

# Application Form

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## *Organization Information*

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### **Brief Project Descriptor**

Please briefly describe this organization's request.

**If you have previously applied for a Small Purchase and would like your previous request copied over to update and submit for consideration in Round Two, please contact Rose Cervantes. Due to the current inflationary environment, you will need to obtain new bids/estimates for your proposed purchases regardless of a prior submission. The new request amount must also fit within the maximum request amounts for Round Two.**

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 can be downloaded [here](#).

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

### **Organization Name\***

Community Dental Clinic

### **Proposal Name\***

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

Rising beyond the pandemic

### **EIN\***

45-3340613

### **Incorporation Year\***

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

2011

## Organizational Mission Statement\*

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

The Community Dental Clinic mission is to provide access to quality urgent dental care at no cost for the low income uninsured adults of Pinellas County to improve their overall health and well being.

## 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.

\$761,988.00

## 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

## *Amount Requested (Annual Operating Budget > \$500,000)*

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### Amount Requested (Annual Operating Budget > \$500,000)\*

Because your annual operating budget is over \$500,000, the maximum grant request for your organization is \$150,000.

\$148,403.00

## *Request Specifics*

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### Priority Areas\*

For Round 2 of this funding process, the ARPA Nonprofit Capital Project Fund is prioritizing organizations that offer programming, and whose capital purchase is related to, the following areas:

- Individuals with Disabilities
- Food Security
- Specialized Healthcare
  - Mental Health
  - Dental Care
  - Substance Use Disorders
- Housing

Not offering programming in these areas does not disqualify you from applying. However, this prioritization will result in 10 bonus points being awarded to eligible requests when scored.

**Does your organization and its proposed capital purchase fit into one of these areas?**

Yes

### 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?

**If you have indicated above that your programming and proposed purchase fit into the priority areas for this funding round, please be sure to describe the relevant programming.**

Since 2013, the Community Dental Clinic is a home for over 3,400 people providing urgent, accessible, quality dental care at no cost for low-income, uninsured adults in Pinellas County. We have improved access to care, preventing severe dental issues, and improving the health and well-being of disadvantaged community members. We provide our patients with exams, x-rays, fillings, deep cleanings, extractions, simple root canals, crowns, and dentures/partial for adults. The clinic triages and treats an increasing number of patients, enrolling an average of 30 people per month.

The clinic also diverts patients seeking dental care from local hospital ERs and urgent care clinics. We provide relief and resolution for those who turn to local ERs and urgent care clinics for help with non-life-threatening dental pain and infection. This approach is an example of community-based healthcare that is responsive to local needs and leverages partnerships to provide more comprehensive care. We prioritize timely care and prevention of severe dental issues by setting appointments for everyone that meets Sovereign Immunity (SI) criteria and treating them within 48 hours. This ensures that patients receive care promptly, avoiding the need for emergency treatment that may be more costly and painful. Having a no-cost clinic removes financial barriers to care and reduces patients' stress about choosing between dental care and other basic needs. With a diverse population such as homeless individuals, wounded veterans, and seniors, the clinic is addressing a significant gap in dental care for the community and improving their quality of life.

## 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 community needs that exist for our programming are the lack of access to affordable dental care for low-income uninsured adults, transportation, and access to healthy food. With over 100,000 people in the community living near or below the poverty level do not have dental insurance, making it difficult for them to afford dental care. As a result, they often delay seeking care until their condition becomes severe, leading to unnecessary suffering and emergency visits. It is unfortunate that when the pain or ill effects become unbearable, they often turn to the ER or urgent care clinics for help. Unfortunately, these facilities are not equipped to provide comprehensive dental care beyond prescribing antibiotics or painkillers, which does not address the underlying issue. Due to the pandemic, the dental clinic was forced to stop providing services which led to many of our patients delaying treatment which caused rampant decay, oral infections, and loss of teeth.

Transportation is also a significant issue for low-income uninsured adults in our community. According to a 2019 report by the Pinellas County Health Department, transportation was identified as a barrier to healthcare access for 23% of respondents. Many individuals have limited or no access to transportation, making it difficult for them to get to appointments and receive the care they need. In 2021, over 1,216 ridership were recorded in Pinellas County. Many of our patients depend on the rideshare and were not able to access the clinic during the pandemic as many buses were also shut down.

Access to healthy food is another concern in our community. According to Feeding Tampa Bay, 1 in 5 children and 1 in 7 adults in Pinellas County struggle with hunger. Lack of access to healthy food options can lead to poor oral health, as a diet high in sugar and processed foods can contribute to tooth decay and other oral health issues.

## 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:

- Inflationary pressures
- A reduction in revenue since the onset of the pandemic
- An increase in pandemic-related revenue that is restricted, or otherwise does not permit the purchase of capital assets

- The use of reserves for pandemic-related unbudgeted expenses
- Allocation of resources to meet a pandemic-related increase in demand for services, which results in a lack of resources to purchase capital assets
- A need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC

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

As an organization providing affordable dental care to low-income uninsured individuals in Pinellas, the COVID-19 pandemic has had a significant negative economic impact on our operations. Due to people losing their jobs or struggling to pay their bills, dental care has not been a priority even in emergencies, putting patients at risk of further dental problems and potentially serious health issues. This has resulted in a backlog of patients and an increased demand for urgent care services, which has had negative consequences for both our patients and our clinic.

Patients are experiencing prolonged pain and discomfort due to delayed treatment, which can impact their overall health and well-being. As a simple filling may now require major treatment such as a root canal or extraction, we must find ways to support the cost of lab fees to create the crowns and dentures/partials required to restore their oral health. However, due to limited resources, we have faced challenges in managing the increased demand, such as funds for lab fees, long wait times due to a lack of equipment, and overworked staff. We would need \$148,403 to close the gap in demand created by the pandemic. Thankfully, we have volunteer dentists willing to dedicate their time and skills to alleviate the backlog of patients, but we do not have enough dental chairs to accommodate the services needed. If the backlog of patients persists, our patients will face a negative impact on their overall oral health.

In response to the increase in demand for urgent care services, the clinic will need to upgrade its current sterilization process. Currently, we are using an all-in-one pouch system that is made of paper. When inserting the dirty instrument into the pouches, it often leads to the instrument piercing the pouch causing the instruments to potentially fall out. Once the instrument falls out, the staff are exposed to potential bio-hazard elements which could cause life-threatening illness. After the pouches are sterilized, the paper is wet and causes the clean instruments to fall out. The staff is required to re-sterilize them, taking longer to treat the patient. Upgrading to a cassette system will allow the instruments to stay confined in a locked cassette, thus keeping the staff safe from puncture wounds.

## 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?

The purchase proposal for these funds includes 4 ADEC dental chairs, 52 instrument cassettes/supplies, and lab fees for 150 units. The ADEC chairs are high-quality dental chairs that will allow the Community Dental Clinic to expand its services to accommodate the increased demand for urgent care services. The estimated lifespan of the ADEC chairs is at least 25 years, which means that the purchase will have a long-lasting impact on the clinic's ability to provide patient care. With additional chairs, the clinic will have the equipment to allow additional volunteer dentists and hygienists to utilize their skills, which will help to alleviate the backlog of patient care.

The instrument cassettes and supplies will enhance the safety measures for staff and patients by creating a more sterile environment and keeping the staff safe. The instrument cassettes have a 10-year lifespan and are made of high-quality, electropolished stainless steel that protects against corrosion. By having a more sterile environment, patients will be more likely to return for follow-up appointments, and staff will be less likely to get sick, which will help to mitigate the negative economic harm caused by the temporary closure of the clinic.

The funds would allow us to provide up to 75 crowns and up to 75 dentures/partial. According to the National Institution of Health, the average life span for a crown, denture, and partial is 11 years. By providing these services, we are able to help restore our patient's oral health, increase their confidence, and increase their ability

## 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. According to federal guidance, 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?**

The purchase of high-quality dental chairs, upgrading to a cassette system, and providing dental lab fees will expand the capacity of the Community Dental Clinic to provide urgent care services, which will benefit individuals who have been denied fair and just treatment due to persistent poverty or inequality. Over 50% of our community identifies as LGBTQ+ and over 34% are Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders, and other persons of color, who are at a higher risk for dental health issues due to systemic inequities. With the additional chairs and cassettes, we can double our patient capacity and provide a sterile and safe environment for the patients and staff.

Overall, the purchase of high-quality dental chairs and upgrading to a cassette system aligns with the guiding principle of equity by addressing the needs of specified priority populations, such as LGBTQ+ individuals and individuals who identify as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders, and other persons of color. The purchase could improve access to care, safety, and quality of care for these individuals, potentially helping to mitigate some of the impacts of systemic inequities and the COVID-19 pandemic.

## Number Served\*

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

4000

## 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**.

Duplicated

## 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.

## *Geographic Impact & Priority Populations*

The ARPA Nonprofit Capital Project Fund seeks to offset the negative economic impact Pinellas nonprofits faced due to the COVID-19 pandemic. Organizations who serve disproportionately impacted communities will be considered as serving a priority population. There are several ways to determine if your clients were disproportionately impacted.

Examples of disproportionately impacted communities include those who:

- Live in a Qualified Census Tract (QCTs)
  - Defined by U.S. Department of Housing and Urban Development (HUD)
  - U.S. Treasury guidance prioritizes use of ARPA funds within QCTs
  - 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.
- Low- and moderate-income household and communities
- Households that qualify for federal assistance programs, such as SNAP and TANF
- Historically marginalized communities (BIPOC communities, persons with disabilities, LGBTQ+, religious minorities, and other communities that fit in the Equity definition provided on the ARPA website and application)

## Benefits and Geography of Purchase\*

Please describe the following:

1. The communities/clients that will benefit from this capital purchase, and whether they were disproportionately impacted by the pandemic according to the examples above.
2. The geographic areas in which this capital purchase will be put into use. Be as specific as possible.

Our clinic is located in heart of Lake Bellevue Neighborhood within Clearwater, Florida. This area is prominently low-income area. Our clinic provides services not only for the local neighborhood but, we serve all eligible Pinellas County low-income residents within the Qualified Census Tract. 100% of our patients were disproportionately impacted by the pandemic. This includes those that were unemployed, underemployed, veterans, disabled, LGTBQ+, and seniors as they were more likely to have lost their jobs or had reduced income due to the economic downturn caused by COVID-19. By providing affordable dental care, our clinic can help alleviate some of the financial burdens faced by these individuals and ensure that they receive the care they need to maintain their oral health.

The geographic areas in which this capital purchase will be put into use are primarily the Lake Bellevue neighborhood in Clearwater, Florida as well as other low-income areas within the Qualified Census Tract in Pinellas County. However, since our clinic serves all eligible low-income residents within this area, the impact of the capital purchase will extend beyond just the immediate neighborhood.

