will be required to maintain appropriate insurance related to your operations and this purchase. PCF will determine whether this coverage is appropriate.

Please upload evidence of insurance.

**If your organization does not have evidence of insurance coverage, please provide an explanation as to why.**

GCDO auto Owners Insur statement 030422.pdf  
See General Liability insurance statement attached.

### **Insurance Requirement\***

**If you are awarded a contract from the ARPA Nonprofit Capital Project Fund, you will be required to list Pinellas Community Foundation as an additional insured through your general liability insurance or other appropriate coverages for the duration of the contract. If you would like to check with your insurance carrier on how to do this, here is the information about PCF you will need:**

Pinellas Community Foundation  
17755 US Highway 19 N  
Suite 150  
Clearwater, FL 33764  
727-531-0058

**Please check the box below to indicate that you understand and will be able to comply with this requirement if you are awarded a contract.**

**PCF will not ask for a certificate naming us as additional insured until the contracting stage.**

Yes, I understand and will comply with this requirement if awarded a contract.

## *Post-Grant Requirements*

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### **Reporting Requirements Acknowledgment\***

Grantees will be required to submit a pre-award agreement within two weeks of receiving an award notice. In addition, grantees will be required to submit a report within 30 days after the purchase is completed.

Financial information justifying all expenditures will also need to be provided. This includes but is not limited to:

- Invoices
- Canceled checks
- Credit card statements, along with a record of paying the credit card.

If you have any questions, please contact Rose Cervantes, ARPA Program Officer at rcervantes@pinellascf.org. Yes, I agree to submit this grant agreement and impact report within the specified timeframes.

## *Additional Information*

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### **Budget Summary**

**NO LONGER USED, REPLACED IN APP WITH UPLOAD FIELD INCLUDED**

**Please use THIS TEMPLATE to indicate costs and any cash match your organization may have for the proposed purchases.**

Please note that indirect costs are not permitted for small purchases.

If you have additional notes to add to your budget summary, you may do so in the text box below.

### **Additional Upload**

If you have something to share, you can upload it here in PDF format.

DIVISION OF CONSUMER SERVICES.pdf

### **Anything else to share?**

Is there anything else that you would like Pinellas Community Foundation to know or other information your organization would like to share that isn't addressed elsewhere in this application?

### **Brief Project Descriptor**

Please briefly describe this organization's request.

## File Attachment Summary

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### *Applicant File Uploads*

- Capitol grant PCF cap quotes 2022.pdf
- ARNP Budget-Template-Small-Capital-Purchases.xlsx
- GCDO BUDGET 2022 final (1).xlsx
- GCDO Board of Directors- Fl Blue 2022.pdf
- 990 - 2020.pdf
- 2018 Gulf Coast Dental Financial Statements FINAL (1).pdf
- GCDO auto Owners Insur statement 030422.pdf
- DIVISION OF CONSUMER SERVICES.pdf





Digital NinjaZ, Inc.  
**409 South Belcher Rd**  
**Clearwater, FL 33765**

**[Redacted]**  
 Gulf Coast Dental Outreach  
 301 South Disston Avenue  
 Tarpon Springs, FL  
 34689

**Ship To**

<b>Terms</b>	<b>Technician</b>	<b>Project</b>
Due on receipt	CS	

Item Code	Description	Quantity	Hours	Unit Price	Amount
Software	Managed Antivirus Software - Server Enterprise Edition	1		199.99	199.99
Software	Managed Antivirus Software - Server Enterprise Edition	4		39.99	159.96
Software	Managed Anti-Virus - MAV 1 Year Subscription PC <b>**ANNUAL RENEWAL**</b> Managed Antivirus Software: Server Ed. (1) + Workstations (4) Renewal Term: 2/13/2021 - 2/12/2022 REF INV: 122977	4		39.99	159.96
	Dell Inspiron 17.3" Laptops New <b>**5000 Series**</b> Managed Anti-Virus - MAV 1 Year Subscription PC Renewal term: 2/24/2021 - 2/23/2022 REF INV: 123820				

	<b>Subtotal</b>	\$519.91
<b>SERVICE WARRANTY</b> If you are not completely satisfied with any services received from DNZ, Inc., please call 1.727.230.9298 for resolution. We stand behind our service for 14 days. <b>HARDWARE</b> We stand behind the products we sell with a 30 day standard replacement warranty, followed with the standard manufacturer's warranty on all new parts sold and/or installed by DNZ, Inc.	<b>Sales Tax (7.0%)</b>	\$0.00
	<b>Total</b>	\$519.91
	<b>Payments/Credits</b>	\$0.00
	<b>Balance Due</b>	\$519.91

**Phone** 727.230.9298  
**Fax** 866.822.4809  
**E-mail** [accounting@digitalninz.com](mailto:accounting@digitalninz.com)

**Web**  
[www.DigitalNinjaZ.com](http://www.DigitalNinjaZ.com)

**CUSTOMER ORDER**



Branch: TAMPA BRANCH

ID: 374280567  
Name: [Redacted]  
Address: Tarpon Spgs Dntl Clinic  
301 S Disston Ave  
TARPON SPRINGS, FL 34689  
Phone: [Redacted]  
Fax: ( ) -

Proposed By: [Redacted]  
Rep Phone#: [Redacted]  
Rep Cell Phone#: [Redacted]  
Rep Fax#: [Redacted]  
Date Proposed: [Redacted]  
Approx. Install Date: [Redacted]  
Expiration Date: [Redacted]

Mfr	Mfr#	Description	Qty	Retail Price	Sell Price	Total
SCHICK	100007348	Schick 33 Sz 2 9' Starter Kit	1	9,995.00	7,000.00	7,000.00

Note: includes Size 2 sensor, USB Remote, USB Cable, Spare Sensor Cable, Holder kit with sheaths

If purchased by Patterson, we will support inside of Eaglesoft and enter you in the Schick Club at no additional charge

(as long as you are on the Eaglesoft Support Plan). Also warranty increases from 2 years to 3 years if on Eaglesoft Support

<b>Subtotal:</b>	\$7,000.00
<b>Freight Charges:</b>	\$0.00
<b>Estimated Sales Tax(0.0000%):</b>	\$0.00
<b>Total Investment:</b>	\$7,000.00
<b>Less Downpayment:</b>	\$0.00
<b>Net Investment:</b>	\$7,000.00

The prices in this proposal will remain in effect until the earlier of the expiration date set forth above or a manufacturer price increase. If Customer is applying for credit with Patterson Dental Supply, Inc., a Minnesota corporation ("Patterson"), Customer's order will not be binding on Patterson, even if Patterson has signed below, until Patterson, in its sole discretion, approves Customer's credit. Any sales tax and shipping/handling charges in this order are estimates. Patterson will invoice, and Customer agrees to pay, all applicable shipping/handling charges and taxes and other governmental charges.

By signing below, Customer contracts for the products and services specified in this Order on the terms contained in the schedules identified below (the Schedules). Customer acknowledges receipt of a copy of this Order and the Schedules (together, "this Agreement"). Customer agrees to be bound by the terms of this Agreement, including the WARRANTY LIMITATIONS.

**Schedules**

- General Terms and Conditions
- Equipment

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact the undersigned within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

Notice: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is FDIC, 2345 Grand Avenue, Kansas City, MO 64108.

Customer Name:  
[Redacted]

Patterson Dental Supply, Inc.

\_\_\_\_\_  
Patterson Representative

[By] \_\_\_\_\_  
Customer Signature Date

Invoice Number: 094150101070721  
 Account Number: 0050941501-01  
 Security Code: 2956

**Contact Us**  
 Visit us at [SpectrumBusiness.net](http://SpectrumBusiness.net)  
 Or, call us at 1-877-824-6249

7635 1610 NO RP 07 07072021 NNNYNY 01 000818 0004

### Charge Details

Previous Balance	0.00
Remaining Balance	<b>\$0.00</b>

Payments received after 07/07/21 will appear on your next bill.

Services from 07/06/21 through 08/05/21

### Spectrum Business™ Internet

Spectrum Business Internet Ultra	199.99
Promotional Discount	-85.00
	<b>\$114.99</b>

Spectrum Business™ Internet Total	\$114.99
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### One-Time Charges

Installation	07/06	99.00
One-Time Charges Total		<b>\$99.00</b>

### Taxes, Fees and Charges

State And Local Sales Tax	6.93
Taxes, Fees and Charges Total	<b>\$6.93</b>

Current Charges	<b>\$220.92</b>
Total Due by 07/23/21	<b>\$220.92</b>

### Billing Information

**Tax and Fees** - This statement reflects the current taxes and fees for your area (including sales, excise, user taxes, etc.). These taxes and fees may change without notice. Visit [spectrum.net/taxesandfees](http://spectrum.net/taxesandfees) for more information.

