

Application Form

Organization Information

An informational webinar about this application is available to watch.

The rubric that will be used to score this proposal can be downloaded [here](#).

If you would like to complete this application first in Microsoft Word, you may download a Word version [here](#). Please pay attention to character limits.

Brief Project Descriptor

Please briefly describe this organization's request.

Organization Name*

Community Dental Clinic

Project Name*

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

Your Smile. Your Health

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.

2012

Mission Statement*

What is your organization's mission statement?

The mission of the Community Dental Clinic is to provide comprehensive dental services, education, and access to dental care for the uninsured, low-income adults of Pinellas County to improve their overall health and well-being through partnerships, volunteers, and community support.

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

EPNHW9NDGFD5

Annual Operating Budget*

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

\$807,802.00

Amount Requested*

The maximum grant amount is \$500,000.

\$500,000.00

Does the total project cost exceed the amount your organization is requesting?*

Please note: Answering "Yes" will cause additional questions to load later in this application.

Examples

ABC Childcare is seeking funding for a new playground. ABC Childcare is asking PCF to fund \$150,000 for certain equipment, and will seek other funding and donations for the remaining \$20,000 of the playground. ABC Childcare would select "Yes" for this question.

Better Tomorrow, a mental health provider, is looking to expand their counseling center by two rooms to meet increased service demand arising from the pandemic. Better Tomorrow has secured \$25,000 in private contributions, and wants to request the remaining \$125,000 in this grant. Better Tomorrow would select "Yes" for this question.

DBE Food Pantry is seeking funding a new HVAC unit for their pantry, and is requesting \$40,000 from PCF to cover the entire cost. DBE Food Pantry would select "No" for this question.

Yes

Rent vs. Own*

Does your organization rent or own the property for which you are proposing modifications?

Own

Parent Non-Profit/Subsidiaries:*

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

Example

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

No

Request Specifics

Pinellas County 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

Programming 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.

The Community Dental Clinic has been providing comprehensive dental services to low-income, uninsured adults in Pinellas County since 2013. We prioritize timely care and prevention of severe dental issues by setting appointments for everyone who meets the Sovereign Immunity criteria (no dental insurance & household income <200% the FPL) and treating them within 48 hours. We provide exams, x-rays, fillings, deep cleanings, extractions, root canals, crowns, and dentures/partials for adults. On average, we enroll 30 new patients each month and perform 748 procedures to help low-income adults who are experiencing dental problems. We ensure access to quality dental care for over 3,500 adults residing in Pinellas. We work in partnership with local hospitals to provide relief and resolution for those who turn to local ERs and urgent care clinics for non-life-threatening dental pain and infection. Our approach is an example of community-based healthcare that is responsive to local needs and leverages partnerships to provide more comprehensive care. Our individual treatment plans include crowns, fillings, cleanings, root canals, dentures, and partials. We have improved access to care, preventing severe dental issues, and improving the health and well-being of disadvantaged community members. 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. Our thousands of appointments and treatments each year create a viable and accessible ER diversion for quality dental care to improve the overall health and well-being of the underprivileged in our community.

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. 1 in 4 adults ages 20-64 currently have dental cavities and are not being treated. According to the Florida Department of Health, 49% of Pinellas County adults reported a permanent tooth removed because of decay or gum diseases. Over 46% of 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. Last year there were over 5,000 hospital ER visits valued at over \$5 million dollars that were reported from a local hospital. 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 riderships were recorded in Pinellas County. 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*

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.

The more quantifiable your negative economic impact is, whether it be fiscal losses/pressures or increased service demand, the stronger your answer will be. Use numbers whenever possible. The more specific your evidence, the

better.