## 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/>

1008 Woodlawn Street, Clearwater, FL 33756

## QCT Determination - Headquarters\*

Is this organization headquartered in a QCT?

Further determination required

## Community Connection

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PCF understands the value of authentic and diverse representation in philanthropy and in Pinellas County. To this end, we ask demographic and representation questions to gauge the human impact your organization has on the communities 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.

If your staff, board, executive leadership, or long-term volunteers have personal identities or experiences that allow for a meaningful connection with your clients, please feel free to describe this connection below. When possible, please use internal data or specific details to describe how your organization is representative and connected to the communities you serve.

Our organization is a small clinic with a diverse group of staff members, including paid and volunteer dental assistants, hygienists, and dentists. Our organization's staff and volunteers come from diverse backgrounds and have faced similar challenges as our patient bases, such as poverty, discrimination, disability, and cultural differences. This is important because it allows the staff and volunteers to relate to and understand the challenges faced by the patients, which can help us to provide better care and support. The Board of Trustees has started to increase diversity by transitioning its membership to include more people of color, women, and people who have shared experiences with the patient demographic.

We have many partners in the community such as Bay Care's Morton Plant, Morton Plant Mease, and Mease Dunedin hospitals who refer patients that seek dental help in the ER or urgent care. Clearwater Free Clinic, The Salvation Army, and the Arc of Tampa Bay refer their participants who qualify for our services for ongoing dental treatment. Guadalupe Medical Clinic, which is predominantly Latino patient base. They will refer their patients for dental care. We utilize a telehealth translation system to help translate which makes the patient feel more comfortable and confident in the services being provided. We partner with 11 local dentists who volunteer their services or provide referral support for specialty care. Gulf Coast Dental Outreach and the Homeless Empowerment Program refer their "graduates" to our programs so they can have a stable dental home. The Pinellas County Commission funds a community dental team through the Department of Health Pinellas - the team includes a county dentist for us one day a week and a hygienist for three days per week. Nova Southeastern University Tampa campus recently opened a new International Dentist Program. They will rotate students through our clinic to provide hands-on community care experience beginning in 2023. The Wounded Veterans Relief Program partners with the VA system to refer veterans that are 30% to 99% disabled and do not qualify for dental care through the VA Dental Program. In order for the veteran to qualify for the VA dental program, they need to be 100% disabled. leaving veteran in Pinellas county without affordable dental care.

## 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. Neurodiversity is defined as "the range of differences in individual brain function and behavioral traits, regarded as part of normal variation in the human population." Examples of neurodiversity include autism spectrum disorders, ADHD, and dyslexia.

BIPOC

## 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. Neurodiversity is defined as “the range of differences in individual brain function and behavioral traits, regarded as part of normal variation in the human population.” Examples of neurodiversity include autism spectrum disorders, ADHD, and dyslexia.

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

None of the above

## 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. Neurodiversity is defined as “the range of differences in individual brain function and behavioral traits, regarded as part of normal variation in the human population.” Examples of neurodiversity include autism spectrum disorders, ADHD, and dyslexia.

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

None of the above

## Proposal Costs

Please upload current verifiable bids, estimates, or price lists [from your potential vendor(s)]. These bids must be dated within the past 60 days. *Please ensure there is a date noted on the bid or some annotation as to when you obtained these estimates/bids.*

- If your purchase is BELOW \$75,000, you must upload TWO verifiable bids or estimates for the proposed purchases.
- If your purchase is ABOVE \$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.

**Please note if you submitted a proposal in the first round of funding for Small Capital Purchases, you will be required to submit new bids for an accurate cost estimation in the current market.**

*If you need assistance compressing files, please email Rose Cervantes at rcervantes@pinellascf.org.*

### **Bid/Estimate #1\***

PDF files are accepted.

Henry Schein\_chair\_supplies\_PCF.pdf

### **Bid/Estimate #2\***

PDF files are accepted.

Patterson\_chair\_supplies\_PCF.pdf

### **Bid/Estimate #3**

PDF files are accepted.

Acorn\_Dental\_Supply\_Chair.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, and contact Rose Cervantes at rcervantes@pinellascf.org.

Otherwise, write "N/A" below.

N/A

### **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

## 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.

If you submitted a proposal in the first round of funding for Small Capital Purchases, you will be required to submit a new budget for an accurate cost breakdown in the current market. Additionally, this round of funding there is less available monies, and the max award request has decreased.

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.

Community Dental Clinci- Small-Capital-Purchases (1).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.**

In 2022, The Delta Dental Foundation helped fund a new dental chair to replace an old chair that was no longer working.

The Pinellas County Commission funds a community dental team through the Department of Health Pinellas - they provide a county dentist for us one day a week and a hygienist for us three days per week. They also give us a monthly stipend to order supplies.

We recently received a donated digital scanner from a local dentist. This will allow us to take digital impressions for the crowns, dentures, and partials which will save the clinic time and money.

Wounded Veterans Relief Program refer veteran through the VA System that does not qualify for dental care. They donated \$15,000 for a Milling machine and Furance. This will allow us to provide same-day crowns which will shorten the number of visits the patient needs to return to the office and allow us to provide more appointments.

## 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 purchase of the 4 dental chairs will not affect the operating cost as there is no ongoing cost associated with the chairs. Once they are installed, they will carry a 2-year warranty. After the warranty expires, the clinic will rely on volunteers to assist with any repairs. The Instrument cassette will not affect the operating cost as they are a permanent safety tool to can be sterilized and used for future procedures. The supplies and lab fees will be an increase to our operational costs and the clinic will compensate for the difference with community support, donations, and our annual fundraiser.

## Corrective and Investigative Action/Grant Recall

In the past three (3) years, has your organization or any affiliated parties with your organization had any of the following occur:

1. Been under legal investigation by a local, state, or federal institution?
2. Been placed on a corrective action plan by a funder?
3. Had grant funding recalled by a funder?

If yes, please describe the investigation, corrective action plan and/or grant recall, and the current status of such incidents. You may upload a PDF file to support your answer if necessary.

If no, write "N/A"

N/A

## Insurance Requirements

### 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.**

Evidence of Insurance Coverage.pdf

### Insurance Requirement\*

**If you are awarded a contract from the ARPA Nonprofit Capital Project Fund, you may 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.

## *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.

Community+Dental+Clinic\_Budget+Overview+FY2023+Budget+-+FY23+PL+ (3).pdf

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

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

Board of Trustees 2023 CDC.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.

CDC 990 2020\_2021.pdf

For FY 20\_22, Due to a change in leadership, our FY audit was delayed, thus our 990. We requested and were approved for an extension. We are currently awaiting for the 990 to be completed. We anticipate that we should receive it by next month.

### 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.

Community Dental Audit report.pdf

## 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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### Additional Upload

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

### 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?

In 2021, the clinic was awarded a matching grant through the Ruth & JO Stone Foundation. This grant will allow us to move to a larger building, doubling our impact, increasing volunteers, forming partnerships with local dental schools, and increasing our available appointments. In addition, we will have additional space to provide nutritional education to support overall healthy habits. The new location has been purchased and we are now in the planning phase for the layout. We currently have 4 operatories, a small lab, and a small

sterilization area. The new building will consist of 8-10 operatories with two teaching rooms for dental students, a large lab to make in-house crowns, dentures, and partials, and a safer sterilization area.

## ***Agreements***

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### **Affirmation of Application Materials\***

I hereby certify that, to the best of my knowledge, the provided information within this application is true and accurate.

Yes

### **Public Application and Grant Process\***

In order to maintain transparency for the use of public funding, PCF will publish all submitted funding requests, committee review meeting minutes, executed contracts, and reports to its website. This means your funding request in its entirety will be published. Please check the box below to indicate your understanding of this.

Yes, I understand.

### **Final Approval for Grant Award\***

The grantmaking process administered by PCF results in funding recommendations by an external committee using an objective, public rubric. Final approval of recommendations is made by the Pinellas Board of County Commissioners.

Yes, I understand.



## File Attachment Summary

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### *Applicant File Uploads*

- Henry Schein\_chair\_supplies\_PCF.pdf
- Patterson\_chair\_supplies\_PCF.pdf
- Acorn\_Dental\_Supply\_Chair.pdf
- Community Dental Clinci- Small-Capital-Purchases (1).xlsx
- Evidence of Insurance Coverage.pdf
- Community+Dental+Clinic\_Budget+Overview+FY2023+Budget+-+FY23+PL+ (3).pdf
- Board of Trustees 2023 CDC.pdf
- CDC 990 2020\_2021.pdf
- Community Dental Audit report.pdf

QUOTE# 202303101751003



DENTAL

135 Duryea Road, Melville, New York 11747  
(800) 645-6594

Date: 03/13/2023	Acct No: 2785022	Install Date:	
Field Sales Consultant:	Sales Specialist: Staci Miller	Sales Specialist:	
Installation Address: 1008 Woodlawn St			
City: Clearwater	State: FL	Zip: 33756	
Phone: 7272166155	Fax: 7272166155		
Henry Schein Dental			
Address:			
City:	State:	Zip:	
Phone:	Fax:		

Bill To: Community Dental Clinic
Address: 1008 Woodlawn St
City: Clearwater State: FL Zip: 33756
Deliver To: Community Dental Clinic
Phone: 7272166155
Fax:
Email:

Qty	Manufacturer	Item Code	Description	Price	Total
				\$0.00	\$0.00
			Special Promo Pricing		
			Must be ordered as bundle to qualify		
			Must be ordered by June 14 2023		
			A-dec 411 Chair	\$8,709.00	\$8,709.00
1	ADEC	492-9036	Fndtn,411 Chair,No Uph		
1	ADEC	492-8731	Seamless Upholstery ( Specify Color)		
1	ADEC	492-4031	FLOOR BX ASM,LGE,W/O UTIL		
			A-dec 332 TRAD Radius Delivery System	\$9,512.00	\$9,512.00
1	ADEC	492-9020	Fndtn Price,332,No TP		
1	ADEC	492-8716	Tray Holder,Std,300		
1	ADEC	492-8736	Kit,Second Brake Handle		
1	ADEC	492-8543	Doctors Touchpad deluxe		
1	ADEC	492-8743	Fiber Optic Light Source		
1	ADEC	492-8775	additional Position		
1	ADEC	492-9177	Cavitron ULSNC,Steri-Mate		
1	ADEC	492-9141	pos[0],4-Hole Tubing		
1	ADEC	492-9141	pos[0],4-Hole Tubing		
1	ADEC	492-9140	Positions,6-Pin Tubing		
			A-dec 351 Radius ASST	\$1,626.00	\$1,626.00
1	ADEC	492-9027	Fndtn,351 Asst Inst,Sgl		
1	ADEC	492-8528	Asst Touchpad,Std,300		
1	ADEC	493-0636	HVE,Adtl,11mm		
			A-dec 572L LED Dental Light, Radius Mt	\$3,658.00	\$3,658.00
1	ADEC	492-9082	Fndtn,572LED LT Radius MT		
			A-dec 521 Doctor's Stool	\$399.00	\$399.00
1	ADEC	492-9121	Foundation Price- 521		