**Terms & Conditions** - Spectrum's detailed standard terms and conditions for service are located at [spectrum.com/policies](http://spectrum.com/policies).

**Spectrum Terms and Conditions of Service** - In accordance with the Spectrum Business Services Agreement, Spectrum services are billed on a monthly basis. Spectrum does not provide credits for monthly subscription services that are cancelled prior to the end of the current billing month.

**Past Due Fee / Late Fee Reminder** - A late fee will be assessed for past due charges for service.

**Billing Practices** - Spectrum Business mails monthly, itemized invoices for all monthly services in advance. A full payment is required on or before the due date indicated on this invoice. Payments made after the indicated due date may result in a late payment processing charge. Failure to pay could result in the disconnection of all your Spectrum Business service(s). Disconnection of Business Voice service may also result in the loss of your phone number.

**Changing Business Locations** - Please contact Spectrum Business before moving your Business Voice modem to a new address. To establish service at your new location or return equipment, please contact your Spectrum Business Account Executive at least twenty one (21) business days prior to your move.

**Authorization to Convert your Check to an Electronic Funds Transfer Debit** - For your convenience, if you provide a check as payment, you authorize Spectrum Business to use the information from your check to make a one-time electronic funds transfer from your account. If you have any questions, please call our office at the telephone number on the front of this invoice. To assist you in future payments, your bank or credit card account information may be electronically stored in our system in a secure, encrypted manner.

**Complaint Procedures** - You have 60 days from the billing date to register a complaint if you disagree with your charges.



Visit [Spectrum.com/stores](http://Spectrum.com/stores) for store locations. For questions or concerns, visit [Spectrum.net/support](http://Spectrum.net/support).

### Sign up for Paperless Billing. It's easy, convenient and secure.

Get your statement as soon as it's available. Instead of receiving a paper bill through the mail, sign up for paperless billing.

**It's easy** - enroll in paperless billing visit [SpectrumBusiness.net](http://SpectrumBusiness.net).

**It's convenient** - you can access your statement through [SpectrumBusiness.net](http://SpectrumBusiness.net).

**It's secure** - we deliver securely to your [SpectrumBusiness.net](http://SpectrumBusiness.net) account and only you can access through a secure sign-in process.

Each month, you'll receive a paperless e-bill that you pay online with your choice of payment options.

### Payment Options

**Pay Online** - Create or Login to pay or view your bill online at [Spectrumbusiness.net](http://Spectrumbusiness.net).

**Pay by Mail** - Detach payment coupon and enclose with your check made payable to Bright House Networks. Please do not include correspondences of any type with payments.

For questions or concerns, please call 1-877-824-6249.



# DIGITALNINJAZ

computer support experts

REP:

409 South Belcher Rd, Clearwater FL 33765

727.230.9298

Bao D Tran

[Btran@DigitalNinjaZ.com](mailto:Btran@DigitalNinjaZ.com)

## P R O P O S A L

**FOR: GCDO** **SHIP TO:**

DATE	ITEM	DESCRIPTION	QUAN	HOUR(S)	UNIT PRICE	TOTAL
6/23/2021	<b>Dell Desktop Business Workstation</b>		1		\$ 799.99	\$ 799.99
	10th Gen. Intel Core™ i5 Processor (4-Cores)					
	8GB DDR4 Memory					
	Windows 10 Home 64-Bit Operating System					
	USB 3.1 Superspeed Ports X4					
	1TB SATA Hard Drive					
	Onboard Dual Video HDMI/DisplayPort					
	WiFi 802.11ac + Bluetooth					
	Integrated 5.1 Channel WaveMaxxAudio					
	1 Year Hardware Warranty / Onsite					
	Dell Standard Wired Keyboard & Mouse					
	<b>UPGRADE OPTIONS</b>					
	<b>OS</b>	<b>Microsoft Windows 10 Professional 64 Bit</b>	<b>1</b>	<b>add</b>	<b>\$ 99.99</b>	<b>\$ 99.99</b>
	Webcam	Full HD 1080p Webcam - USB		add	\$ 39.99	\$ -
	Monitor	**22 inch Widescreen LED Screen		add	\$ 109.99	\$ -
	Monitor	**23 inch Widescreen LED Screen		add	\$ 129.99	\$ -
	Monitor	**24 inch Widescreen LED Screen		add	\$ 159.99	\$ -
	Monitor	**27 inch Widescreen LED Screen		add	\$ 199.99	\$ -
	Video Card	GeForce GTX Series 4GB Video Card		add	\$ 199.99	\$ -
	Video Card	GeForce GTX 1600 SUPER Series Video Card 6GB		add	\$ 299.99	\$ -
	Memory	8GB Dual Channel DDR4 SDRAM		add	\$ 99.99	\$ -
	Memory	16GB Dual Channel DDR4 SDRAM		add	\$ 189.99	\$ -
	SSD	Solid State Drive 256GB		add	\$ 59.99	\$ -
	<b>SSD</b>	<b>Solid State Drive 1TB</b>	<b>1</b>	<b>add</b>	<b>\$ 149.99</b>	<b>\$ 149.99</b>
	SSD	Solid State Drive 1TB		add	\$ 149.99	\$ -
	Hard Drive	2TB Serial ATA Hard Drive (7200RPM)		add	\$ 99.99	\$ -
	Speakers	Logitech USB Stereo Speakers		add	\$ 49.99	\$ -
	Speakers	Dell AX510 Speakers for Attachment to UltraSharp Pa		add	\$ 49.99	\$ -
	DVD Burner	Single Drive: 16X DVD Drive		add	\$ 47.99	\$ -
	Network Switch	5-pt Gigabit Network Switch		add	\$ 29.99	\$ -
	<b>UPS</b>	<b>APC Battery Back-UPS - Surge Protector</b>	<b>1</b>	<b>add</b>	<b>\$ 79.99</b>	<b>\$ 79.99</b>
	Wireless KB	Logitech Wireless Multimedia KB and Mouse Cmbo		add	\$ 59.99	\$ -
	Backup SW	Workstation Data Image Backup Software		add	\$ 69.99	\$ -
	<b>BACKUP SOLUTION</b>					
	<b>Backup Drive</b>	<b>Server Backup Drive 4TB</b>	<b>2</b>	<b>add</b>	<b>\$ 119.99</b>	<b>\$ 239.98</b>
	CLOUD BU	Secured, Encrypted Remote Backup 1-250GB	12	add	\$ 9.99	\$ -
	CLOUD BU	Secured, Encrypted Remote Backup 251-500GB	12	add	\$ 24.99	\$ -
	CLOUD BU	Secured, Encrypted Remote Backup 501-UNLIMITED	12	add	\$ 39.99	\$ -
	<b>SOFTWARE</b>					
	<b>OFFICE</b>	<b>MS Office 2019 Professional Plus Edition</b>	<b>1</b>	<b>add</b>	<b>\$ 149.99</b>	<b>\$ 149.99</b>
	<b>AntiVirus</b>	<b>Managed Antivirus (MAV) Server - 1 Yr</b>	<b>1</b>	<b>add</b>	<b>\$ 199.99</b>	<b>\$ 199.99</b>
	<b>Malware</b>	<b>Malwarebytes Premium AntiMalware 1 Year Lic.</b>	<b>1</b>	<b>add</b>	<b>\$ 39.99</b>	<b>\$ 39.99</b>
	SUBTOTAL					\$ 799.99
	UPGRADES					\$ 959.92
	TAX					\$ 123.19
	S&H					FREE
	<b>TOTAL</b>					<b>\$ 1,883.10</b>
	<b>BALANCE DUE</b>					<b>\$ 1,883.10</b>