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

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

The COVID-19 pandemic has had a profound and long-lasting negative impact on our organization, whose mission is to provide low-cost dental care to Pinellas County's low-income and uninsured citizens. Many individuals in our community have experienced financial hardships and unemployment, resulting in dental care being given a lower priority, even in emergency situations. Patients have postponed seeking treatment, exacerbating dental issues and potentially causing health problems. The increased demand for urgent care services and the backlog of patients in need of dental services have put a significant strain on both our patients and our clinic's resources. During the lockdown period, our clinic was mandated to temporarily close its doors, which resulted in a significant decrease in patient appointments and production. As a result, we experienced a 68% decline in patient visits in 2020, leading to a 63% reduction in clinic production and a loss of \$361,000 in valued services. The temporary closure was a necessary step to prioritize patient safety in uncertain times leading to many of our patients delaying treatment, which led to rampant decay, oral infections, and loss of teeth. To navigate this challenging period, we had to implement furloughs for our employees for a month which led to a deficit of ~\$34,000 in lost wages. We implemented various economic relief measures, including the Payroll Protection Program to address financial constraints while adapting to rapidly changing circumstances. The pandemic introduced increased costs associated with personal protective equipment (PPE) and technology upgrades, such as plastic barriers, specialized suction systems, air purifiers, and room dividers, required to adhere to safety guidelines. Supply chain disruptions further compounded our economic challenges, leading to difficulties in procuring necessary supplies and equipment. Before the pandemic, the clinic had over 3,000 patient encounters. However, as restrictions eased and the clinic was allowed to reopen, the clinic had only ~2000 (63% decrease) patient encounters due to space requirements and limitations on the types of treatment allowed. Moreover, the clinic was only permitted to perform certain procedures, such as extractions or root canals, while other restorative procedures were prohibited. The cumulative effect of these challenges highlights the far-reaching and enduring repercussions of the COVID-19 pandemic on our clinic's operations and financial health. To address these issues, we are seeking \$500,000 in funding to close the gap in demand created by the pandemic, support our patients' dental care needs, and ensure the long-term sustainability of our vital services to the community.

Negative Economic Impact - Uploads

You have the option to upload supporting documentation regarding negative economic impact. However, please limit your upload to no more than five pages. Word, Excel, JPG and PDF files are accepted.

Pandemic Relief Funding*

Please describe all government pandemic relief funding your organization has received since the onset of the pandemic (March 2020). This includes but is not limited to the Pinellas CARES Nonprofit Partnership Fund, other

ARPA funding, PPP (Paycheck Protection Program), and Community Block Development Grants specifically targeting COVID-19 relief.

Explain why or how this pandemic-relief funding has not alleviated the negative economic impact you have described above. Potential reasons include expiration dates on certain funding, inflationary pressures, restrictions prohibiting capital expenditures, or the funding simply not being enough to remedy the harm you've indicated above. **The more concrete your numbers, the better.**

If you have not received government relief funding for your organization since the onset of the pandemic, write "No pandemic relief funding received" below.

Our clinic was fortunate to receive financial aid from the Payroll Protection Program, totaling \$34,065, to retain the employment of our valued staff. Unfortunately, we had to temporarily close our office from March 31st, 2022 to April 28th, 2022 due to unforeseen events. As a consequence, we now have a backlog of patient appointments and care. Despite the financial assistance, we were unable to provide services to those who had to be rescheduled, leading to prolonged pain and discomfort for our patients. This delay had a significant impact on their overall health and well-being, as simple treatments like fillings now require more complex procedures such as root canals or extractions. We are now working diligently to support these complex cases to restore our patients' oral health. However, we have encountered challenges in managing the increased demand due to limited resources, including acquiring specialized equipment and hiring more operators for our providers to work with.

Proposal Description*

The American Rescue Plan Act requires a request that is reasonable and proportional to the level of negative 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 project proposal and address the following:

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

The Community Dental Clinic plans to renovate a new dental office in response to the challenges posed by the COVID-19 pandemic, particularly the backlog of patients and increased demand for urgent care services. Currently, patients face a 2-month waiting period for non-urgent care appointments and a 1-week waiting period for urgent care, leading to heightened pain and discomfort and potentially exacerbating their dental conditions. To alleviate this issue, our organization aims to reduce our wait times to 2-3 weeks for non-urgent care and 24-48 hours for urgent care, ensuring swift attention and treatment for individuals in dental distress. This project not only benefits patients both economically and in terms of their health but also elevates the overall quality of care provided by our organization. In addition to improving patient care, the new dental office will enhance our ability to manage the backlog of patients efficiently, ultimately bolstering the sustainability of our services and mitigating the economic impact caused by the backlog. The new facility will provide 6 Hygiene/Dental treatment rooms, 2 private treatment rooms, 2 teaching/specialty rooms, a sterilization area, a lab area, a community room, and more enabling us to expand our service capacity. This means reduced waiting times, allowing us to treat a higher volume of patients effectively. Our commitment to delivering high-quality dental care is demonstrated by the involvement of volunteer dentists, specialists, and partnerships with local healthcare institutions. While there will be an initial capital investment, the project is expected to lead to long-term cost savings. The modern and efficient facility will streamline operations, reduce overhead costs, and optimize volunteer hours, enhancing the cost-effectiveness of our services. The