**Bill to**

**Community Dental Clinic**  
 2785021

1008 Woodlawn St  
 Accounts Payable  
 Clearwater, FL, 337562157

**Ship to**

**Community Dental Clinic**  
 2785022

1008 Woodlawn St  
 William Layman  
 Clearwater, FL, 337562157

**Additional Information**

**Reference**  
 OR202303240909556460

**Total Price**  
**\$7,877.22**

Qty	Product	Description	UOM	Unit Price	Extended Price
1	9247655	Draining Basket 12.3L/3Gallon Capacity Ea	EA	\$274.14	\$274.14
16	9007449	Dri-Gard CSR Wrap 20"x20" 500/Ca	CA	\$173.00	\$2,768.00
8	6004110	IMS Autoclave Tape Restorative 60 Yards Roll	EA	\$20.06	\$160.48
1	6003465	IMS Multiple Tape Dispenser Ea	EA	\$87.68	\$87.68
52	1125439	Instrument Cassette 10 SS Purple Ea	EA	\$88.21	\$4,586.92
<b>Total:</b>					<b>\$7,877.22</b>

Regards,

Dan Windstrup  
 Field Sales Consultant  
 dan.windstrup@henryschein.com

Product Proposal 40571361

Confidential

Customer Name:	Bac-Tran Nguyen Dao Community Dental Clinic Inc	Branch:	Tampa (D)
Customer Number:	200214610	Territory Rep:	John Hill
Address:	1008 Woodlawn St Clearwater FL 33756-2157 US	Email:	JOHN.HILL@PATTERSONDENTAL.COM
Phone:	(727) 216-6155	Phone:	(813) 207-7260
Fax:	(727) 216-6433	Your Specialist:	John Hill
		Email:	JOHN.HILL@PATTERSONDENTAL.COM
		Phone:	(813) 207-7260
		Date Proposed:	03/16/2023
		Quote Good Thru:	06/08/2023

Product#	Vendor	Description	Unit	Qty	Retail Price	Sell Price	Total
101535702	ADEC	411 DENTAL CHAIR	EA	1	\$13,285.00	\$8,416.58	\$8,416.58
101435933	ADEC	332 TRADITIONAL RADIUS DELIVERY SYSTEM	EA	1	\$14,985.00	\$9,493.60	\$9,493.60
101449004	ADEC	351 ASSISTANT INSTRUMENTATION	EA	1	\$2,560.00	\$1,621.86	\$1,621.86
101546709	ADEC	572L RADIUS-STYLE LED LIGHT	EA	1	\$5,765.00	\$3,652.36	\$3,652.36
101538548	ADEC	521 DOCTORS STOOL	EA	1	\$1,780.00	\$1,127.70	\$1,127.70
101538549	ADEC	522 ASSISTANT'S STOOL	EA	1	\$1,965.00	\$1,244.91	\$1,244.91
50200410	ADEC	REMOTE FLOOR BOX,300,OTC	EA	1	\$468.00	\$302.81	\$302.81
50291690	ADEC	UTILITY HOOKUP EXTENSION,1/4" UNREG,300	EA	1	\$62.40	\$39.90	\$39.90
51022243	ADEC	CONNECT KIT VAC FEMALE 20MM TBG OTC	EA	1	\$19.50	\$12.65	\$12.65
50217596	ADEC	CONNECT KIT,VACUUM,MALE,20 MM,TBG, OTC	EA	1	\$19.50	\$12.65	\$12.65
50276477	ADEC	TBG, VACUUM 20MM ID, GRAY3, 7'	EA	1	\$57.60	\$37.05	\$37.05
50143594	ADEC	SLEEVE CLAMP,5/16 ID,POM	PAC	1	\$11.40	\$7.66	\$7.66
51173434	ADEC	UNI-CLAMP,1/8 POLY-FLOW 10PK	EA	1	\$4.80	\$3.24	\$3.24
51174457	ADEC	CLAMP SLEEVE 1/4OD TBG 10PK	EA	1	\$7.20	\$4.64	\$4.64
50404848	ADEC	BARB INLINE 1/8 TO 1/4	EA	2	\$1.56	\$1.56	\$3.12
51010503	ADEC	BARB 1/4 X 10-32 **USE 51136191**	EA	1	\$14.30	\$9.26	\$9.26
51010032	ADEC	WASHER .187 ID NYLON **use 51049501	PAC	1	\$2.81	\$1.81	\$1.81
<b>Total Retail:</b>						\$41,010.63	
<b>Total Discount:</b>						(\$15,018.83)	
<b>Subtotal:</b>						\$25,991.80	
<b>Order Total Retail</b>						\$41,010.63	
<b>Order Total Discount</b>						(\$15,018.83)	
<b>Order Subtotal</b>						\$25,991.80	
<b>State Tax</b>						\$0.00	
<b>Local Tax</b>						\$0.00	
<b>Total Investment:</b>						\$25,991.80	
<b>Less Downpayment:</b>						\$4,954.76	
<b>Balance due on invoice:</b>						\$21,037.04	

## Quote

Order

Order Date: 3/23/2023  
 PO Number:  
 Status: Quote  
 Source: Rep  
 System: Web

Customer

ID: 374201026  
 Name: Bao-Tran Nguyen Dao  
 Address: 1008 WOODLAWN ST  
 Clearwater, FL 33756-2157 US  
 Phone: (727) 216-6155

Title/Description	Patterson Item #	Mfg Item #	Status	Qty	Price	Subtotal
Biosonic® Ultrasonic Cassette Basket	718-5556	Coltene - UC325	In Stock	1	\$214.12 / EA	\$214.12
Ims® Tape Dispensers - Multiple Tape Dispenser	371-1181	Hu-Friedy Manufacturing Co Inc - IMS-1270	In Stock	1	\$79.79 / EA	\$79.79
Ims Monitor Tape -- Procedure Coded 60 Yards, 3/4" - Restorative	370-9458	Hu-Friedy Manufacturing Co Inc - IMS-1247	In Stock	8	\$19.79 / EA	\$158.32
Defend® Csr Sterilization Wraps - 20" X 20", 500/pkg	110-6541	Mydent International - SW-2000	In Stock, Add'l Ship Time	16	\$111.97 / CS	\$1,791.52
Ims® Signature Series® Large Cassettes -- 16 Instrument Capacity, 8" X 1.25" X 11" - Red	371-2973	Hu-Friedy Manufacturing Co Inc - IM4160	Partially Available	52	\$138.19 / EA	\$7,185.88

Thank you! Your order qualifies for FREE shipping.

Patterson Item Sub-Total: \$9,429.63  
 Total Quantity: 78  
 Order Total: \$9,429.63

Prices are subject to change without notice. Your actual invoice cost may differ from displayed due to taxes, shipping or other adjustments.

Acorn Dental Supply, Inc.  
 6291 147th Ave North  
 Clearwater, FL 33760  
 www.acorndentalsupply.com

**Estimate 73258**



ADDRESS	SHIP TO	DATE	TOTAL
Community Dental Clinic 1008 Woodlawn St. Clearwater, FL 33756	Community Dental Clinic 1008 Woodlawn St. Clearwater, FL 33756	03/24/2023	\$17,921.18

**TECHNICIAN**  
 Ben 727-417-2786

PROD/SRVC	DESCRIPTION	QTY	RATE	AMOUNT
<b>C4550</b>	Series 4 Dental Chair with 50W Transformer (Powers Chair & Edge Lights)	1	6,389.32	6,389.32
<b>DS4550</b>	Swing Mount Auto Dental Unit and Light Pole, Gray	1	4,628.28	4,628.28
<b>LS4550</b>	System Mount Series 4 LED Light (DCI Chair Only), Gray	1	2,408.41	2,408.41
<b>RM4551</b>	Rear Assistant's Package with 4 Position Holder, 1 Syringe, 1 HVE & 1 SE	1	2,800.00	2,800.00
<b>SD5051</b>	Doctor's Stool w/cylinder height 19" to 24"	1	713.79	713.79T
<b>SA5051</b>	Assistant's Stool w/Body Support and Footring; cylinder height 23" to 29.5"	1	870.48	870.48T

~All ESTIMATES from Acorn Dental Supply may change once approved due to final testing, labor hours or product price increases~

~As always, thank you for your business~

PROD/SRVC	DESCRIPTION	QTY	RATE	AMOUNT
<b>TERMS OF SALE</b>	<p>TERMS OF SALE - A 50% deposit is required on ALL equipment orders with the balance to be paid prior to shipment. Any total invoice order under \$3,500.00 is to be paid in FULL at time of order, unless otherwise agreed upon.</p> <p>MOVING disconnect &amp; reconnect is charged at the hourly rate PER technician; we DO NOT move dental equipment as we are not insured.</p> <p>SHIPPING IS NOT INCLUDED IN PRICE AND WILL BE INVOICED ONCE EQUIPMENT SHIPS.</p> <p>REFUNDS, RETURNS, CANCELLATIONS &amp; EXCHANGES - All returns, refunds, cancellations and exchanges require prior authorization and MUST be authorized by Acorn Dental Supply, Inc. within 5 (five) business days of date received by the customer. All RETURNED orders are subject to a 30% restocking fee. RETURNED items must be unused and in re-saleable condition. All REFUNDS are issued within 30 days of return.</p> <p>Electrical items, upholstery items and special orders are NOT refundable.</p> <p>Shipping and handling charges will NOT be refunded. All CANCELED orders are subject to a 30% cancellation fee. Shipping costs when returning, cancelling or exchanging any and all products and equipment is solely the customer's responsibility.</p> <p>WARRANTY - Refurbished equipment carries a guarantee of 1 (one) year on parts and 90 (ninety) days on labor for customers located within the United States. New equipment is subject to manufacture's original stated guarantee and must be addressed with manufacturer. Shipping and handling charges to return defective equipment and parts are customer's responsibility.</p>	1	0.00	0.00

**Please note estimates can change after approval**	<b>SUBTOTAL</b>	17,810.28
	<b>TAX</b>	110.90
<p>Call our technicians for sales and service!</p> <p>Ben (727) 417-2786 * Wes (727) 501-5800</p> <p>BILLING/ESTIMATES: call/text Heather at (727) 309-8380</p> <p>or email her at Heather@AcornDentalSupply.com.</p>	<b>TOTAL</b>	<b>\$17,921.18</b>
		<b>THANK YOU.</b>

~Service That Stands Strong~

~All ESTIMATES from Acorn Dental Supply may change once approved due to final testing, labor hours or product price increases~

~As always, thank you for your business~

Accepted By

Accepted Date

~All ESTIMATES from Acorn Dental Supply may change once approved due to final testing, labor hours or product price increases~