Gulf Coast Dental Outreach, Inc.  
Profit & Loss  
December 2021

	2021 ACTUAL	2022 BUDGET	
<b>Ordinary Income/Expense</b>			
<b>Income</b>			
Ino-Fundraiser WiskeyTas 614..1	3,878.02	-	(1)
Virtual Fundraising Event		3,000.00	(1)
Income-Dividends 621	4,233.06	4,233.06	
Income-Donations 610	10,315.58	11,358.62	(2)
Income-FacilityUseAssessment608	7,297.00	10,000.00	
Income-Fundraiser-GolfToum614	66,957.82	66,957.82	
Income-Grant DeltaDental 610.17	30,000.00	15,000.00	
Income-Grant FAFCC	17,934.91	25,000.00	
Income-Grant PinehCommFoun610.2	10,000.00	15,000.00	
Amazon donations		5,000.00	
HK donation/ personal		2,800.00	
Income-Interest 620	3.32	3.32	
Income-LT Cap Gain Distribution	1,646.24	1,646.24	
Income-Other	1.50	1.50	
Sale of Securities 625	12,676.50	12,676.50	
Sale of Securities Cost 626	(7,979.27)	(7,979.27)	
<b>Total Income</b>	<u>156,964.68</u>	<u>-</u>	<u>164,697.79</u>
<b>Expense</b>			
Accounting Fees 851	2,500.00	5,000.00	
Amortization Expense 853	1,255.78	1,255.78	
Automobile Expense 856	119.84	119.84	
Brokerage Management Fees 900	1,746.69	1,746.69	
Contract Labor 860	4,662.25	5,775.78	(6)
Convention or Seminar Exp 938	500.00	500.00	
DeMiniSafeHarbEquip918.1	1,759.91	1,759.91	
Dental Supplies 872	23.42	23.42	
Dues and Subscriptions 880	997.50	997.50	
Equipment Repair and Maint 929	5,471.72	2,500.00	(3)
Fundraiser Exp-Merchant Fees	254.58	254.58	
Fundraiser Exp-GolfToum 901 - Other	6,708.05	6,708.05	
Fundraiser Exp-Merchant Fees	79.72	-	(1)
Fundraiser Exp Whiskey Tas901.1 - Other	2,500.95	-	(1)
Gifts - Deductible 884	234.00	234.00	
Grant Management Fees	273.63	1,474.00	(4)
Directors and Officers Insuranc	2,217.00	2,217.00	
General Liability	759.43	759.43	
Worker's Comp	50.00	50.00	
Insurance 904 - Other	457.00	457.00	
Lab Expenses 908	9,581.00	13,031.74	(5)
License and Taxes 910	334.50	334.50	
Meals/Entertainment 887	650.61	650.61	
Merchant Fees(fr Donations)903	5.93	5.93	
Office Supplies 918	249.27	249.27	
Comp Fica	6,020.93	6,320.90	(6)
Comp MCARE	1,408.12	1,478.28	(6)
Comp SUI	20.74	59.40	(6) 0.33%
Payroll Processing Fees 921	541.00	541.00	
Payroll, Gross 802	97,111.27	101,950.00	(6)
Postage 917	48.47	48.47	
Rent 930-storage	828.00	828.00	
Telephone & Communication 941	2,800.33	2,169.19	(7)
Hotel	190.12	190.12	
Parking	37.28	37.28	
Volunteer/Staff Recognition 944	107.60	1,000.00	
Advertising/Promotion/Marketing		2,500.00	
Technology Upgrades			
X-Ray Licenses		5,000.00	
New Computers		2,500.00	
Internet Upgrade		1,000.00	
Digital Ninjaz Implementation of Upgrade		2,500.00	
<b>Total Expenses</b>	<u>152,506.64</u>	<u>-</u>	<u>174,227.67</u>
<b>Other Income</b>			
PPP Loan Forgiveness	16,737.50	-	
<b>Net Income</b>	<u>21,195.54</u>	<u>-</u>	<u>(9,529.88)</u>

- (1) This fundraiser will be replaced with Jeannette's projected virtual fundraising event total of \$3,000 profit, net of any expenses
- (2) In 2021 we deposited donations from Amazon Smile of \$247.96. Each year we have received more and with increased awareness, Jeannette projected that we will get \$500 from this source. In 2021 we received \$1,209 from Network For Good (Facebook) and again with increased presence/awareness Jeannette feels this number will increase to \$2,000 for the year
- (3) In 2021 much of this cost was for labor from Digital Nirjez reworking the network/computers to align with the health department. We will not have this significant of expense in 2022
- (4) This expense is the figure quoted in the FAFCC grant award contract
- (5) Lab fees were increased proportionately with the increase in facility use assessment income
- (6) Raises to market rate Trish \$20/hr, Zoey \$20/hr, Stephanie \$15/hr, Irene \$30,000 annually plus a one time \$1,000 bonus
- (7) Removed payment to Verizon for back amount owed due to increase notifications being sent to Harry's email and cancellation of J2 Fax.com

Employer's Name : GULF COAST DENTAL OUTREACH INC  
 Employer's FEIN : 26-0761820  
 Wages,  
 Tips, other  
 Comp

Earnings Summary	Box 1	
BOHLENDER, CHRISTINE A		
Gross Pay		0.00
Reported W-2 Wages/Tax		0.00
GROEBER, JEANNETTE G		
Gross Pay		66950.00
Reported W-2 Wages/Tax		66950.00
LIPENSKY, IRENE J		
Gross Pay		31000.00
Reported W-2 Wages/Tax		31000.00
NUNEZ, SONIA E		
Gross Pay		0.00
Reported W-2 Wages/Tax		0.00
WOODALL, TRICIA L		
Gross Pay		4000.00
Reported W-2 Wages/Tax		4000.00
FEDERAL TOTALS	W3 Kind of Employer: 501c non-govt.	
Gross Pay		101950.00
Reported W-2 Wages/Tax		101950.00

**CONTRACT LABOR:**

ZOEGRAPHIA WHITFIELD	3800
STEPHANIE WOODLADD	1500
DIANA CASTRO	86.25
SONIA NUNEZ	108.28
MYRA VARGAS	176.25
ANNELIENSE WOODARD	105
	<hr/>
	5775.78
	<hr/> <hr/>



\*I added a 3% increase for Jeannette

Employer's Address : 450 Knights Run Ave Apt 1408 TAMPA FL

Employer's ZIP Code : 33602

Federal	Social	Soc	Medicare	Medicare	State	State
Income	Security	Sec	Wages	Tax	Wages,	Income
Tax	Wages	Tax		Withheld	Tips, Etc	Tax
Withheld		Withheld				

Box 2	Box 3	Box 4	Box 5	Box 6	Box 16	Box 17
	SSN : xxx-xx-0484			Address :	1429 RED OAK DRIVE	TA
		2388.28			2388.28	
0.00		2388.28	148.07	2388.28	34.63	
	SSN : xxx-xx-4643			Address :	113 6TH ST	BELLEAIR BE
		64999.92			64999.92	
5938.08		64999.92	4030.00	64999.92	942.50	
	SSN : xxx-xx-2367			Address :	2217 CITRUS VALLEY CIRCI	
		26723.76			26723.76	
1022.28		26723.76	1656.87	26723.76	387.49	
	SSN : xxx-xx-8383			Address :	7735 ARBORDALE DRIVE	
		108.28			108.28	
0.00		108.28	6.71	108.28	1.57	
	SSN : xxx-xx-7098			Address :	1932 MCKINLEY STREET	
		2891.03			2891.03	
0.00		2891.03	179.24	2891.03	41.92	
		101950.00			101950.00	
6960.36		101950.00	6320.90	101950.00	1478.28	



Local	Local	Soc Sec	Dep Care	
Wages,	Income	Tips	Box 10	
Tips, Etc	Tax	Box 7	NQ Plan	Box 12
		Allocated	Box 11	
		Tips		
		Box 8		
Box 18	Box 19		Box 13	Box 14
ARPON SPRINGS FL 34689		SIT : FL	Local :	
			Stat EE - N	
			Ret plan - N	
			3PSP - N	
SEACH FL 33786		SIT : FL	Local :	
			Stat EE - N	
			Ret plan - N	
			3PSP - N	
LE PALM HARBOR FL 34683		SIT : FL	Local :	
			Stat EE - N	
			Ret plan - N	
			3PSP - N	
PORT RICHEY FL 34668		SIT : FL	Local :	
			Stat EE - N	
			Ret plan - N	
			3PSP - N	
CLEARWATER FL 33765		SIT : FL	Local :	
			Stat EE - N	
			Ret plan - N	
			3PSP - N	
			Stat EE - 0	
			Ret plan - 0	
			3PSP - 0	

Gulf Coast Dental Outreach Board of Directors:

1. Robert Ettleman, DDS, retired  
GCDO Founder
2. Janet Ettleman, Co-chair  
Co-Founder
3. Harvey Kerstein, DDS, retired  
Board President and Co- Founder
4. Lisa Teblum, retired  
Board Secretary
5. Terri McCormick, CPA  
Board Treasurer
6. Larry Lieberman, DDS, practicing Dentist  
Member at Large and Co-Founder
7. William Kochenhouer, DDS, Practicing Orthodontist  
Member at Large
8. Elizabeth Scarola, Esq. Practicing Attorney, specializing in Health Care  
Member at Large
9. Belinda Wilson, Retired Bank vice President  
Member at Large
10. Nick Rooks, Regions Bank Commercial Banking Relationship Manager  
Member at Large
11. Tim McCormick, CPA  
Member at Large
12. James Pitts, DDS, retired  
Member at Large

\*The full Board make up currently includes the following racial, cultural and exceptionalities.