new dental office represents a long-term investment for over 20 years in our property and infrastructure, ensuring our ability to provide essential dental services to the community for years to come. The strong support received from various organizations, community groups, and individuals underscores the backing we have in our community. The new dental office's expanded capacity is likely to further engage our community and attract additional support, ensuring the continued sustainability of our mission. With more space and resources, we can enhance accessibility for patients, particularly those who have been waiting for care.

Number Served*

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

6000

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 project.

N/A

Organizational Sustainability*

How does this project contribute to the long-term sustainability of your organization and the work it does? That is, what impact will this project have on your organization and/or its clients over the long-term?

Examples include increased service capacity, reduced cost of delivering services over time, higher-quality or more equitable service delivery, and increased lifespan/quality of property.

Quantifiable numbers will strengthen your answer.

The new facility will create ample space to accommodate up to 20 additional volunteer dentists, specialists, and oral surgeons, in addition to our current dedicated team of 17 volunteers. It means that we can provide dental care to low-income uninsured individuals more efficiently and reduce the backlog of patients. Moreover, it ensures the sustainability of our services over the long term. Our partnerships with local hospitals, such as BayCare Health System, and the Pinellas Department of Health, are integral to our ability to offer comprehensive dental services, hygiene services, access to dental supplies, and patient referrals. The new facility's most tangible benefit is its capacity to serve more patients effectively. With the potential to double our number of patient encounters from 3,000 to over 6,000, we can address the pressing backlog of

patients created by the pandemic. Beyond immediate relief, this increased capacity ensures that we can continue to provide timely and accessible services to our clients in the long term. It significantly improves their overall health and well-being by reducing waiting times and ensuring they receive the care they need promptly. The larger space of the new building opens up exciting opportunities to expand our community programs focused on dental health and education. As part of our capital campaign, the creation of an endowment for long-term sustainability is a strategic move that ensures our organization's financial stability. This endowment will serve as a stable source of income, supporting our day-to-day operations and enabling us to continue providing essential dental services to the community for many years to come.

Project Specifics

Permits*

Please describe any permits necessary for the successful completion of this proposed project. Be sure to include any permits already obtained or in progress, and/or what the timeline is to acquire permits.

Our organization acquired an existing building in Clearwater in January 2023 to serve as our new dental office. In February 2023, we hired Fischer and Associates for preliminary drawings and Transystems for professional consulting services to assist with the Preliminary Site Plans for development. Hill Ward Henderson was also brought on board to assist with all necessary applications. Originally, we were scheduled for a hearing in August 2023 to start the pre-approval process, but due to scheduling constraints and an intervening hurricane, our hearing was postponed until October 3, 2023. Once approved, we will promptly apply for the required building permits with the assistance of our general contractor, Transystems, and our organization. Our target is to obtain all necessary permits by December 31, 2023, which are essential for the construction and renovation of the new dental office. The timeline for acquiring permits is subject to the City of Clearwater's processes and scheduling, but we will comply with all permitting requirements to ensure the successful completion of our project. Our organization will work closely with the relevant authorities to expedite the permit approval process and commence construction of the new dental office as soon as possible.

Plan Set*

Do you have a plan set for this project?

A plan set refers to the "batch" of plans, drawings, prints, files, etc., that you receive from an architect that explains what needs to be built, how, and where. **Not all qualifying projects in this process require a plan set.**

If you answer Yes, you should upload the Plan Set in the question below.

Yes

Plan Set Upload

If you answered "Yes" above, please upload the Plan Set here. If you have trouble with file size limitations, please reach out to Rose Cervantes at rcervantes@pinellascf.org. If you have any narrative to accompany the plan set, you may write it below.

PDF files are permitted.

A2.1 FLOORPLAN INTERIOR (6).pdf

Our organization, the Community Dental Clinic, has collaborated with Fischer and Associates to create initial designs for our upcoming building. The new facility spans 6,500 square feet and will house 6 open dental operatories, 2 private dental operatories, 2 teaching suits, a community room, a waiting room, a welcome center, a patient resource room, a volunteer/student office, a soft food closet, and administrative offices.