~As always, thank you for your business~







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/23/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Florida Coastal Insurance Agency 1234 Court Street Ste A Clearwater FL 33756		<b>CONTACT NAME:</b> Richard Ficca <b>PHONE (A/C No. Ext):</b> (727) 569-6000 <b>E-MAIL ADDRESS:</b> support@floridacoastalinsuranceagency.com <b>FAX (A/C, No):</b> (727) 490-0356	
<b>INSURED</b> Community Dental Clinic Inc PO Box 2957 Clearwater FL 33757-2957		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Century Surety Co <b>INSURER B:</b> Ace Fire Underwriters Ins Co <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CCP-1094761	09/20/2022	09/20/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Excluded
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Directors & Officers			NFPFLF151976142-004	09/30/2022	09/30/2023	1,000,000 Agg

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

For Informational Purposes Only  
 If you need a specific certificate holder listed, please contact our offices at (727) 569-6000 x122 or at Deejay@floridacoastalinsuranceagency.com

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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**Community Dental Clinic**  
**Budget Overview: FY2023 Budget - FY23 P&L**  
 October 2022 - September 2023

	Total
<b>Revenue</b>	
<b>42000 Donor Directed Services</b>	
421 Pinellas Com FDN	20,000.00
424 Allegany Franciscan Ministries	
424.15 Grant	9,999.96
<b>Total 424 Allegany Franciscan Ministries</b>	<b>\$ 9,999.96</b>
425 BayCare Grant	174,996.00
427 FAFCC Grant	100,000.00
429 Patterson Dental	10,000.00
<b>Total 42000 Donor Directed Services</b>	<b>\$ 314,995.96</b>
<b>43000 Unrestricted</b>	
434 Corporations	
434.10 Delta Dental	75,000.00
<b>Total 434 Corporations</b>	<b>\$ 75,000.00</b>
435 Individuals	
435.20 CHECKS	90,000.00
435.30 Donate a Day	3,000.00
<b>Total 435 Individuals</b>	<b>\$ 93,000.00</b>
436 Fundraiser-Gross	
436.50 Newsletter	3,000.00
436.60 Red, Whites & Bites	400,000.00
<b>Total 436 Fundraiser-Gross</b>	<b>\$ 403,000.00</b>
437 Civic Organizations	
437.20 Clearwater Rotary	2,000.00
<b>Total 437 Civic Organizations</b>	<b>\$ 2,000.00</b>
439 Churches	4,999.92
445 Other Income - Donations	
445.10 Patient Donations	6,000.00
445.20 Trusts & Estates	9,999.96
445.30 Board Pledge	15,000.00
<b>Total 445 Other Income - Donations</b>	<b>\$ 30,999.96</b>
<b>Total 43000 Unrestricted</b>	<b>\$ 608,999.88</b>
<b>46000 Other Revenue</b>	
465 Other Income	
465.50 CashBackRewards(CapitalOne)	1,200.00
<b>Total 465 Other Income</b>	<b>\$ 1,200.00</b>
<b>Total 46000 Other Revenue</b>	<b>\$ 1,200.00</b>
<b>Total Revenue</b>	<b>\$ 925,195.84</b>
<b>Gross Profit</b>	<b>\$ 925,195.84</b>
<b>Expenditures</b>	
<b>70-700 Management &amp; General Services</b>	

70-701 Professional Fees		
70-701.50 Accounting Fees		20,000.00
<b>Total 70-701 Professional Fees</b>	<b>\$</b>	<b>20,000.00</b>
70-702 Technology Expense & Support		
70-702.50 IT Support		800.00
70-702.10 Computer Equip/Supplies		14,500.00
70-702.30 Internet Expense		2,000.04
70-702.50 Website		1,999.92
<b>Total 70-702 Technology Expense &amp; Support</b>	<b>\$</b>	<b>19,299.96</b>
70-703 Dues and Subscriptions		2,000.00
70-704 Postage		150.00
70-705 Office Expense & Supplies		4,000.00
70-706 Advertising/Marketing/Promotion		6,000.00
70-707 Insurance		9,000.00
70-708 Travel and Meetings		
70-708.10 Conference, Convention, Meeting		3,500.00
<b>Total 70-708 Travel and Meetings</b>	<b>\$</b>	<b>3,500.00</b>
70-710 Cost per Copy		
70-710.10 Printing and Copying		6,700.00
<b>Total 70-710 Cost per Copy</b>	<b>\$</b>	<b>6,700.00</b>
70-712 Grant Fee 5% FAFCC		5,000.00
70-714 Licenses & Permits		1,000.00
70-715 Merchant & Bank Fees		
70-715.10 paypal		400.00
<b>Total 70-715 Merchant &amp; Bank Fees</b>	<b>\$</b>	<b>400.00</b>
70-717 Repairs and Maintenance		
70-717.10 Cleaning		6,000.00
<b>Total 70-717 Repairs and Maintenance</b>	<b>\$</b>	<b>6,000.00</b>
70-719 Security System		900.00
70-720 Training and Seminars		4,000.00
70-722 Utilities		
70-722.10 Telephone		2,532.00
70-722.20 Electric		6,000.00
70-722.30 Water/Sewer		3,000.00
<b>Total 70-722 Utilities</b>	<b>\$</b>	<b>11,532.00</b>
70-724 Annual Fire Extinguishers		110.00
70-725 Annual Report Fee		650.00
70-800 Personnel Expenses		
70-800.20 Director Salary		84,999.96
70-800.30 Employee Appreciation		3,500.00
70-800.40 Office Support		75,286.00
70-801 Payroll Admin Fees		2,000.00
70-803 Payroll Taxes - Personnel		10,350.00
<b>Total 70-800 Personnel Expenses</b>	<b>\$</b>	<b>176,135.96</b>
<b>Total 70-700 Management &amp; General Services</b>	<b>\$</b>	<b>276,377.92</b>
80-800 Fundraiser Expenses		
80-805 Reds Whites & Bites		20,000.00

<b>Total 80-800 Fundraiser Expenses</b>	<b>\$</b>	<b>20,000.00</b>
<b>90-900 Program Services</b>		
90-901 Clinical Co-ordinator		52,499.04
90-902 Dental Assistants		107,942.04
90-904 Dental Maintenance & Contracts		
90-904.10 Care Streams Support		500.00
90-904.20 Dentrrix Support		3,000.00
90-904.50 Misc repair & maintenace		3,000.00
90-904.60 Nomad Support		2,700.00
90-904.80 Sharps Disposal Services		500.00
<b>Total 90-904 Dental Maintenance &amp; Contracts</b>	<b>\$</b>	<b>9,700.00</b>
90-905 Dental Supplies, Etc.		
90-905.10 Dental Instruments		45,000.00
90-905.20 Dental Supplies		40,000.00
90-905.40 Health First Kits		1,000.00
90-905.50 Labs		8,000.00
<b>Total 90-905 Dental Supplies, Etc.</b>	<b>\$</b>	<b>94,000.00</b>
90-906 Dentist		153,999.96
90-908 Hygenist		26,112.00
90-910 Payroll Taxes - Dental Services		27,924.00
<b>Total 90-900 Program Services</b>	<b>\$</b>	<b>472,177.04</b>
<b>Total Expenditures</b>	<b>\$</b>	<b>768,554.96</b>
<b>Net Operating Revenue</b>	<b>\$</b>	<b>156,640.88</b>
<b>Net Revenue</b>	<b>\$</b>	<b>156,640.88</b>

### Community Dental Clinic Board of Trustees

Role	Last Name	First Name
President	Livingston	Bruce
Vice President	Anthony, DMD	Dr. Rodney
Secretary	Turley	Linda
Treasurer	Fischer	John
Trustee	Barris	Patti
Trustee	Brown, DO	Dr. Lee Ann
Trustee	Hardee	Lindsey Crown
Trustee	Kostakis, DDS	Dr. George
Trustee	Layman, DDS	Dr. Bill
Trustee	Peremba	Monica
Trustee	Rankin, PA	David
Trustee	Roble	Jim
Trustee	Shapiro	Adam
Trustee	Sumar-Lakhani, DMD	Dilshad
Trustee	Umberg	Paul

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 10/01/20, and ending 09/30/21**

<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</b> Name of organization <p style="text-align: center;"><b>COMMUNITY DENTAL CLINIC, INC.</b></p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p><b>1008 WOODLAWN STREET</b></p> City or town, state or province, country, and ZIP or foreign postal code <p><b>CLEARWATER FL 33756</b></p>	<b>D</b> Employer identification number <p style="text-align: center;"><b>45-3340613</b></p> <b>E</b> Telephone number G Gross receipts \$ <b>921,029</b>
<b>F</b> Name and address of principal officer: <p><b>R. PAUL UMBERG</b>                  [REDACTED]                  [REDACTED]</p>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>I</b> Tax-exempt status: <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>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ <b>WWW.COMMUNITYDENTALCLINIC.NET</b>		<b>L</b> Year of formation: <b>M</b> State of legal domicile:
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <p style="text-align: center;"><b>OUR MISSION IS TO PROVIDE ACCESS TO QUALITY URGENT DENTAL CARE AT NO COST FOR THE LOW-INCOME, UNINSURED ADULTS OF PINELLAS COUNTY TO IMPROVE THEIR OVERALL HEALTH AND WELL-BEING.</b></p>			
Activities & Governance	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	13	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	13	
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	13	
	<b>6</b> Total number of volunteers (estimate if necessary)	6	67	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a		0
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		0
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	<b>9</b> Program service revenue (Part VIII, line 2g)	324,869	627,191	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	171,832	278,288	
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	496,701	905,479	
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			0	
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		180,117	231,947	
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			0	
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>36,728</b>				
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		288,434	398,598	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	468,551	630,545		
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	28,150	274,934		
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	<b>21</b> Total liabilities (Part X, line 26)	332,466	1,472,043	
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	42,001	1,014,368	
		290,465	457,675	

**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 <b>R. PAUL UMBERG</b> Type or print name and title <b>PRESIDENT</b>	Date	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ANN D. MCCABE, CPA</b>	Preparer's signature <b>ANN D. MCCABE, CPA</b>	Date <b>JUL 18 2021</b>
	Firm's name ▶ <b>CROWN &amp; COMPANY, CPAS</b>	Firm's EIN ▶ <b>81-4913568</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P00290270</b>
	Firm's address ▶ <b>107 HAMPTON RD STE 150 CLEARWATER, FL 33759</b>	Phone no. <b>727-446-3091</b>	

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

For Paperwork Reduction Act Notice, see the separate instructions.

**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:

**OUR MISSION IS TO PROVIDE ACCESS TO QUALITY URGENT DENTAL CARE AT NO COST FOR THE LOW-INCOME, UNINSURED ADULTS OF PINELLAS COUNTY TO IMPROVE THEIR OVERALL HEALTH AND WELL-BEING.**

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  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

If "Yes," describe these changes on Schedule O.