- 1 person with a disability
- 5 Jewish persons
- 2 African American persons
- 1 Spanish person
- 5 Women



Form **990**

**Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2020 calendar year, or tax year beginning** \_\_\_\_\_ **and ending** \_\_\_\_\_

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>GULF COAST DENTAL OUTREACH, INC</b>		<b>D Employer identification number</b> <b>26-0761820</b>
	Doing business as		<b>E Telephone number</b> <b>813-579-3935</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G Gross receipts \$</b> <b>138852.</b>
	<b>450 KNIGHTS RUN AVE</b>	<b>1408</b>	<b>H(a) Is this a group return for subordinates?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	City or town, state or province, country, and ZIP or foreign postal code <b>TAMPA, FL 33602</b>		<b>H(b) Are all subordinates included?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. See instructions
<b>F Name and address of principal officer:</b> <b>HARVEY L KERSTEIN</b> <b>2127 NE COACHMAN RD, CLEARWATER BEACH, FL 3</b>			<b>H(c) Group exemption number:</b> _____
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J Website:</b> <b>GULFCOASTDENTALOUTREACH.ORG</b>			
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L Year of formation:</b> <b>2007</b>
			<b>M State of legal domicile:</b> <b>FL</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE LOW-COST ACCESS TO DENTAL CARE THROUGH EDUCATION, PREVENTION, AND TREATMENT OF DISEASE,</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	5
	6 Total number of volunteers (estimate if necessary)	6	12
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	101722.	113018.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11210.	5565.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5213.	7714.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2636.	1089.
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	120781.	127386.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	84834.	83934.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4317.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	39789.	32400.
19 Revenue less expenses. Subtract line 18 from line 12	124623.	116334.	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)	-3842.	11052.
	21 Total liabilities (Part X, line 26)		
	22 Net assets or fund balances. Subtract line 21 from line 20	Beginning of Current Year	End of Year
		228717.	256506.
	0.	16737.	
	228717.	239769.	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date			
	<b>TERESA MCCORMICK, TREASURER</b> Type or print name and title				
<b>Preparer Use Only</b>	Print/Type preparer's name <b>TERESA MCCORMICK</b>	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	PTIN <b>P01268490</b>
	Firm's name <b>MCCORMICK &amp; COMPANY</b>	Firm's EIN <b>59-2373801</b>			
	Firm's address <b>711 WEST FLETCHER AVE, STE A TAMPA, FL 33612</b>	Phone no. <b>813-931-1554</b>			

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No





Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [ ]

1 Briefly describe the organization's mission: TO PROVIDE LOW-COST ACCESS TO DENTAL CARE THROUGH EDUCATION, PREVENTION, AND TREATMENT OF DISEASE, FOCUSING ON PINELLAS, PASCO, AND HILLSBOROUGH COUNTIES IN FLORIDA.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 92797. including grants of \$ ) (Revenue \$ 5565. ) TO PROVIDE AFFORDABLE DENTAL AND ORAL HYGIENE SERVICES FOR LOWER INCOME INDIVIDUALS.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 92797.



**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	<i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X



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

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

Note: All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....		



**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		5
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X





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

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 11		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 11		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **TERESA MCCORMICK, TREASURER - 813-931-1554**  
**711 W FLETCHER AVE, STE A, TAMPA, FL 33612**



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT B. ETTLEMAN FOUNDING DIRECTOR	12.00	X					0.	0.	0.	
(2) JANET ETTLEMAN VICE PRESIDENT	15.00			X			0.	0.	0.	
(3) HARVEY L. KERSTEIN DDS PRESIDENT	5.00			X			0.	0.	0.	
(4) LARRY LIEBERMAN DDS MEMBER AT LARGE	2.00	X					0.	0.	0.	
(5) LISA TEBLUM SECRETARY	8.00			X			0.	0.	0.	
(6) WILLIAM KOCHENOUR DDS, MS MEMBER AT LARGE	3.00	X					0.	0.	0.	
(7) TERESA MCCORMICK TREASURER	8.00			X			0.	0.	0.	
(8) BELINDA WILSON MEMBER AT LARGE	2.00	X					0.	0.	0.	
(9) JAMES R PITTS DMD MEMBER AT LARGE	1.00	X					0.	0.	0.	
(10) TIMOTHY MCCORMICK MEMBER AT LARGE	8.00	X					0.	0.	0.	
(11) ANGELA ZOURDOS MEMBER AT LARGE	1.00	X					0.	0.	0.	



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b> .....							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							0.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	60697.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	52321.			
	g	Noncash contributions included in lines 1a-1f	1g \$	3246.			
	h	<b>Total.</b> Add lines 1a-1f		113018.			
	Program Service Revenue	2 a	<b>FACILITY USE ASSESSMEN</b>	Business Code	621110	5565.	5565.
b							
c							
d							
e							
f		All other program service revenue					
g		<b>Total.</b> Add lines 2a-2f		5565.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		4853.		4853.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real	(ii) Personal		
		Less: rental expenses	6b				
		Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
		Less: cost or other basis and sales expenses	7b	10476.			
		Gain or (loss)	7c	7615.			
	d	Net gain or (loss)		2861.		2861.	
	8 a	Gross income from fundraising events (not including \$ 60697. of contributions reported on line 1c). See Part IV, line 18	8a		4940.		
		Less: direct expenses	8b		3851.		
		Net income or (loss) from fundraising events			1089.		1089.
	9 a	Gross income from gaming activities. See Part IV, line 19	9a				
Less: direct expenses		9b					
Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a					
	Less: cost of goods sold	10b					
	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	<b>Total.</b> Add lines 11a-11d					
12	<b>Total revenue.</b> See instructions		127386.	5565.	0.	8803.	





**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	77948.	77948.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	5986.		5986.	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1607.	1607.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	3015.	3015.		
12 Advertising and promotion				
13 Office expenses	286.		286.	
14 Information technology				
15 Royalties				
16 Occupancy	748.		748.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1726.		1726.	
23 Insurance	2929.		2929.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>LAB EXPENSE</b>	5828.	5828.		
b <b>GOLF TOURNAMENT</b>	4317.			4317.
c <b>DE MINIMIS SAFE HARBOR</b>	3778.	3778.		
d <b>TELEPHONE</b>	2320.		2320.	
e All other expenses	5846.	621.	5225.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>116334.</b>	<b>92797.</b>	<b>19220.</b>	<b>4317.</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)



**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash - non-interest-bearing	7597.	1	13132.
	2	Savings and temporary cash investments	57745.	2	76445.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	63.	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	510.	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	40586.		
	b	Less: accumulated depreciation	40586.	10c	0.
	11	Investments - publicly traded securities	162318.	11	166511.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	140.	14	281.
	15	Other assets. See Part IV, line 11	160.	15	137.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	228717.	16	256506.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	16737.
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
26	<b>Total liabilities.</b> Add lines 17 through 25	0.	26	16737.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions		27	
	28	Net assets with donor restrictions		28	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds	0.	29	0.
	30	Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0.
	31	Retained earnings, endowment, accumulated income, or other funds	228717.	31	239769.
	32	<b>Total net assets or fund balances</b>	228717.	32	239769.
33	<b>Total liabilities and net assets/fund balances</b>	228717.	33	256506.	



**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	127386.
2	Total expenses (must equal Part IX, column (A), line 25)	2	116334.
3	Revenue less expenses. Subtract line 2 from line 1	3	11052.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	228717.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	239769.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2020)









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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	164103.	91361.	77531.	101722.	113018.	547735.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 <b>Total.</b> Add lines 1 through 3 .....	164103.	91361.	77531.	101722.	113018.	547735.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						276451.
6 <b>Public support.</b> Subtract line 5 from line 4.						271284.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4 .....	164103.	91361.	77531.	101722.	113018.	547735.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	4079.	5673.	5216.	5086.	6326.	26380.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
11 <b>Total support.</b> Add lines 7 through 10						574115.
12 Gross receipts from related activities, etc. (see instructions) .....					12	53323.
13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	14	47.25 %
15 Public support percentage from 2019 Schedule A, Part II, line 14 .....	15	45.80 %
16a <b>33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
b <b>33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
17a <b>10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
b <b>10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	



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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
6 Total. Add lines 1 through 5 .....						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
c Add lines 7a and 7b .....						
8 Public support. (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6 .....						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
c Add lines 10a and 10b .....						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....						