Construction Schedule/Timeline*

Given a spending deadline of December 31, 2026, give a detailed and **realistic construction schedule**/timeline as to how this large capital project will be executed and completed. If there are phases to this project, indicate so in the narrative below. If you specified that permits were needed for this project above, ensure you include the acquisition time in the schedule.

Please include the following:

1. **How the timeline/schedule was developed, and by whom.**
2. **Timeline of planning and execution. Please include start and end dates by month and year. For example, April 2023 - June 2023.**

Example:

Better Tomorrow is proposing the expansion of their counseling center. This requires a 2-month planning phase, one month to obtain all necessary permits, and four months to build. Better Tomorrow would list each phase, a brief description of what takes place in each phase, and an estimated start and completion date for each phase, and an explanation of how the schedule was developed.

The Community Dental Clinic is proposing to expand its new dental building, which will require a 12-month execution phase. The construction will begin in January 2024 to March 2024 which will include the installation of the roof and utilities such as plumbing, electricity, air, and water. From April 2024 to July 2024, the AC will be replaced, and the initial building will start, including drywall, light fixtures, flooring, and windows. From July 2024 to December 2024, the office furniture, dental equipment, cabinets, breakroom fixtures, IT equipment, parking lot, and landscaping will be installed. The project will be completed by December 2024.

The timeline above was developed by The Community Dental Clinic's Executive Committee, Executive Director, and General Contractor, based on the current availability of products, equipment, and permit approval from the City of Clearwater.

Team Leadership*

Please describe the following:

1. The team and leaders that will be overseeing this proposed project.
2. Their relationship to your organization
3. Their role in this project
4. Whether or not they have overseen similar projects

The Community Dental Clinic's Board Chairman, Executive Committee Chair, Finance Committee Chair, Fischer & Associates, Park & Eleazer, Henry Schein, and Workscapes will be overseeing various parts of this project. Our Board Chairman has past experience with renovating Clearwater Free Clinic, our "sister" clinic, which was valued at 1.2 million. The Chairman oversees the Executive Committee. Our Finance Committee Chairman was the CFO & CEO of a Multi-billion dollar, publicly traded, Corporation where he directed all financial functions, acquisitions, and divestments. Henry Schein will be overseeing the installation of all dental equipment, dental cabinets, and any dental-related objects needed to function in the clinic's operation. For over 90 years, Henry Schein has been one of the largest providers of healthcare products and services to

office-based dental and medical practitioners. We have purchased dental supplies and equipment for over 10 years with them. One of their specialties is designing and implementing new dental offices. Fisher and Associates, Architects, LLC will provide the final blueprints for the building. They have been in business for over 30 years and have successfully completed over 48 Corporate Headquarters, over 600 Publix Shopping Centers, and millions of square feet of pharmaceutical, industrial, and manufacturing facilities many incorporating clean room environments. In addition, they have built similar dental clinics such as Heartland Dental and designed Clearwater Free Clinic, our local "sister" clinic. Park & Eleazer will oversee all construction for the building and the parking lot. Park & Eleazer has built over 100 buildings in Pinellas County including dental offices, Aldi's, senior living facilities, and Clear Water Free Clinic (our sister clinic). Workscapes will oversee the installation of our office furniture. Workscapes is a certified woman-owned business operating for 25 years across Florida. As a turnkey commercial interior solutions partner, Workscapes offers services including space planning and design with products including furniture, modular walls, acoustical products, and flooring. In addition, they support programs promoting health and wellness, workforce, and economic development while being good stewards of our environment. Workscapes supplied office furniture and hospital furniture for Tampa General, Advent Health, Florida Polytechnic University, and more.

Cost Difference

Estimated Total Project Cost*

Please specify the total cost of this capital project/purchase.

Example: ABC Childcare is seeking funding for a new playground. ABC Childcare is asking PCF to fund \$20,000 for certain equipment and will seek other funding and donations for the remaining \$150,000 of the playground, for a total project cost of \$170,000. ABC Childcare would put \$170,000 below.