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 \$ **494,909** including grants of \$ ) (Revenue \$ )

**THE COMMUNITY DENTAL CLINIC PROVIDES ACCESS TO COMPREHENSIVE AND PREVENTATIVE DENTAL HEALTHCARE THROUGH VOLUNTEERISM AND COMMUNITY PARTNERSHIPS SERVING VERY LOW INCOME ADULTS (STRUGGLING AT 200% AND BELOW THE FEDERAL POVERTY LEVEL) REGARDLESS OF RACE, ETHNICITY, GENDER AND DISABILITY.**

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

**N/A**

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

**N/A**

4d Other program services (Describe on Schedule O.)

(Expenses \$ **37,762** including grants of \$ ) (Revenue \$ )

4e Total program service expenses **532,671**



**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> (see instructions)?	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> See instructions		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	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**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
<b>2a</b>	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		
	<b>2a</b> 13		
<b>b</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)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	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)?		<b>X</b>
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		<b>X</b>
<b>b</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>		
<b>a</b>	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?	<b>X</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>X</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	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>X</b>
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		<b>X</b>
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		<b>X</b>
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<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>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	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>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<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.	<b>15</b>	<b>X</b>
<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.	<b>16</b>	<b>X</b>

**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>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<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>7b</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>8a</b>	The governing body?	X	
<b>8b</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>10b</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>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>11b</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>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</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>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>15a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15b</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>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>16b</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?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 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

**PAMELA IUSI**  
**CLEARWATER** **1008 WOODLAWN STREET**

**FL 33756 727-216-6155**

**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 per week (list any hours for related organizations below dotted 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) DILSHAD SUMAR-LAKHANI, DMD	4.00									
VICE PRESIDENT	0.00	X					0	0	0	
(2) ROD ANTHONY, DMD	2.00									
DIRECTOR	0.00	X					0	0	0	
(3) LINDSEY CROWN HARDEE	4.00									
CPA, TREASURER	0.00	X		X			0	0	0	
(4) JIM HARPER	2.00									
DIRECTOR	0.00	X					0	0	0	
(5) JAMES R. HAYSLETT	2.00									
DDS, DIRECTOR	0.00	X					0	0	0	
(6) STEPHEN H. HELLER	2.00									
DIRECTOR	0.00	X					0	0	0	
(7) GEORGE KOSTAKIS	2.00									
DDS, PA	0.00	X					0	0	0	
(8) ROWLAND W. MILAM	2.00									
DIRECTOR	0.00	X					0	0	0	
(9) MONICA PEREMBA	2.00									
DIRECTOR	0.00	X					0	0	0	
(10) ADAM SHAPIRO	2.00									
SECRETARY	0.00	X		X			0	0	0	
(11) LINDA TURLEY	2.00									
DIRECTOR	0.00	X					0	0	0	

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Row 1: (12) R. PAUL UMBERG, PRESIDENT, 8.00 hours, 0.00 compensation, X in Officer and Key employee boxes, 0 in D and E boxes, 0 in F box.

Summary rows: 1b Subtotal, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c)

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

Table with 3 rows and 3 columns: Question number, Question text, Yes/No columns. Row 3: Question 3, 'Did the organization list any former officer...', Yes, X. Row 4: Question 4, 'For any individual listed on line 1a, is the sum of reportable compensation...', Yes, X. Row 5: Question 5, 'Did any person listed on line 1a receive or accrue compensation from any unrelated organization...', Yes, 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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. All cells are currently empty.

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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	78,176				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	549,015				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 171,260				
	<b>h Total.</b> Add lines 1a-1f		627,191				
	<b>Program Service Revenue</b>			Business Code			
<b>2a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)						
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents		(i) Real				
			(ii) Personal				
		<b>6a</b>					
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities				
			(ii) Other				
		<b>7a</b>					
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>					
	<b>c</b> Gain or (loss)	<b>7c</b>					
	<b>d</b> Net gain or (loss)						
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18							
	<b>8a</b>		293,838				
	<b>b</b> Less: direct expenses	<b>8b</b>		15,550			
<b>c</b> Net income or (loss) from fundraising events			278,288				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19							
	<b>9a</b>						
	<b>b</b> Less: direct expenses	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances							
	<b>10a</b>						
	<b>b</b> Less: cost of goods sold	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			Business Code				
	<b>11a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d							
<b>12 Total revenue.</b> See instructions			905,479	0	0	0	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(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	224,657	190,958	22,466	11,233
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	7,290	6,196	729	365
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	20,200		20,200	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	150,567	145,824	4,743	
12 Advertising and promotion				
13 Office expenses	15,722	7,810	1,817	6,095
14 Information technology	2,933	2,640	264	29
15 Royalties				
16 Occupancy	14,722	13,250	1,325	147
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	37,762	37,762		
23 Insurance	7,258	3,734	3,498	26
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>DENTAL SUPPLIES</b>	124,497	124,497		
b <b>SPECIAL EVENT</b>	15,550			15,550
c <b>OTHER</b>	6,104		6,104	
d <b>NEWSLETTER</b>	3,283			3,283
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	630,545	532,671	61,146	36,728
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 <input type="checkbox"/> 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	
Assets	1	Cash—non-interest-bearing	181,855	1	1,361,764
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	30,578	3	19,919
	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		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	42,118	8	
	9	Prepaid expenses and deferred charges	11,115	9	28,087
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	287,136	10a	
	b	Less: accumulated depreciation	224,863	10b	
			66,800	10c	62,273
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15		
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	332,466	16	1,472,043	
Liabilities	17	Accounts payable and accrued expenses	7,936	17	14,368
	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	
	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	34,065	25	1,000,000
	26	<b>Total liabilities.</b> Add lines 17 through 25	42,001	26	1,014,368
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	274,379	27	454,075
	28	Net assets with donor restrictions	16,086	28	3,600
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	<b>Total net assets or fund balances</b>	290,465	32	457,675
33	<b>Total liabilities and net assets/fund balances</b>	332,466	33	1,472,043	

**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	905,479
2	Total expenses (must equal Part IX, column (A), line 25)	2	630,545
3	Revenue less expenses. Subtract line 2 from line 1	3	274,934
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	290,465
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	-108,435
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	711
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	457,675

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c 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.
- 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? \_\_\_\_\_
- b 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 \_\_\_\_\_

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ 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.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization

**COMMUNITY DENTAL CLINIC, INC.**

Employer identification number

**45-3340613**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations:
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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.")	325,889	188,531	237,483	324,869	627,191	1,703,963
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	31,000	31,000	31,000	31,000	31,000	155,000
4 <b>Total.</b> Add lines 1 through 3	356,889	219,531	268,483	355,869	658,191	1,858,963
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)						
6 <b>Public support.</b> Subtract line 5 from line 4						1,858,963

**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	356,889	219,531	268,483	355,869	658,191	1,858,963
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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						1,858,963

12 Gross receipts from related activities, etc. (see instructions) **12** 626,379

13 **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**

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	100.00%
15 Public support percentage from 2019 Schedule A, Part II, line 14	<b>15</b>	100.00%
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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (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
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (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**

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

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

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

**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**

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in Part VI 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 Part VI 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 Part VI 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 Part VI 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 12a or 12b in Part I, answer (b) and (c) 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 Part VI 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 Part VI 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 Part VI, 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 **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c **Substitutions only.** 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 Part VI.*
- 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 Part VI.*
- 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 Part VI.*
- 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 Part VI.*
- 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.)*

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

**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?		
b	A family member of a person described in line 11a above?		
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.		

**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.		
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.		

**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).		

**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?		
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).		
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.		

**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.		
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.		
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.		
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.		

**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 (explain in detail in Part VI):		
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).		



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

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

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



**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

**2020**

▶ 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.

Name of the organization

Employer identification number

**COMMUNITY DENTAL CLINIC, INC.****45-3340613**

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 foundationCheck 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<sup>1</sup>/<sub>3</sub>% 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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

COMMUNITY DENTAL CLINIC, INC.

Employer identification number

45-3340613

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	[REDACTED] CLEARWATER FL 33764	\$ 61,477	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="checked" type="checkbox"/> (Complete Part II for noncash contributions.)
2	[REDACTED] MECHANICSBURG PA 17055	\$ 75,000	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	[REDACTED] CLEARWATER FL 33756	\$ 82,980	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	[REDACTED] CLEARWATER FL 33764	\$ 20,000	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	[REDACTED] LARGO FL 33774	\$ 7,500	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	[REDACTED] CINCINNATI OH 45277	\$ 20,000	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**COMMUNITY DENTAL CLINIC, INC.**

Employer identification number

**45-3340613**

**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
1	SUPPLIES	\$ 36,477	

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 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Employer identification number

COMMUNITY DENTAL CLINIC, INC.

45-3340613

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 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?, 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)?, 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.

Table with 2 columns: Description, Amount. Rows include: 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. 1b 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 XIII.
- 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             |        |
| d Additions during the year     |        |
| e Distributions during the year |        |
| f Ending balance                |        |
- 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  Yes  No

**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 |     |    |
| (ii) Related organizations  |     |    |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 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	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		90,722	30,028	60,694
d Equipment		196,414	194,835	1,579
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 62,273

**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> (Column (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> (Column (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) <b>REFUNDABLE ADVANCE</b>	<b>1,000,000</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) .....	<b>1,000,000</b>

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.

1	Total revenue, gains, and other support per audited financial statements		1	905,479
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	905,479
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	905,479

**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.

1	Total expenses and losses per audited financial statements		1	728,067
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	108,435	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	108,435
3	Subtract line 2e from line 1		3	619,632
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	10,913	
c	Add lines 4a and 4b		4c	10,913
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	630,545

**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.

**PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER**

BOOK / TAX DEPRECIATION DIFFERENCE \$ 10,913



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Soliciting Activities**

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.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization

**COMMUNITY DENTAL CLINIC, INC.**

Employer identification number

**45-3340613**

**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.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2a** 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			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

**Total** ▶

**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	
		<u>REDS, WHITES, A</u>	<u>NEWSLETTER</u>	<u>14</u>	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	281,895	11,943	293,838	
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	281,895	11,943	293,838	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	15,550		15,550	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				15,550
	11	Net income summary. Subtract line 10 from line 3, column (d)				278,288

**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	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	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	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: .....  Yes  No

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.

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

**Open To Public  
Inspection**

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**COMMUNITY DENTAL CLINIC, INC.**

Employer identification number

**45-3340613**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art— Works of art				
2 Art— Historical treasures				
3 Art— Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )	X	2	171,260	
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31		X
32a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

**Part II**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Area with horizontal dotted lines for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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

Employer identification number

45-3340613

COMMUNITY DENTAL CLINIC, INC.