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

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15 .....	16	%

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

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17 .....	18	%

- 19a **33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization .....
- b **33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization .....
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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





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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020



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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b> Excess distributions carryover to 2021. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			



**Part VI**

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

Lined area for supplemental information.



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

**GULF COAST DENTAL OUTREACH, INC**

Employer identification number

**26-0761320**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).





Name of organization <b>GULF COAST DENTAL OUTREACH, INC</b>	Employer identification number <b>26-0761820</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DELTA DENTAL COMMUNITY CARE FOUNDATION 100 FIRST STREET SAN FRANCISCO, CA 94105	\$ 15000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	PINELLAS COUNTY COMMUNITY FOUNDATION 5200 EAST BAY DR, SUITE 202 CLEARWATER, FL 33764	\$ 25000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	REGIONS BANK PO BOX 11007 BIRMINGHAM, AL 35288	\$ 8670.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ROBERT ETTLEMAN 450 KNIGHTS RUN AVE, UNIT 1408 TAMPA, FL 33602	\$ 6301.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	WELLS FARGO BANK PO BOX 41629 AUSTIN, TX 78704-9926	\$ 5964.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	DAVIS INDUSTRIES 9920 RICHMOND HIGHWAY LORTON, VA 22199-0507	\$ 20000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>GULF COAST DENTAL OUTREACH, INC</b>	Employer identification number  <b>26-0761820</b>
--	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	FLORIDA ASSOCIATION OF FREE AND CHARITABLE CLINICS 4080 WOODCOCK DRIVE BUILDING 2400 SUITE 130  JACKSONVILLE, FL 32207	\$ 5068.	Person <input checked="" type="checkbox"/> Payrol <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payrol <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payrol <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payrol <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payrol <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payrol <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>GULF COAST DENTAL OUTREACH, INC</b>	Employer identification number  <b>26-0761820</b>
--	---

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____



Name of organization  <b>GULF COAST DENTAL OUTREACH, INC</b>	Employer identification number  <b>26-0761820</b>
--	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	





**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization **GULF COAST DENTAL OUTREACH, INC** Employer identification number **26-0761820**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ .....

(ii) Assets included in Form 990, Part X .....

▶ \$ .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ .....

b Assets included in Form 990, Part X .....

▶ \$ .....



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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part X II.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_ %
  - b Permanent endowment \_\_\_\_\_ %
  - c Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(c) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		29451.	29451.	0.
e Other		11135.	11135.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				0.



**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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



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

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

Table with 5 main rows and sub-rows (a-d) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-d) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

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

Multiple horizontal lines provided for entering supplemental information.





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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**GULF COAST DENTAL OUTREACH, INC**

Employer identification number

**26-0761820**

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

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

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

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

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		<b>GOLF TOURNAMENT</b> (event type)	(event type)	<b>NONE</b> (total number)	
Revenue	<b>1</b> Gross receipts .....	65637.			65637.
	<b>2</b> Less: Contributions .....	60697.			60697.
	<b>3</b> Gross income (line 1 minus line 2) .....	4940.			4940.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	3600.			3600.
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	251.			251.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				3851.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				1089.

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

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

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

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_



- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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



**Part IV** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information input.





SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2020

Open to Public  
Inspection

Name of the organization

GULF COAST DENTAL OUTREACH, INC

Employer identification number

26-0761820

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOCUSING ON PINELLAS, PASCO, AND HILLSBOROUGH COUNTIES IN FLORIDA.

FORM 990, PART VI, SECTION A, LINE 2:

ROBERT ETTLEMAN AND JANET ETTLEMAN ARE HUSBAND AND WIFE.

TERESA MCCORMICK AND TIMOTHY MCCORMICK ARE MOTHER AND SON.

FORM 990, PART VI, SECTION B, LINE 11B:

THE VICE PRESIDENT, FOUNDING DIRECTOR, AND TREASURER REVIEW THE INFORMATION  
PRESENTED IN THE FORM 990 DURING THE PREPARATION PROCESS. THE FINAL FORM  
990 IS PRESENTED TO ALL BOARD MEMBERS PRIOR TO THE FILING OF THE RETURN.  
THE VICE PRESIDENT APPROVES THE FINAL VERSION OF THE RETURN BEFORE IT IS  
ELECTRONICALLY FILED WITH INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

PERIODIC REVIEW OF OFFICER AND DIRECTOR COMPLIANCE

FORM 990, PART VI, SECTION C, LINE 19:

NO DOCUMENTS AVAILABLE TO THE PUBLIC

PART XII, LINE 2C EXPLANATION

THE VICE PRESIDENT AND THE TREASURER ASSUME RESPONSIBILITY FOR  
OVERSIGHT OF THE AUDIT. HOWEVER, THE ENTIRE BOARD PARTICIPATES IN THE  
SELECTION OF THE OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT  
CHANGED FROM THE PRECEDING YEAR.



Name of the organization GULF COAST DENTAL OUTREACH, INC	Employer identification number 26-0761820
---	--

SAFE HARBOR ELECTION FOR SMALL TAXPAYERS

SECTION 1.263(A)-3(H) SAFE HARBOR ELECTION FOR SMALL TAXPAYERS

GULF COAST DENTAL OUTREACH INC

450 KNIGHTS RUN AVE, UNIT 1408

TAMPA, FL 33602

EMPLOYER IDENTIFICATION NUMBER: 26-0761820

FOR THE YEAR ENDING DECEMBER 31, 2020

GULF COAST DENTAL OUTREACH INC IS MAKING THE SAFE HARBOR ELECTION UNDER REG. SEC. 1.263(A)-3(H) FOR THE FOLLOWING ELIGIBLE BUILDING PROPERTY(S).

DESCRIPTION OF ELEIGIBLE PROPERTY(S):

301 S DISSTON AVE TARPON SPRINGS, FL 34689

DE MINIMIS SAFE HARBOR ELECTION

SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION

GULF COAST DENTAL OUTREACH INC

450 KNIGHTS RUN AVE, UNIT 1408

TAMPA, FL 33602

EMPLOYER IDENTIFICATION NUMBER: 26-0761820



Name of the organization GULF COAST DENTAL OUTREACH, INC	Employer identification number 26-0761820
---	--

FOR THE YEAR ENDING DECEMBER 31, 2020

GULF COAST DENTAL OUTREACH INC IS MAKING THE DE MINIMIS HARBOR ELECTION UNDER REG. SEC. 1.263(A)-1(F)



**Depreciation and Amortization**  
(Including Information on Listed Property) **990**

**2020**

Attachment  
Sequence No. **179**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.**

▶ **Attach to your tax return.**

Name(s) shown on return <b>GULF COAST DENTAL OUTREACH, INC</b>	Business or activity to which this form relates <b>FORM 990 PAGE 10</b>	Identifying number <b>26-0761820</b>
---	--	---

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions) .....	<b>1</b>	<b>1040000.</b>
2 Total cost of section 179 property placed in service (see instructions) .....	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation .....	<b>3</b>	<b>2590000.</b>
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	<b>4</b>	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	<b>5</b>	
<b>6</b> (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29 .....	<b>7</b>	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	<b>8</b>	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 .....	<b>9</b>	
10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 .....	<b>10</b>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	<b>11</b>	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 .....	<b>12</b>	
13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 .....	<b>13</b>	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year .....	<b>14</b>	
15 Property subject to section 168(f)(1) election .....	<b>15</b>	
16 Other depreciation (including ACRS) .....	<b>16</b>	

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

<b>Section A</b>		
17 MACRS deductions for assets placed in service in tax years beginning before 2020 .....	<b>17</b>	<b>183.</b>
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here .....	<input type="checkbox"/>	

**Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System**

<b>20a</b> Class life					S/L	
<b>b</b> 12-year			12 yrs.		S/L	
<b>c</b> 30-year	/		30 yrs.	MM	S/L	
<b>d</b> 40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21 Listed property. Enter amount from line 28 .....	<b>21</b>	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. ....	<b>22</b>	<b>183.</b>
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	<b>23</b>	





**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1								<b>29</b>

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year (don't include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year. Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2020 tax year:					
DENTRIX ANNUAL CONTRACT	022420	1683.	461	12M	1403.
<b>43</b> Amortization of costs that began before your 2020 tax year					140.
<b>44 Total.</b> Add amounts in column (f). See the instructions for where to report					1543.





Department of the Treasury  
Internal Revenue Service  
Ogden, UT 84201

Notice	CP211A
Tax period	December 31, 2020
Notice date	June 7, 2021
Employer ID number	26-0761820
To contact us	Phone 877-829-5500 FAX 877-792-2864

071416.340341.239388.23290 1 AV 0.398 370



GULF COAST DENTAL OUTREACH INC  
% ROBERT ETTLEMAN  
450 KNIGHTS RUN AVE  
TAMPA FL 33602-6300

Page 1 of 1

071416

Important information about your December 31, 2020 Form 990

## We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your December 31, 2020 Form 990. Your new due date is November 15, 2021.