\$3,819,959.00

Cost Difference*

How does your organization plan to cover the cost of this project beyond the amount requested? Please also specify if your organization can carry out the potential ARPA-funded portion of this project without other funding being secured.

The Community Dental Clinic has launched a capital campaign to fund the cost of building expansion, equipment, and an endowment for long-term sustainability. Our Director of Development, Board of Trustees, and Executive Director will meet with donors in Pinellas County to request their support. We will apply for grants through State, county, and local foundations. In addition, we will hold our annual fundraiser, online campaigns, and other events to raise the funds. The goal is to raise \$5,000,000 to ensure the future of the clinic.

Geographic Impact and 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 meet at least one of the following descriptions:

- 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)
- Organization located or serve households within a Qualified Census Tract (QCTs)
 - Defined by U.S. Department of Housing and Urban Development (HUD)
 - To assess if your organization serves or is headquartered in a QCT, use this link. 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.

Benefits and Geography of Project*

Please describe how the communities/clients that will benefit from this capital purchase, and how they were disproportionately impacted by the pandemic according to the examples above.

Our future clinic is located in the Lake Bellevue Neighborhood, formally known as the South Greenwood area, in Clearwater, Florida is located within the Qualified Census Tract in Pinellas County. Our patients must be 200% below the Federal Property Level which means 100% of our patients were disproportionately affected by the COVID-19 pandemic, including individuals who were unemployed, underemployed, veterans, disabled, LGBTQ+, and seniors. These groups were more prone to losing their jobs or experiencing reduced income due to the economic downturn caused by the pandemic. In Pinellas County, the average cost of rent is ~30% of their monthly income, not including utilities and basic needs. Many of our patients were forced to choose between basic needs such as food and housing before oral health care needs. By providing affordable dental care, our clinic aims to 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 capital purchase will be utilized in the Lake Bellevue neighborhood in Clearwater, Florida. However, since our clinic serves all eligible low-income residents within Pinellas County, the impact of the capital purchase will extend beyond the immediate neighborhood.

Headquarters Location*

Please provide your organization's headquarters address as it appears on your Sunbiz account. To check your registration with Sunbiz, you may search their database.

1008 Woodlawn St. No Clearwater, FL 33756

Project Location*

Please provide the address or intersection where the property being modified is.

1390 South Missouri Ave Clearwater, FL 33756

Community Connection

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, dentists, and office staff. 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 who 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 16 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 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 2024. The Wounded Veterans Relief Program partners with the VA system to refer veterans who 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 veterans in Pinellas County without affordable dental care.

Board Membership*

Do your board members consider themselves a member of one or more of the following populations?

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

BIPOC

Executive Level Leadership Team*

Does your executive leadership team consider themselves a member of one or more of the following populations?

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

BIPOC

CEO/Executive Director*

Does your CEO/Executive Director consider themselves a member of one or more of the following populations?

- 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 disable

Decline to state

Financial Overview

BIDS MUST BE DATED JULY 5, 2023 OR LATER.

- The file attached below should contain current, verifiable bids, estimates, or price lists [from your potential vendor(s)]. *Please ensure there is a date noted on the bid or some annotation as to when when you obtained these estimates/bids.*
- If your project costs LESS than \$75,000, you must upload TWO verifiable bids or estimates for the proposed project.
- If your project is EQUAL TO or MORE THAN \$75,000, you must upload THREE verifiable bids or estimates for your proposed project.
- If you have already selected a contractor for this process and do not have multiple bids to upload, please ensure you answer the narrative questions below thoroughly.

Bid/Estimate #1*

PDF files are accepted.

Henry Schein_Adec bid.pdf

Bid/Estimate #2

PDF files are accepted.

Henry Schein_Belmon bid.pdf

Bid/Estimate #3

PDF files are accepted.

Henry Schein_MidMark.pdf

Selected Contractor*

If you have not yet selected a contractor and have uploaded multiple bids above, please write N/A below or you will not be able to submit your application.

If your organization has already selected a contractor for this proposed capital project, please describe the process through which this contractor was chosen, and be sure to answer:

1. Was there a competitive bid process? That is, were multiple bids collected in order to evaluate multiple contractors? Describe this process (names of contractors, number of bids collected, prices, and why the contractor was chosen).
2. What personnel members at your organization selected the contractor?
3. Has a contract been executed with this contractor? **If yes, upload the contract here. If no, please describe the status of contract.**

If a contractor has already been selected AND a competitive bidding process was not used, the project will lose points.