FORM 990, PART I, LINE 6

DENTISTS VOLUNTEER TIME AND EXPERTISE FOR CORRECTIVE DENTISTRY PROCEDURES.  
OTHER VOLUNTEERS PERFORM ADMINISTRATIVE FUNCTIONS ON FREE DENTAL SCREENING  
DAYS. VARIOUS VOLUNTEERS GUIDE NEW PATIENTS THROUGH A SERIES OF REQUIRED  
STEPS TO BECOME PATIENTS OF THE CLINIC.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

DEPRECIATION EXPENSE

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

A COPY OF FORM 990 IS PROVIDED TO THE FULL BOARD FOR REVIEW AND COMMENT  
PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

CONFLICTS OF INTEREST ARE ON THE AGENDA AND ADDRESSED AT THE MONTHLY BOARD  
MEETINGS. CONFLICT ISSUES AND RESOLUTIONS ARE RECORDED IN THE BOARD  
MINUTES.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

OFFICER COMPENSATION IS DETERMINED BY THE BOARD PRESIDENT AND SECRETARY  
BASED ON KNOWLEDGE OF MARKETPLACE SALARIES AND DISCUSSION WITH BOARD  
MEMBERS. COMPENSATION IS ULTIMATELY APPROVED BY BOARD VOTE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST



Name of the organization

Employer identification number

COMMUNITY DENTAL CLINIC, INC.

45-3340613

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES

DESCRIPTION

TOT/PROG SERVICE

MGT & GENERAL

FUNDRAISING

PAYROLL FEES

\$ 0

\$ 2,151

\$ 0

GRANT FEE

\$ 0

\$ 2,592

\$ 0

DENTISTS

\$ 145,824

\$ 0

\$ 0

TOTAL

\$ 145,824

\$ 4,743

\$ 0

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

PPP LOAN FORGIVENESS

\$ 0

### Federal Statements

#### Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
PAYROLL FEES	\$ 2,151		\$ 2,151	
GRANT FEE	2,592		2,592	
DENTISTS	145,824	145,824		
<b>TOTAL</b>	<b>\$ 150,567</b>	<b>\$ 145,824</b>	<b>\$ 4,743</b>	<b>\$ 0</b>

**Federal Statements**

**Schedule A, Part II, Line 1(e)**

Description	Amount
FAFCC	\$ 68,176
ALLEGANY FRANCISCAN MINISTRIES	10,000
OTHER	272,058
PINELLAS COMMUNITY FOUNDATION	
CASH CONTRIBUTION	25,000
SUPPLIES	36,477
DELTA DENTAL COMMUNITY CARE	
CASH CONTRIBUTION	75,000
BAYCARE MEDICAL GROUP	
CASH CONTRIBUTION	82,980
PINELLAS COMMUNITY FOUNDATION	
CASH CONTRIBUTION	20,000
PATTERSON DENTAL	
CASH CONTRIBUTION	10,000
SUNCOAST OSTEOPATHIC FOUNDATION	
CASH CONTRIBUTION	7,500
FIDELITY CHARITABLE	
CASH CONTRIBUTION	20,000
TOTAL	\$ 627,191

**Schedule A, Part II, Line 12 - Current year**

Description	Amount
REDS, WHITES, AND BITES	\$ 281,895
NEWSLETTER	11,943
ASK LETTER	
TOTAL	\$ 293,838

45-3340613

## Federal Asset Report

FYE: 9/30/2021

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>5-year GDS Property:</b>									
23	DENTAL EQUIPMENT	1/01/21	20,806		X	0	5 HY 200DB	0	20,806
24	SECURITY EQUIPMENT	1/01/21	6,647		X	0	5 HY 200DB	0	6,647
			<u>27,453</u>			<u>0</u>		<u>0</u>	<u>27,453</u>
<b>15-year GDS Property:</b>									
22	LEASEHOLD IMPROVEMENT	1/01/21	5,785		X	0	15 HY S/L	0	5,785
			<u>5,785</u>			<u>0</u>		<u>0</u>	<u>5,785</u>
<b>Prior MACRS:</b>									
11	Dental Equipment Chairs	11/10/17	10,517		X	0	5 HY 200DB	10,517	0
12	Dental Equipment X Ray	6/29/18	3,806		X	0	5 HY 200DB	3,806	0
13	Computer	4/30/18	2,740		X	986	5 HY 200DB	1,754	394
14	Carestream	6/01/19	2,025		X	0	5 HY 200DB	2,025	0
15	DENTAL EQUIPMENT	10/01/18	6,400		X	0	5 HY 200DB	6,400	0
16	Computer	1/13/20	1,113		X	0	5 HY 200DB	1,113	0
17	6 Computers	1/13/20	9,662		X	0	5 HY 200DB	9,662	0
18	3d Pano	1/06/20	64,669		X	0	5 HY 200DB	64,669	0
19	Vacuum	3/03/20	7,704		X	0	5 HY 200DB	7,704	0
20	Carestream Sensor	5/14/20	2,098		X	0	5 HY 200DB	2,098	0
21	Wall-Reinforcement	1/22/20	3,000		X	0	15 HY S/L	3,000	0
			<u>113,734</u>			<u>986</u>		<u>112,748</u>	<u>394</u>
<b>Other Depreciation:</b>									
1	COMPUTER	10/01/14	2,077			2,077	5 MO S/L	2,063	14
2	SERVER UPGRADE	5/29/17	7,405			7,405	5 MO S/L	4,937	1,480
4	DENTAL EQUIPMENT	10/01/14	33,497			33,497	5 MO S/L	33,497	0
5	DENTAL EQUIPMENT	10/01/14	7,081			7,081	5 MO S/L	7,081	0
6	DENTAL EQUIPMENT	10/01/14	8,168			8,168	5 MO S/L	8,168	0
7	DESIGN	10/01/14	8,000			8,000	15 MO S/L	4,489	533
8	PERMITS	10/01/14	865			865	15 MO S/L	419	57
9	REMODEL	10/01/14	68,872			68,872	39 MO S/L	12,509	1,766
10	IMPROVEMENTS	9/30/16	4,200			4,200	15 MO S/L	1,190	280
	<b>Total Other Depreciation</b>		<u>140,165</u>			<u>140,165</u>		<u>74,353</u>	<u>4,130</u>
	<b>Total ACRS and Other Depreciation</b>		<u>140,165</u>			<u>140,165</u>		<u>74,353</u>	<u>4,130</u>
	<b>Grand Totals</b>		287,137			141,151		187,101	37,762
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>287,137</u>			<u>141,151</u>		<u>187,101</u>	<u>37,762</u>

45-3340613

**Depreciation Adjustment Report**

FYE: 9/30/2021

**All Business Activities**

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<b>MACRS Adjustments:</b>						
Page 1	1	11	Dental Equipment Chairs	0	0	0
Page 1	1	12	Dental Equipment X Ray	0	0	0
Page 1	1	13	Computer	394	0	394
Page 1	1	14	Carestream	0	0	0
Page 1	1	15	DENTAL EQUIPMENT	0	0	0
Page 1	1	16	Computer	0	0	0
Page 1	1	17	6 Computers	0	0	0
Page 1	1	18	3d Pano	0	0	0
Page 1	1	19	Vacuum	0	0	0
Page 1	1	20	Carestream Sensor	0	0	0
Page 1	1	21	Wall-Reinforcement	0	0	0
Page 1	1	22	LEASEHOLD IMPROVEMENT	5,785	5,785	0
Page 1	1	23	DENTAL EQUIPMENT	20,806	20,806	0
Page 1	1	24	SECURITY EQUIPMENT	6,647	6,647	0
				<u>33,632</u>	<u>33,238</u>	<u>394</u>

45-3340613

## Bonus Depreciation Report

FYE: 9/30/2021

## Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
11	Dental Equipment Chairs	11/10/17	10,517		0	0	10,517	0
12	Dental Equipment X Ray	6/29/18	3,806		0	0	3,806	0
13	Computer	4/30/18	2,740		0	0	1,754	986
14	Carestream	6/01/19	2,025		0	0	2,025	0
15	DENTAL EQUIPMENT	10/01/18	6,400		0	0	6,400	0
16	Computer	1/13/20	1,113		0	0	1,113	0
17	6 Computers	1/13/20	9,662		0	0	9,662	0
18	3d Pano	1/06/20	64,669		0	0	64,669	0
19	Vacuum	3/03/20	7,704		0	0	7,704	0
20	Carestream Sensor	5/14/20	2,098		0	0	2,098	0
21	Wall-Reinforcement	1/22/20	3,000		0	0	3,000	0
22	LEASEHOLD IMPROVEMENT	1/01/21	5,785		0	5,785	0	0
23	DENTAL EQUIPMENT	1/01/21	20,806		0	20,806	0	0
24	SECURITY EQUIPMENT	1/01/21	6,647		0	6,647	0	0
<b>Grand Total</b>			<b>146,972</b>		<b>0</b>	<b>33,238</b>	<b>112,748</b>	<b>986</b>

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

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

▶ Attach to your tax return.

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

OMB No. 1545-0172

**2020**

Attachment Sequence No. **179**

Name(s) shown on return

**COMMUNITY DENTAL CLINIC, INC.**

Identifying number

**45-3340613**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**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)	1	1,040,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,590,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

**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. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	33,238
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	4,130

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

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	394
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		

**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
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

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

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

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

21	Listed property. Enter amount from line 28	21	
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 instructions	22	37,762
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2020)

**COMMUNITY DENTAL CLINIC, INC.**

**FINANCIAL STATEMENTS AND  
INDEPENDENT AUDITOR'S REPORT**

**SEPTEMBER 30, 2022**

**WITH SUMMARIZED COMPARATIVE TOTALS AS OF  
AND FOR THE YEAR ENDED SEPTEMBER 30, 2021**



# COMMUNITY DENTAL CLINIC, INC.

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## INDEPENDENT AUDITOR'S REPORT

To the Board of Directors  
Community Dental Clinic, Inc.  
Clearwater, Florida

### ***Opinion***

We have audited the accompanying financial statements of Community Dental Clinic, Inc. (a nonprofit entity), which comprise the statement of financial position as of September 30, 2022, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Community Dental Clinic, Inc. as of September 30, 2022, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### ***Basis for Opinion***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of Community Dental Clinic, Inc. and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Community Dental Clinic, Inc.'s ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 Community Dental Clinic, Inc.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Community Dental Clinic, Inc.'s ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

### ***Report on Summarized Comparative Information***

We previously audited Community Dental Clinic, Inc.'s 2021 financial statements, and expressed an unmodified audit opinion on those audited financials statements in our report dated February 7, 2022. In our opinion, the summarized comparative information presented herein as of and for the year ended September 30, 2021 is consistent, in all material respects, with the audited financial statements from which it has been derived.