### What you need to do

File your December 31, 2020 Form 990 by November 15, 2021. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit [www.irs.gov/charities](http://www.irs.gov/charities) to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

### Additional information

Visit [www.irs.gov/cp211a](http://www.irs.gov/cp211a).

- For tax forms, instructions, and publications, visit [www.irs.gov/forms-pubs](http://www.irs.gov/forms-pubs) or call 800-TAX-FORM (800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.



Form **8868**  
(Rev. January 2020)

**Application for Automatic Extension of Time To File an Exempt Organization Return**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>GULF COAST DENTAL OUTREACH, INC</b>	Taxpayer identification number (TIN) <b>26-0761820</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>C/O MCCORMICK - 711 W FLETCHER AVE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>TAMPA, FL 33612</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**TERESA MCCORMICK**

- The books are in the care of ► **711 W FLETCHER AVE, STE A - TAMPA, FL 33612**  
Telephone No. ► **813-931-1554** Fax No. ► **813-931-1335**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

- I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ►  calendar year **2020** or  
 ►  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2020)





Department of the Treasury  
Internal Revenue Service  
Ogden, UT 84201

Notice	CP211A
Tax period	December 31, 2020
Notice date	June 7 2021
Employer ID number	26-0761820
To contact us	Phone 877-829-5500 FAX 877-792-2864

Page 1 of 1

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Form **8868**  
(Rev. January 2020)

**Application for Automatic Extension of Time To File an Exempt Organization Return**

OMB No. 1545-0047

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<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>GULF COAST DENTAL OUTREACH, INC</b>	Taxpayer identification number (TIN) <b>26-0761820</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>C/O MCCORMICK - 711 W FLETCHER AVE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>TAMPA, FL 33612</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

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**TERESA MCCORMICK**

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Telephone No. ▶ **813-931-1554** Fax No. ▶ **813-931-1335**
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 ▶  calendar year **2020** or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2020)



2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Con- v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
1	EPSON EX30 PROJECTOR	12/17/09	200DE	5.00		MC17	419.			210.	209.	209.		0.	209.
3	USED NOMAD HANDHELD DENTAL XRAY	12/01/10	200DE	5.00		MC17	3520.				3520.	3520.		0.	3520.
5	(D)USED COMPAQ V3000 PRESARIO COMPUTER	05/20/10	200DE	5.00		MC17	400.				400.	400.		0.	400.
6	USED DENTAL OPERATOR STOOLS (D)HP PAVILLION DV4-2165DX	01/15/11	200DE	5.00		MC17	300.				300.	300.		0.	300.
7	INTEL LAPTOP	11/15/11	200DE	5.00		MC17	415.				415.	415.		0.	415.
9	CALVITRON FSI 1000 X 4	01/30/12	200DE	5.00		HY17	422.			211.	211.	211.		0.	211.
10	CALVITRON FSI 1000 X 4	01/30/12	200DE	5.00		HY17	157.			79.	78.	78.		0.	78.
12	OPERATOR STOOL	04/15/13	200DE	5.00		MC17	260.			130.	130.	130.		0.	130.
13	3 HANDPIECES	06/03/13	200DE	5.00		MC17	1200.			600.	600.	600.		0.	600.
14	CURING LIGHT	07/02/13	200DE	5.00		MC17	403.			202.	201.	201.		0.	201.
15	PENTAMIX 3 MIXING UNIT	08/09/13	200DE	5.00		MC17	2091.			1046.	1045.	1045.		0.	1045.
16	SCHICK DIGITAL XRAY SENSORS	12/30/13	200DE	5.00		MC17	12960.			6480.	6480.	6479.		0.	6479.
17	SCHICK XRAY INTERFACE	12/30/13	200DE	5.00		MC17	1349.			675.	674.	674.		0.	674.
20	CDR ELITE SIZE 2 SENSOR 6	04/24/15	200DE	5.00		HY17	6370.			3185.	3185.	3002.		183.	3185.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						30266.			12818.	17448.	17264.		183.	17447.
	OTHER														
2	QUICKBOOKS NON-PROFIT	10/20/09	SL	3.00		HY16	190.			95.	95.	95.		0.	95.

028111 04-01-20

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone



2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
4	FILE CABINET - 3 DRAWER	06/21/10	200DE	7.00	MC17	630.			315.	315.	315.		0.	315.
8	NORTON 360 LAPTOP SECURITY RENEWAL	10/27/11	SL	3.00	HY16	70.			70.				0.	
11	USED FILE CABINET	02/27/12	200DE	7.00	HY17	350.				350.	350.		0.	350.
18	SCHICK XRAY SOFTWARE	12/30/13	SL	3.00	HY16	2900.			1450.	1450.	1449.		0.	1449.
19	DENTRIX SOFTWARE	01/14/14	SL	3.00	HY16	6995.			3498.	3497.	3498.		0.	3498.
21	(D)DENTRIX ANNUAL CONTRACT	02/14/19	461	12M	HY43	1683.				1683.	1543.		140.	1683.
22	DENTRIX ANNUAL CONTRACT	02/24/20	461	12M	HY42	1683.				1683.	7250.		1543.	1403.
	* 990 PAGE 10 TOTAL OTHER					14501.			5428.	9073.				8793.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT					44767.			18246.	26521.	24514.		1726.	26240.
	CURRENT YEAR ACTIVITY													
	BEGINNING BALANCE					43084.			18246.	24838.	24514.			24837.
	ACQUISITIONS					1683.			0.	1683.	0.			1403.
	DISPOSITIONS/RETIRED					2498.			0.	2498.	2358.			2498.
	ENDING BALANCE					42269.			18246.	24023.	22156.			23742.
	ENDING ACCUM DEPR LESS DISPOSITIONS										41988.			
	ENDING BOOK VALUE										281.			

028111 04-01-20

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone





A S S U R A N C E D I M E N S I O N S

Financial Statements and Report of  
Independent Certified Public Accountants

**Gulf Coast Dental Outreach, Inc.**

December 31, 2018 and 2017

**Gulf Coast Dental Outreach, Inc.**

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## INDEPENDENT AUDITOR'S REPORT

Board of Directors,  
**Gulf Coast Dental Outreach, Inc.**

We have audited the accompanying financial statements of **Gulf Coast Dental Outreach, Inc.** (the "Organization"), which comprise the statements of financial position as of December 31, 2018 and 2017, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

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

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

### **Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement.

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

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

**ASSURANCE DIMENSIONS CERTIFIED PUBLIC ACCOUNTANTS & ASSOCIATES**  
also d/b/a McNAMARA and ASSOCIATES, PLLC

**TAMPA BAY:** 4920 W Cypress Street, Suite 102 | Tampa, FL 33607 | Office: 813.443.5048 | Fax: 813.443.5053  
**JACKSONVILLE:** 4720 Salisbury Road, Suite 223 | Jacksonville, FL 32256 | Office: 888.410.2323 | Fax: 813.443.5053  
**ORLANDO:** 1800 Pembroke Drive, Suite 300 | Orlando, FL 32810 | Office: 888.410.2323 | Fax: 813.443.5053  
**SOUTH FLORIDA:** 2000 Banks Road, Suite 218 | Margate, FL 33063 | Office: 754.800.3400 | Fax: 813.443.5053

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A S S U R A N C E D I M E N S I O N S

### Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Gulf Coast Dental Outreach, Inc. as of December 31, 2018 and 2017 and the changes in its net assets, functional expenses and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

*Assurance Dimensions*

Tampa, Florida  
August 22, 2021

**ASSURANCE DIMENSIONS CERTIFIED PUBLIC ACCOUNTANTS & ASSOCIATES**  
also d/b/a McNAMARA and ASSOCIATES, PLLC

**TAMPA BAY:** 4920 W Cypress Street, Suite 102 | Tampa, FL 33607 | Office: 813.443.5048 | Fax: 813.443.5053  
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**SOUTH FLORIDA:** 2000 Banks Road, Suite 218 | Margate, FL 33063 | Office: 754.800.3400 | Fax: 813.443.5053

[www.assurancedimensions.com](http://www.assurancedimensions.com)

**Gulf Coast Dental Outreach, Inc.**  
**Statements of Financial Position**  
**As of December 31, 2018 and 2017**

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	<u>Assets</u>	
	<u>2018</u>	<u>2017</u>
Current assets:		
Cash and equivalents	\$ 69,220	\$ 99,800
Investments	157,691	165,504
Total current assets	<u>226,911</u>	<u>265,304</u>
Property and equipment, net	566	1,769
Other assets	<u>1,292</u>	<u>285</u>
Total assets	<u>\$ 228,769</u>	<u>\$ 267,358</u>
	<u>Liabilities and Net Assets</u>	
Liabilities:		
Accrued liabilities	<u>\$ 1,018</u>	<u>\$ 1,125</u>
	1,018	1,125
Net assets:		
Unrestricted	<u>227,751</u>	<u>266,233</u>
Total liabilities and net assets	<u>\$ 228,769</u>	<u>\$ 267,358</u>

The accompanying notes are an integral part of these financial statements.