Our general contractor is Park and Eleazer Construction. Due to the delay in the City of Clearwater, we have not signed an official contract. Most recently, Park and Eleazer Construction renovated our sister clinic, Clearwater Free Clinic, a non-profit medical center. During this renovation, our Board Chairman was in charge of the project. Park and Eleazer were on time with their construction plans, came under budget, and were able to find \$80,000 in engineering value that was rebated to the clinic. Having first-hand experience with Park & Eleazer, it was evident that their philanthropic beliefs and work style was a perfect match for our project. Our Board member shared this information with our Executive Committee who agreed to work with them. In addition, Park & Eleazer was just named one of the 50 fastest-growing companies. Even though we selected Park & Eleazer Construction as our single source, general contractor because of their highly regarded reputation for non-profit support, they do use the 3-bid process for subcontractor selection. Because of the before-mentioned relationship with our sister organization, we were privileged to review the contractors for their bidders. After careful analysis of the 3 additional bidders, it was determined that they did not have the scope or capacity to handle the rigorous requirements to handle the construction of a dental clinic. In addition, the lead benefactor for the new clinic was in complete agreement with a negotiated bid.

Henry Schein has a long history of outfitting dental clinics and partnering with various vendors to get the best pricing for equipment. Henry Schein quoted 3 vendors for us- Adec's bid is \$580,323, Belmont's bid 504,738.00, and MidMark's bid is \$480,836. Our Executive Director and Clinical Director selected Henry Schein's bid for Adec as it includes all of the components that are needed. The other two bids do not include all the components and the remaining items would still need to be purchased. for their unique dental-related items that are not found in local retail shops. their one-shop approach ensures that we are getting the best prices from their vendors as dental clinics are not able to directly purchase equipment from them.

Workscope works with various vendors to find the best prices on office furniture and will find various funding opportunities to help support the total cost of the project. Workscope's philanthropy beliefs and long-term adaptability of office furniture, our Executive Committee agreed that Workscope was the best company to outfit all office furniture.

Minority/Woman-Owned Business

Is your selected contractor, or the bid you are going to choose if funded, one of the following:

- Small-business enterprise (SBE)
- Disadvantaged business enterprise (DBE)
- Minority and/or woman-owned business (MWBE)

Yes

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."

For minority/women-owned businesses- Celebrating 25 years in the Florida market, Workscapes is a woman-owned commercial interiors firm transforming workspaces into inspiring environments.

For related parties, there are no related parties

Budget Detail*

Please upload a clear, easily readable budget that breaks out costs for this proposed project. Ensure that it is clear what portion would be paid for through this grant funding and what would be paid for from other sources. **Be sure that the budget includes 10-20% for contingencies and any costs related to performance and payment bonds for construction projects.**

If you are going to request the permitted indirect cost of up to 5%, please be sure this is represented in your budget.

An example budget is available here.

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

PDF and Excel files are allowed.

Budget_Community Dental Clinic.pdf

Other Funding Sources*

Please describe any other funding that your organization has applied for or obtained for this project. This includes but is not limited to Community Development Block Grants (CDBG), local government grants (including Tourist Development Council funding), foundation grants, and donors (you do not need to disclose donor identities, simply amount raised that is allocated to this project). This includes any matching grants or in-kind contributions you may have obtained.

If none, please explain why no additional funding sources have been pursued.

Please be sure all funding sources below are represented in the "Applicant Match" column in the Budget Summary you have uploaded above.

We received 1.2 million for the new building. We received funds for 4 new dental chairs in the amount of \$100,000, sterilization items in the amount of \$7,153.00, a new root canal scope, and related items in the amount of \$75,000. In addition, we received 3 dental x-ray heads valued at \$15,000.

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 project **decreases** ongoing operating costs, how will it do so?
- If this project **does not affect** operating costs, please note so below.

To compensate for the increased cost, our Capital Campaign will raise funds to cover the renovation as well as cover the cost of increased operations, increase in faculty, and ensure we have a sustainable endowment for the future.

Fund Management Capacity*

Please describe your organization's capacity to manage these potential ARPA funds in terms of fiscal management and financial infrastructure.