Tampa, Florida  
January 22, 2023

**COMMUNITY DENTAL CLINIC, INC.**  
**STATEMENT OF FINANCIAL POSITION**  
**AS OF SEPTEMBER 30, 2022**  
**(WITH SUMMARIZED COMPARATIVE TOTALS AS OF SEPTEMBER 30, 2021)**

	September 30,	
	2022	2021
<b>ASSETS</b>		
Current assets		
Cash and cash equivalents	\$ 1,658,757	\$ 1,361,764
Grants receivable	91,312	16,319
Promises to give	-	3,600
Prepaid expenses	8,316	6,097
Total current assets	1,758,385	1,387,780
Non-current assets		
Furniture, fixtures, and equipment, net of accumulated depreciation of \$225,982 and \$187,117 as of September 30, 2022 and 2021, respectively	123,683	100,019
Deposits	55,545	21,990
Total non-current assets	179,228	122,009
Total assets	\$ 1,937,613	\$ 1,509,789
<b>LIABILITIES AND NET ASSETS</b>		
Current liabilities		
Accounts payable and accrued expenses	\$ 15,690	\$ 14,367
Refundable advance	1,000,000	1,000,000
Total liabilities	1,015,690	1,014,367
Net assets		
Without donor restrictions	921,923	491,822
With donor restrictions	-	3,600
Total net assets	921,923	495,422
Total liabilities and net assets	\$ 1,937,613	\$ 1,509,789

*See independent auditor's report and accompanying notes to the financial statements.*

**COMMUNITY DENTAL CLINIC, INC.**  
**STATEMENT OF ACTIVITIES**  
**FOR THE YEAR ENDED SEPTEMBER 30, 2022**  
**(WITH SUMMARIZED COMPARATIVE TOTALS FOR THE YEAR ENDED SEPTEMBER 30, 2021)**

	Changes in Net Assets			
	Without Donor Restrictions	With Donor Restrictions	Total	
			September 30,	
			2022	2021
<b>PUBLIC SUPPORT AND OTHER REVENUES</b>				
Grants	\$ 260,813	\$ -	\$ 260,813	\$ 258,040
In-kind contributions				
Facilities and services	191,058	-	191,058	171,260
Shares of equity stock	76,146	-	76,146	-
Cash contributions				
Patient contributions	4,838	-	4,838	6,845
Other	350,969	-	350,969	202,347
Special events, net of direct expenses of \$20,257 and \$15,550 for the years ended September 30, 2022 and 2021, respectively	296,907	-	296,907	266,345
Other	7,758	-	7,758	642
Net assets released from time/use restrictions	3,600	(3,600)	-	-
Total public support and other revenues	<u>1,192,089</u>	<u>(3,600)</u>	<u>1,188,489</u>	<u>905,479</u>
<b>EXPENSES</b>				
Program services	616,163	-	616,163	611,609
Supporting services				
General administration	111,128	-	111,128	80,598
Fundraising	34,698	-	34,698	35,860
Total supporting services	<u>145,826</u>	<u>-</u>	<u>145,826</u>	<u>116,458</u>
Total expenses	<u>761,988</u>	<u>-</u>	<u>761,988</u>	<u>728,067</u>
<b>Change in net assets</b>	430,101	(3,600)	426,501	177,412
Net assets, beginning of year	<u>491,822</u>	<u>3,600</u>	<u>495,422</u>	<u>318,010</u>
<b>Net assets, end of year</b>	<u>\$ 921,923</u>	<u>\$ -</u>	<u>\$ 921,923</u>	<u>\$ 495,422</u>

*See independent auditor's report and accompanying notes to the financial statements.*

**COMMUNITY DENTAL CLINIC, INC.**  
**STATEMENT OF FUNCTIONAL EXPENSES**  
**FOR THE YEAR ENDED SEPTEMBER 30, 2022**  
**(WITH SUMMARIZED COMPARATIVE TOTALS FOR THE YEAR ENDED SEPTEMBER 30, 2021)**

	Supporting Services			Total		
	Program Services	General Administration	Fundraising	Total	September 30,	
				Supporting Services	2022	2021
Personnel expenses						
Salaries	\$ 314,111	\$ 36,954	\$ 18,477	\$ 55,431	\$ 369,542	\$ 353,715
Payroll taxes	26,748	3,147	1,573	4,720	31,468	24,056
Payroll processing and fees	-	2,334	-	2,334	2,334	2,151
Employee insurance	1,448	171	85	256	1,704	526
Total personnel expenses	342,307	42,606	20,135	62,741	405,048	380,448
Other expenses						
Dental supplies	43,088	-	-	-	43,088	88,020
Professional	-	23,933	-	23,933	23,933	13,820
Special event expenses	-	-	20,257	20,257	20,257	15,550
Utilities	10,106	1,011	112	1,123	11,229	11,016
Dental maintenance & contracts	7,093	-	-	-	7,093	6,199
Repairs and maintenance	6,365	636	71	707	7,072	3,707
Insurance	2,648	2,647	-	2,647	5,295	6,731
Grant fee	-	4,628	-	4,628	4,628	2,592
Technology	3,090	309	34	343	3,433	2,933
Newsletter	-	-	2,872	2,872	2,872	3,283
Postage and printing	24	211	2,117	2,328	2,352	1,836
Office supplies	940	752	188	940	1,880	3,094
Other	-	14,142	-	14,142	14,142	6,104
Total expenses before in-kind and other non-cash items	415,661	90,875	45,786	136,661	552,322	545,333
In-kind goods and services	165,523	16,366	9,169	25,535	191,058	171,260
Depreciation	34,979	3,887	-	3,887	38,865	27,024
Total expenses by function	616,163	111,128	54,955	166,083	782,245	743,617
Less expenses included with revenue on the Statement of Activities						
Special event expenses	-	-	(20,257)	(20,257)	(20,257)	(15,550)
Total expenses	\$ 616,163	\$ 111,128	\$ 34,698	\$ 145,826	\$ 761,988	\$ 728,067

*See independent auditor's report and accompanying notes to the financial statements.*

**COMMUNITY DENTAL CLINIC, INC.**  
**STATEMENT OF CASH FLOWS**  
**FOR THE YEAR ENDED SEPTEMBER 30, 2022**  
**(WITH COMPARATIVE TOTALS FOR THE YEAR ENDED SEPTEMBER 30, 2021)**

	September 30,	
	2022	2021
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>		
Change in net assets	\$ 426,501	\$ 177,412
Adjustments to reconcile change in net assets to net cash flows provided by operating activities:		
In-kind contribution of shares of equity stock	(76,146)	-
Depreciation	38,865	27,024
Gain from PPP loan forgiveness	-	(34,065)
(Increase) Decrease in assets:		
Grants receivables	(74,993)	3,459
Promises to give	3,600	7,200
Prepaid expenses	(2,219)	4,478
Dental supplies	-	42,118
Deposits	(33,555)	(21,450)
Increase in liabilities:		
Accounts payable and accrued expenses	1,323	6,971
Refundable advance	-	1,000,000
Net cash provided by operating activities	283,376	1,213,147
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>		
Purchase of fixed assets	(62,529)	(33,238)
Sale of investments	76,146	
Net cash provided by (used in) investing activities	13,617	(33,238)
Net change in cash and cash equivalents	296,993	1,179,909
Cash and cash equivalents, beginning of year	1,361,764	181,855
Cash and cash equivalents, end of year	\$ 1,658,757	\$ 1,361,764
<b>NONCASH TRANSACTION:</b>		
Forgiveness of PPP loan and conversion into a grant	\$ -	\$ 34,065

*See independent auditor's report and accompanying notes to the financial statements.*

**COMMUNITY DENTAL CLINIC, INC.**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2022**

**NOTE 1 NATURE OF THE ORGANIZATION**

Community Dental Clinic, Inc. (the “Clinic” or the “Organization”) was incorporated as a Not-for-Profit organization in the State of Florida on October 5, 2011 and began providing dental care to low-income families in Pinellas County, Florida in September 2013. The Organization provides access to comprehensive and preventative dental healthcare through volunteerism and community partnerships serving very low-income adults and the developmentally disabled (struggling at 200% and below the federal poverty level), regardless of race, ethnicity, gender, and disability.

**NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

The financial statements of the Clinic have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (“GAAP”) and, accordingly, reflect all significant receivables, payables and other liabilities.

**Basis of Presentation**

The Clinic has adopted the Financial Accounting Standards Board (“FASB”) Accounting Standards Codification (“ASC”) Topic 958, *Not-for-Profit Entities*. Under ASC 958, Clinic is required to provide financial statements which are prepared to focus on the Organization as a whole and to present balances and transactions according to the existence or absence of donor-imposed restrictions. As such, the Clinic reports information regarding its financial position and activities as follows: (1) net assets without restrictions, which include no donor-imposed restrictions and, therefore, are available for any purpose authorized by the Board of Directors (the “Board”); and (2) net assets with restrictions, which include donor-imposed restrictions that will expire in the future.

**Support and Revenue Recognition**

The Organization first determines if a transaction represents an exchange transaction and if so, accounts for the transaction in accordance with FASB ASC 606, *Revenue from Contracts with Customers*, which provides a five-step model for recognizing revenue from contracts with customers as follows:

- Identify the contract with a customer
- Identify the performance obligations in the contract
- Determine the transaction price
- Allocate the transaction price to the performance obligations in the contract
- Recognize revenue when or as performance obligations are satisfied

During the year ended September 30, 2022, there were no transactions entered into that were accounted for as reciprocal exchange transactions under FASB ASC 606.

Gifts and contributions are recorded at their fair market value on the date of receipt.



**COMMUNITY DENTAL CLINIC, INC.**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2022**

Contributions received that are designated for future periods or restricted by the donor for specific purposes are reported as increases in net assets with restrictions. When a restriction expires (that is, when the stipulated time restriction ends or purpose restriction is accomplished), net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions in the Statement of Activities. If the restriction expires in the same accounting period in which the revenue is recognized, the Organization reports the contribution as increases in net assets *without* donor restrictions.

Conditional contributions are recorded as revenue when such amounts become unconditional which generally involves the meeting of a barrier to entitlement. This can include items like meeting a matching provision, incurring specified allowable expenses in accordance with a framework of allowable costs, or other barriers.

Support arising from donated, or in-kind, goods, and services is recognized in the financial statements at its fair value. GAAP requires recognition of in-kind services, if such services (1) create or enhance nonfinancial assets or (2) require specialized skills and are provided by individuals possessing those skills, who would typically charge a fee.

For the year ended September 30, 2022, as detailed in Note 5, *Contributed Goods and Services*, the Organization received contributions of goods and services that met the criteria for recognition under GAAP. In addition, volunteers provided services to assist the Organization's management and fundraising functions for which no amount has been recorded in the financial statements because the services did not meet this recognition criteria.

**Liquidity**

Assets are presented in the Statement of Financial Position according to their nearness of conversion to cash and liabilities according to the nearness of their maturity and resulting use of cash.