**Gulf Coast Dental Outreach, Inc.**  
**Statements of Activities**  
**For the Years Ended December 31, 2018 and 2017**

---

	<u>2018</u>	<u>2017</u>
Revenues:		
Contributed dentist and hygienist services	\$ 297,401	\$ 276,805
Fundraising and donations	109,439	97,402
Facility use assessment	10,126	10,272
In-kind rent	9,600	9,600
Total revenue	<u>426,566</u>	<u>394,079</u>
Expenditures		
Program	402,115	376,409
Administration	39,665	32,491
Fundraising	13,708	13,926
Total expenditures	<u>455,488</u>	<u>422,826</u>
Other income	(9,560)	19,718
Changes in net assets	(38,482)	(9,029)
Beginning of year	266,233	275,262
End of year	<u>\$ 227,751</u>	<u>\$ 266,233</u>

The accompanying notes are an integral part of these financial statements.

**Gulf Coast Dental Outreach, Inc.**  
**Statement of Functional Expenses**  
**For the Year Ended December 31, 2018**

---

Expenditures	Program	Supporting Services		Total
		Administration	Fundraising	
Dentist and hygienist	\$ 297,401	\$ -	\$ -	\$ 297,401
Payroll	83,466	6,174	-	89,640
Supplies and lab	21,248	-	-	21,248
Events	-	-	13,557	13,557
Rent	-	10,368	-	10,368
Insurance	-	5,726	-	5,726
Professional fees	-	5,000	-	5,000
Miscellaneous	-	3,889	-	3,889
Telephone	-	2,628	-	2,628
Repairs and maintenance	-	2,347	-	2,347
Depreciation and Amortization	-	1,203	-	1,203
Office supplies	-	1,042	-	1,042
Meals and entertainment	-	742	-	742
Gifts and donations	-	250	-	250
Licenses/permits	-	217	-	217
Bank/merchant fees	-	42	151	193
Dues and subscriptions	-	19	-	19
Postage/printing/copying	-	18	-	18
Total expenditures	<u>\$ 402,115</u>	<u>\$ 39,665</u>	<u>\$ 13,708</u>	<u>\$ 455,488</u>

The accompanying notes are an integral part of this financial statement.

**Gulf Coast Dental Outreach, Inc.**  
**Statement of Functional Expenses**  
**For the Year Ended December 31, 2017**

---

Expenditures	Program	Supporting Services		Total
		Administration	Fundraising	
Dentist and hygienist	\$ 276,805	\$ -	\$ -	\$ 276,805
Payroll	83,457	6,261	-	89,718
Supplies and lab	15,479	-	-	15,479
Events	-	-	13,660	13,660
Rent	-	10,340	-	10,340
Insurance	-	3,277	-	3,277
Depreciation and Amortization	-	3,233	-	3,233
Telephone	-	2,805	-	2,805
Miscellaneous	-	2,049	-	2,049
Repairs and maintenance	-	1,770	-	1,770
Meals and entertainment	-	1,135	-	1,135
Office supplies	-	814	-	814
Postage/printing/copying	668	21	-	689
Gifts and donations	-	414	-	414
Bank/merchant fees	-	56	266	322
Licenses/permits	-	217	-	217
Professional fees	-	80	-	80
Dues and subscriptions	-	19	-	19
Total expenditures	<u>\$ 376,409</u>	<u>\$ 32,491</u>	<u>\$ 13,926</u>	<u>\$ 422,826</u>

The accompanying notes are an integral part of this financial statement.

**Gulf Coast Dental Outreach, Inc.**  
**Statements of Cash Flows**  
**For the Years Ended December 31, 2018 and 2017**

---

	<u>2018</u>	<u>2017</u>
Cash flows from operating activities:		
Increase (decrease) in net assets:	\$ (38,482)	\$ (9,029)
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	1,203	3,233
Loss on investments	7,813	(16,775)
Increase (decrease)		
Other assets	(1,007)	(749)
Accrued expenses	(107)	(2,128)
Net cash provided (used) by operating activities	<u>(30,580)</u>	<u>(25,448)</u>
Net decrease in cash	(30,580)	(25,448)
Cash, beginning of period	99,800	125,248
Cash, end of period	<u>\$ 69,220</u>	<u>\$ 99,800</u>

The accompanying notes are an integral part of these financial statements.

# Gulf Coast Dental Outreach, Inc.

## Notes to Financial Statements

December 31, 2018 and 2017

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### Note A – Organization and Description of Business

Gulf Coast Dental Outreach, Inc. (the “Organization”) was founded in August 2007 and is a registered 501(c)3 non-profit volunteer dental program that provides access to low cost dental care to qualified low income adult population living in Florida Gulf Coast region. Prospective patients cannot have dental insurance or an income that is greater than 150% of poverty to qualify for care.

### Note B – Significant Accounting Policies

The financial statements are prepared in accordance with accounting principles generally accepted in the United States of America.

#### Basis of Presentation

In accordance with authoritative guidance, the Organization is required to report information regarding its financial position and activities according to three of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

Unrestricted Net Assets – Net assets representing resources generated from operation that are not subject to donor imposed stipulations.

Temporarily Restricted Net Assets – Net assets subject to donor-imposed stipulations that may or will be met either by actions of the Organization and/or the passage of time.

Permanently Restricted Net Assets – Net assets subject to donor-imposed stipulations that must be maintained permanently by the Organization. Generally, the donors of these assets permit the use of all or part of the income earned on related investments for general or specific purposes.

#### Recently Issued Accounting Standards

In May 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update, *Revenue from Contracts with Customers*. The effective date for this Standard for nonpublic entities is annual reporting periods beginning after December 15, 2018, with early adoption permitted for annual periods beginning after December 15, 2016. ASU 2015-09 outlines a new, single comprehensive model for entities to use in accounting for revenue arising from contracts with customers and supersedes most current revenue recognition guidance, including industry-specific guidance. This new revenue recognition model provides a five-step analysis in determining when and how revenue is recognized. The new model will require revenue recognition to depict the transfer of promised goods or services to customers in an amount that reflects the consideration a company expects to receive in exchange for those goods or services. The Company is currently assessing the impact that adopting this new accounting guidance will have on its financial statements and footnote disclosures.

In February 2016, the FASB issued ASU 2016-02, Leases (Topic 842), which supersedes ASC 840, Leases. This ASU is based on the principle that entities should recognize assets and liabilities arising from leases. The ASU does not significantly change the lessees' recognition, measurement and presentation of expenses and cash flows from the previous accounting standard. Leases are classified as finance or operating. The ASU's primary change is the requirement for entities to recognize a lease liability for payments and a right of use asset representing the right to use the leased asset during the term on operating lease arrangements. Lessees are permitted to make an accounting policy election to not recognize the asset and liability for leases with a term of twelve months or less. Lessors' accounting under the ASC is largely unchanged from the previous accounting standard. In addition, the ASU expands the disclosure requirements of lease arrangements. Lessees and lessors will use a modified retrospective transition approach, which includes a number of practical expedients. The effective date will be the first quarter of fiscal year 2022 with early adoption permitted. Management believes that this ASU will not have a significant effect on its financial statements.



# Gulf Coast Dental Outreach, Inc.

## Notes to Financial Statements

December 31, 2018 and 2017

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### Note B – Significant Accounting Policies (Continued)

#### Cash and Cash Equivalents

The Organization considers all highly liquid investments with a maturity of three months or less when purchased to be cash equivalents.

#### Property and Equipment

Property and equipment are recorded at cost purchased or fair value at date of gift, if contributed. Maintenance and repairs are charged to expense as incurred. When items of property and equipment are sold or otherwise disposed of, the asset and related accumulated depreciation are eliminated, and any gain or loss is included in operations. Depreciation expense is calculated using the double declining method over the estimated useful lives of the respective assets, which range from 3 to 7 years.