This includes, but is not limited to, the use of accounting software that can track a general ledger and multiple accounts and the ability to work on a reimbursement-basis.

The inability to handle a reimbursement-based grant does not disqualify your organization from applying.

We have implemented various tools and systems to ensure financial accountability and efficiency. QuickBooks, a trusted accounting software, handles our invoices and payments, facilitating the efficient tracking of our general ledger and multiple accounts. This ensures accurate financial records and streamlined monitoring of expenses and income. Additionally, Donor Perfect plays a crucial role in managing donations and donor tracking, enabling us to maintain comprehensive donation records, including donor details, amounts, and dates. This software also supports tracking donor engagement and communication, bolstering our relationships with supporters. These software solutions enhance our financial management capabilities and uphold transparency in our financial operations. Our robust financial infrastructure allows us to handle funds, allocate resources, and track expenditures accurately, ensuring efficient work on a reimbursement basis and compliance with reporting requirements.

Corrective and Investigative Action/Grant Recall*

In the past three (3) years, has 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. If no, write "N/A"

N/A

Organization Documentation

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_2022_2023 approved budget.xlsx

Board of Directors List*

Please upload a current list of members of your organization's Board of Directors. Excel, Word, and PDF formats are acceptable.

List of Board Trustees.docx

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.

Community Dental - Public 990 9.30.22.pdf

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 Clinic_Audit report.pdf

Insurance

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

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

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

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

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

Post-Grant Requirements

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 monthly expenditure reports until their project is completed and their contract is closed out.

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

Additional Upload

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

1390 Missouri Ave.pdf

Anything else to share?

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

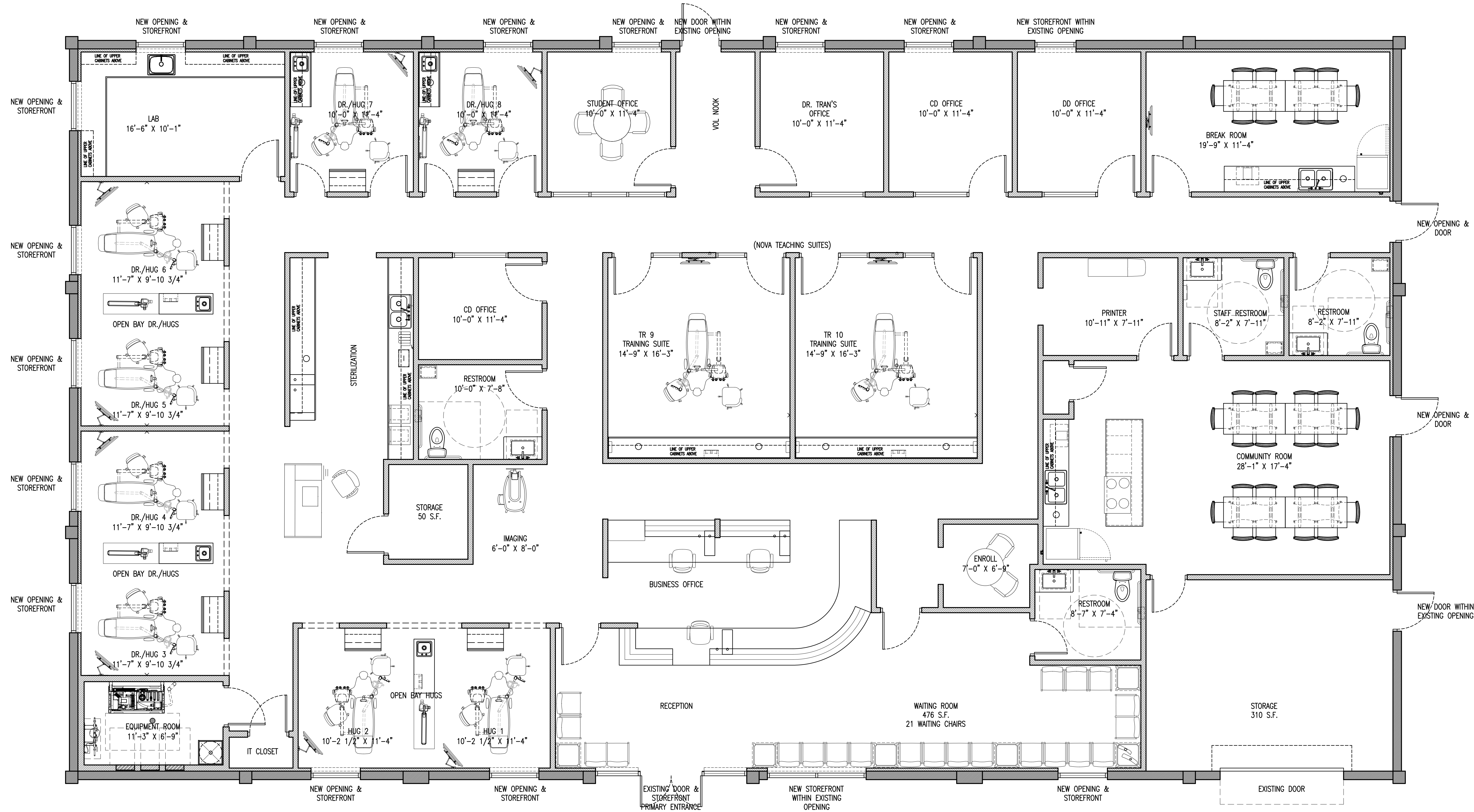
Attached is our current building- pre-construction.