**Cash and Cash Equivalents**

The Clinic considers all highly liquid financial instruments, including short-term U.S. Treasury Bills, to be cash equivalents.

**Furniture, Fixtures, and Equipment**

Furniture, fixtures, and equipment are recorded at cost or, if donated, the estimated fair value at the date of donation. The Clinic has a policy of capitalizing expenditures for furniture, fixtures, and equipment with costs greater than \$1,500. Depreciation is provided using the straight-line method over the five-year estimated useful lives of the assets.

The Organization amortizes leasehold improvements over the estimated useful life or the length of the initial lease term, whichever is shorter. Leasehold improvements are included with furniture, fixtures, and equipment. The amortization of the leasehold improvements, likewise, is included with depreciation expense.

**COMMUNITY DENTAL CLINIC, INC.**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2022**

**Impairment of Long-Lived Assets**

Long-lived assets are reviewed for impairment whenever events or changes in circumstances indicate that the amount of an asset may not be recoverable. Recoverability of assets to be held and used is measured by a comparison of the carrying amounts of an asset to future net cash flows expected to be generated by the asset. If such assets are considered to be impaired, the impairment loss to be recognized is measured by the amount by which the carrying amount of the asset exceeds its fair value.

**Use of Estimates**

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

**Concentration of Credit Risk**

Financial instruments that potentially subject the Clinic to concentrations of credit risk consist primarily of bank deposits.

The Clinic maintains bank accounts with balances which, at times, may exceed federally insured limits. The Clinic has not experienced any losses on such accounts, and believes it is not exposed to any significant risk on bank deposit accounts.

**Functional Allocation of Expenses**

The costs of providing the Clinic's programs and supporting services have been summarized on a functional basis in the Statement of Functional Expenses. Natural expenses directly attributable to a specific functional area of the Organization are reported as direct expenses of those functional areas. Indirect costs that benefit multiple functional areas have been allocated among the functional areas based on time spent by employees on each functional area or based on the Organization's square footage analysis for all indirect, occupancy-related expenses.

**Summarization and Reclassification of Certain 2021 Information**

The financial information for the year ended September 30, 2021, presented for comparative purposes, is not intended to be a complete presentation. Certain 2021 amounts were reclassified to conform to the presentation in the current year. These reclassifications had no change on prior year reported changes in net assets or end of year net assets.

**Federal Income Tax**

The Clinic is exempt from federal and state income taxes under Section 501(c)(3) and, accordingly, no provision for income taxes has been made in the accompanying financial statements. Management has evaluated the Clinic's tax position and concluded that no uncertain tax positions have been taken that would require adjustment to the financial statements to comply with the provisions of the Income Tax Topic of the FASB ASC. With few exceptions, the Clinic is subject to income tax examinations by the U.S. federal or state tax authorities up to three years after tax returns are filed.

**COMMUNITY DENTAL CLINIC, INC.**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2022**

**Advertising**

Advertising costs are charged to operations when incurred. During the year ended September 30, 2022, the Clinic incurred approximately \$11,000 of advertising expense. Of this amount, approximately \$9,000 was received in-kind.

**Recent Accounting Pronouncements Adopted**

In September 2020, the FASB issued ASU No. 2020-07, *Not-for-Profit Entities (Topic 958) Presentation and Disclosures by Not-For-Profit Entities for Contributed Nonfinancial Assets*. The purpose of this ASU is to clarify the presentation and disclosure of contributed nonfinancial assets with an intention to provide the reader of the financial statements a clearer understanding of what type of financial assets were received and how they are used and recognized by the Organization.

**Recent Accounting Pronouncements Not Yet Adopted**

In 2016, Accounting Standards Update No. 2016-02, *Leases* (“ASU 2016-02”) was issued. The amendments in ASU 2016-02 affect any entity that enters into leasing contracts. This ASU supersedes the requirements in ASC 840, *Leases*, and most industry-specific guidance.

The core principle of the guidance is to increase transparency and comparability among organizations by recognizing rights and obligations of leasing activities as assets and lease liabilities on the balance sheet. Under this ASU, lease assets and lease liabilities should be recognized for those leases previously classified as operating leases.

ASU 2016-02 is effective for annual reporting periods beginning after December 15, 2021. The Organization will adopt this new standard effective for the fiscal year ending September 30, 2023 and shall disclose qualitative and quantitative information. At this time, it is not known, nor can it be reasonably estimated, what the impact of this standard’s adoption will have on the Organization.

**Going Concern Evaluation**

On an annual basis, as required by FASB ASC 205, *Presentation of Financial Statements*, the Organization performs an evaluation to determine whether there are conditions or events (known or reasonably knowable), considered in the aggregate, that raise substantial doubt about its ability to continue as a going concern within one year after the date that the financial statements are available to be issued. The Organization’s assessment did not indicate that substantial doubt is raised about the ability to remain a going concern for one year from the date the financial statements were available for issuance.

**Subsequent Events**

In accordance with FASB ASC 855, *Subsequent Events*, the Organization evaluated subsequent events through January 22, 2023, the date the financial statements were available for issue.

**COMMUNITY DENTAL CLINIC, INC.**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2022**

**NOTE 3 LIQUIDITY AND AVAILABILITY OF FINANCIAL ASSETS**

The Clinic's financial assets available within one year of the Statement of Financial Position date to meet cash needs for general expenditure as of September 30, 2022 were as follows:

Current financial assets at year-end	
Cash and cash equivalents	\$ 1,658,757
Grants receivable	<u>91,312</u>
	1,750,069
Less those unavailable for general expenditures within one year, due to:	
Cash and cash equivalents restricted for purchase of new dental clinic	<u>(1,000,000)</u>
Current financial assets available to meet cash needs for general expenditures within one year	<u>\$ 750,069</u>

**NOTE 4 FURNITURE, FIXTURES, AND EQUIPMENT**

Furniture, fixtures, and equipment consist of the following as of September 30, 2022:

Dental equipment	\$ 229,300
Leasehold improvements	97,369
Computer equipment	<u>22,996</u>
	349,665
Less: accumulated depreciation	<u>(225,982)</u>
Total furniture, fixtures, and equipment, net	<u>\$ 123,683</u>

Depreciation expense for the year ended September 30, 2022 was approximately \$39,000.

**NOTE 5 CONTRIBUTED GOODS AND SERVICES**

The Clinic received the following goods and services recognized as in-kind support for the year ended September 30, 2022:

	Program	General Administration	Fundraising	Total
Dental services	\$ 104,697	\$ -	\$ -	\$ 104,697
Facility lease	27,900	2,790	310	31,000
Dental supplies	29,000	-	-	29,000
Advertising	3,780	945	4,725	9,450
Legal services	-	6,338	-	6,338
Accounting and bookkeeping services	-	5,780	-	5,780
Copier services	46	413	4,134	4,593
Pest control	<u>100</u>	<u>100</u>	<u>-</u>	<u>200</u>
Total	<u>\$ 165,523</u>	<u>\$ 16,366</u>	<u>\$ 9,169</u>	<u>\$ 191,058</u>

**COMMUNITY DENTAL CLINIC, INC.**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2022**

All donated goods and services were utilized by the Organization's programs and supporting services. There were no donor-imposed restrictions associated with the donated goods and services. Donated professional services are valued at standard hourly rates charged for those services. Donated supplies are valued at the estimated wholesale prices that would be charged for selling similar products in the United States.

**NOTE 6 OPERATING LEASE**

In February 2013, the Clinic entered into a five-year lease with the City of Clearwater (the "City") to use 3,500 square feet of a City-owned building for operations. The stated rent is \$1 per year. The Clinic has the option to request an extension of the term of the lease for an additional five years subject to approval of the City. The cost of the common area maintenance, taxes, and utilities are allocated between the Clinic and the City. The City, at its option, may terminate the lease in the event the City Council determines that the premises are required for other municipal purposes and provides the Clinic with 120 days' notice. The annual in-kind fair market value of this leased facility is estimated to be \$31,000 for the year ended September 30, 2022.

**NOTE 7 CLINIC ACQUISITION GRANT**

In September 2021, the Organization entered into a grant agreement with the Ruth and J O Stone Foundation (the "Foundation"). Per the terms of the agreement, the Organization received \$1,000,000 in advance of acquiring a facility to serve as the Clinic's dental clinic. Prior to purchasing the dental clinic, the Organization must receive approval from the Foundation. Upon closing on the purchase of the dental clinic facility, the Clinic will receive an additional \$500,000 from the Foundation. The Organization is required to complete the purchase of the dental clinic by September 2023 and to give the Foundation naming rights to the newly acquired facility. If the Organization fails to meet these conditions, it must refund the Foundation the \$1,000,000 it has received. Therefore, this amount is recorded as a refundable advance liability on the Statement of Financial Position.

Furthermore, the Foundation will match the support and revenue received or receivable by the Clinic in excess of \$350,000 at the end of each fiscal year (the "Qualifying Match") beginning with the September 30, 2021 fiscal year and ending September 30, 2023. During the three eligible fiscal years, the Foundation will match up to a total of \$1,500,000. This matching gift is also contingent upon purchasing the dental clinic facility and allowing the Foundation naming rights. During the years ended September 30, 2022 and 2021, the Clinic received approximately \$650,000 and \$299,000, respectively, of income that will result in the Qualifying Match. Because this Qualifying Match had neither been received, nor had the condition required for recognition as a contribution been met as of September 30, 2022, the total Qualifying Match of approximately \$949,000 is not recorded in the financial statements.

As explained in Note 10, *Subsequent Events*, the Organization has acquired a building to be used as its future clinic.

**COMMUNITY DENTAL CLINIC, INC.**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2022**

**NOTE 8 CONCENTRATIONS**

Florida Association of Free and Charitable Clinics, Inc. (“FAFCC”) and the Organization’s fundraisers provided 12% and 31%, respectively, of the Organization’s revenue excluding those derived from in-kind goods and services.

**NOTE 9 COMMITMENTS AND CONTINGENCIES**

The Organization is subject to audit examinations from funding sources to determine compliance with grant conditions. In the event that expenditures were to be disallowed, repayment could be required. Management believes the Organization is in compliance with the terms of its grant agreements.

In March 2020, the World Health Organization declared a novel strain of coronavirus (“COVID-19”) a global pandemic and recommended containment and mitigation measures worldwide. These measures could negatively impact the Organization’s operations, vendors, and donors. The Organization cannot reasonably estimate the length or severity of this pandemic, or the extent to which the disruption may materially impact the Organization’s operations or cash flows.

The Organization may be periodically involved in legal actions and claims that arise as a result of events that occur in the normal course of operations.

**NOTE 10 SUBSEQUENT EVENTS**

In January 2023, the Organization purchased a facility for approximately \$1,200,000. This facility will be used as the Organization’s new dental clinic facility and is expected to satisfy the grant requirements detailed in Note 7, *Clinic Acquisition Grant*.