#### Allocation of Expenses

Where a specific cost can be identified with a particular function, the cost is charged directly to that function. If costs cannot be identified directly with specific functional categories, those costs are allocated among functional categories based upon the “full-time equivalent” and other accepted methods of cost allocation.

#### Contributions

Contributions are recorded as unrestricted, temporarily restricted, or permanently restricted support depending on the existence and nature of donor restrictions. All contributions are considered to be available for unrestricted use in the appropriate time period, unless specifically restricted by the donor.

Amounts restricted for future periods or restricted for specific purposes are reported as temporarily restricted or permanently restricted support. When a donor-stipulated time restriction ends or a purpose restriction is accomplished, the restricted net assets are reclassified to unrestricted net assets and reported as satisfactions of program restrictions and net assets released. If a restriction is fulfilled in the same time period in which the contribution is received, the contribution is reported as unrestricted.

#### Contributed Services

The Organization recognizes the fair value of donated services received if such services: (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 contributed.

A substantial number of volunteers have made significant contributions of their time to the Organization’s program and supporting services. The value of this contributed time is not reflected in the financial statements since it does not require a specialized skill. However, services contributed by Dentists and Hygienists require a specialized skill and are recognized as revenue and expense. The value of the contributed services are associated with the ADA Survey that is published on odd years and the Dental Economics report published on even years. The Organization has selected the South East region, suburban practice setting and has selected the fee associated at the 60<sup>th</sup> percentile. For the years ended December 31, 2018 and 2017, respectively, approximated \$297,000 and \$277,000 have been recorded as revenue and expense.

# Gulf Coast Dental Outreach, Inc.

## Notes to Financial Statements

December 31, 2018 and 2017

---

### Note B – Significant Accounting Policies (continued)

#### Income Taxes

The Organization qualifies as a tax-exempt organization under Section 501(c)3 of the Internal Revenue Code (IRC). The Organization periodically assesses whether it has incurred income tax expense or related interest or penalties in accordance with accounting for uncertain tax positions. No such amounts were recognized for the years ending December 31, 2018 and 2017, respectively.

The Organization follows the income tax standard for uncertain tax positions. The Organization has evaluated their tax positions and determined they have no uncertain tax positions as of December 31, 2018. Should the Organization's tax-exempt status be challenged in the future, the Organization's 2016, 2017 and 2018 tax years are open for examination by the IRS.

#### Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts of assets, liabilities and net assets and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues, gains and other support and expenses during the reporting period. Accordingly, actual results could differ from those estimates.

#### In-kind Rent

The Organization received in-kind services related to office space of approximately \$9,600 for the year ended December 31, 2018 and 2017.

#### Fair Value Measurement

The Organization categorizes its assets and liabilities measured at fair value into a three-level hierarchy based on the priority of the inputs to the valuation technique used to determine fair value. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). If the inputs used in the determination of the fair value measurement fall within different levels of the hierarchy, the categorization is based on the lowest level input that is significant to the fair value measurement. Assets and liabilities valued at fair value are categorized based on the inputs to the valuation techniques as follows:

Level 1 – Inputs that utilize quoted prices (unadjusted) in active markets for identical assets or liabilities that the Organization has the ability to access.

Level 2 – Inputs that include quoted prices for similar assets and liabilities in active markets and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument. Fair values for these instruments are estimated using pricing models, quoted prices of securities with similar characteristics, or discounted cash flows.

Level 3 – Inputs that are unobservable inputs for the asset or liability, which are typically based on an entity's own assumptions, as there is little, if any, related market activity.

*Mutual funds:* Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Organization are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Organization are deemed to be actively traded.

# Gulf Coast Dental Outreach, Inc.

## Notes to Financial Statements

December 31, 2018 and 2017

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### Note B – Significant Accounting Policies (continued)

*Money market accounts:* The assets held in money market funds are valued at NAV of the underlying funds. The inputs used to determine fair value of these funds are not always quoted prices in an active market.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Organization believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Organization's assets at fair value as of December 31, 2018 and 2017:

#### Fair Value Measurements at Reporting Date Using:

	Assets Measured at Fair Value at 12/31/2018	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)
Investments, at fair value			
Mutual funds	\$ 157,691	\$ 157,691	\$ -
Totals assets in the fair value hierarchy	<u>157,691</u>	<u>157,691</u>	<u>-</u>
Investments measured at net asset value	-		
Investments, at fair value	<u>\$ 157,691</u>		

#### Fair Value Measurements at Reporting Date Using:

	Assets Measured at Fair Value at 12/31/2017	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)
Investments, at fair value			
Mutual funds	\$ 165,504	\$ 165,504	\$ -
Totals assets in the fair value hierarchy	<u>165,504</u>	<u>165,504</u>	<u>-</u>
Investments measured at net asset value	-		
Investments, at fair value	<u>\$ 165,504</u>		

# Gulf Coast Dental Outreach, Inc.

## Notes to Financial Statements

December 31, 2018 and 2017

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### Note C – Fixed Assets

Property and equipment consist of the following as of December 31:

	2018	2017
Software	\$ 10,155	\$ 10,155
Dental equipment	29,031	29,031
Office equipment and fixtures	2,214	2,214
	41,400	41,400
Less: accumulated depreciation	(40,834)	(39,631)
Property and Equipment (net)	<u>\$ 566</u>	<u>\$ 1,769</u>

The Organization had depreciation expense for the years ended December 31, 2018 and 2017 was \$1,203 and \$3,233, respectively.

### Note D – Subsequent Events

Subsequent events have been evaluated through August 22, 2021, which is the date the financial statements were available to be issued.

00011998

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(800) 282-3343

Billing Account Information	
Statement Date	02-23-2022
Account Number	009766633
Payment Plan	Full Pay
Due Date	03-15-2022

GULF COAST DENTAL OUTREACH INC  
450 KNIGHTS RUN AVE UNIT 1408  
TAMPA FL 33602

Summary of Billing Account Activity					
Previous Balance	Payments	Policy Activity	Fees	Total	Minimum Due
\$795.43	\$759.43	\$766.49	\$0.00	\$802.49	\$766.09

<b>Total with Paid In Full Discount</b>	
\$766.09	

Payments must be received by the Due Date to receive the Paid in Full Discount.

fold and detach here

5017551

12-0153-00



Billing Account Information	
Account Number	009766633
Due Date	03-15-2022
Total	\$802.49
Minimum Due	\$766.09
<b>Total with Paid In Full Discount</b>	
\$766.09	

GULF COAST DENTAL OUTREACH INC  
450 KNIGHTS RUN AVE UNIT 1408  
TAMPA FL 33602

Please make checks payable to:

AUTO-OWNERS INSURANCE  
PO BOX 740312  
CINCINNATI, OH 45274-0312

For updates to your billing address, mark Address Change below  
and fill out the back of this stub.

\_\_\_\_Address Change



200000976663300000000000000000007660900000766098

**Policies on Account**

TAILORED PROTECTION 20-149529	Effective Date	Policy Activity	Total	Minimum Due	Total Due with Paid in Full Discount
	03-10-2022	\$802.49	\$802.49	\$766.09	\$766.09

**Important Billing Information**

- Payment of your premium by check, to Auto-Owners Insurance or your agency, authorizes us to process your payment electronically. Funds may be withdrawn from your account as soon as the same day we receive your payment.
- A fee of up to \$0.00 may be charged if a cancellation bill is issued (except IL, IA, MI, & VA).
- IL, IA, MI, & VA only - A fee of \$15.00 is charged if a cancellation bill is issued and your insurance is continued or reinstated. No fee is charged if your insurance is cancelled and not reinstated.
- A fee of up to \$15.00 may be charged for returned items. Returned items may be represented as an electronic ACH transaction.
- A convenience fee of up to \$8.00 may be charged when making a payment by phone.

**Billing Address Change**

GULF COAST DENTAL OUTREACH INC

Account Number: 009766633

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Policies on Account**

TAILORED PROTECTION

20-149529

DIVISION OF CONSUMER SERVICES  
(850) 410-3800



THE RHODES BUILDING  
2005 APALACHEE PARKWAY  
TALLAHASSEE, FLORIDA 32399-6500

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES  
COMMISSIONER NICOLE "NIKKI" FRIED

---

August 11, 2022

Refer To: CH26643

GULF COAST DENTAL OUTREACH, INC.  
301 S DISSTON AVE  
TARPON SPRINGS, FL 34689-4411

RE: GULF COAST DENTAL OUTREACH, INC.  
REGISTRATION#: CH26643  
EXPIRATION DATE: July 28, 2023

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 30 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Keith Steverson  
Consumer Service Analyst  
850-410-3833  
Fax: 850-410-3804  
E-mail: keith.steverson@fdacs.gov