File Attachment Summary

Applicant File Uploads

- A2.1 FLOORPLAN INTERIOR (6).pdf
- Henry Schein_Adec bid.pdf
- Henry Schein_Belmon bid.pdf
- Henry Schein_MidMark.pdf
- Budget_Community Dental Clinic.pdf
- Community Dental Clinic_2022_2023 approved budget.xlsx
- List of Board Trustees.docx
- Community Dental - Public 990 9.30.22.pdf
- Community Dental Clinic_Audit report.pdf
- Evidence of Insurance Coverage.pdf
- 1390 Missouri Ave.pdf

DATE: 5/22/2023 11:52 AM BY: NEW DRAWING SERVICES PROJECT: Project 508 - New/Rem/Use (Final Issues) (New Plan 05-19-23.dwg)



1 ARCHITECTURAL FLOOR PLAN
1/4" = 1'-0"

THIS DRAWING AND ALL INFORMATION CONTAINED HEREIN IS THE PROPERTY OF FISHER AND ASSOCIATES, LLC. IT IS NOT TO BE COPIED OR USED IN ANY MANNER WITHOUT THE EXPRESS WRITTEN CONSENT OF FISHER AND ASSOCIATES, LLC. FISHER AND ASSOCIATES, LLC. ACCEPTS NO LIABILITY FOR ANY AND ALL DAMAGES, INCLUDING BUT NOT LIMITED TO, SPECIAL, CONSEQUENTIAL, PUNITIVE, AND RESPECTIVE DAMAGES, ARISING FROM THE USE OF THIS DRAWING. ALL RIGHTS ARE RESERVED.
 TO THE BEST OF MY KNOWLEDGE, THE SPECIFICATIONS AND PLANS SHOWN HEREIN COMPLY WITH THE APPLICABLE MINIMUM BUILDING CODES IN EFFECT AT THIS TIME.

FISHER AND ASSOCIATES, LLC.
 ARCHITECTS
 PLANNERS
 INTERIOR DESIGNERS
 A22600738
 2285 BELLEAIR RD., CLEARWATER, FL 33764 (727) 443-4438

FLOOR PLAN
COMMUNITY DENTAL CLINIC
 1390 S. MISSOURI AVE.
 CLEARWATER, FLORIDA

RELEASED FOR:	
BID	
PERMIT	
CONSTR.	

REVISIONS:	
04-26-23	Owncr Cmt
05-22-23	Owncr Cmt

NOT FOR CONSTRUCTION
 WILLIAM JOE FISHER
 ARCHITECT 0010829
A2.1
 Issue Date: 12-16-22
 Project No.: XXXXX

DENTAL

Equipment Deposits Correspondence
 PO Box 360920 135 Duryea Road
 Pittsburg, PA 15251-6920 Melville, NY 11747

Date: 09/21/2023	Acct No: 2785022	Install Date:	
Field Sales Consultant: Dan Windstrup	Sales Specialist: Staci Miller	Sales Specialist:	
Installation Address: 1008 Woodlawn St			
City: Clearwater	State: FL	Zip: 33756	
Phone: 7272166155	Fax: 7272166155		
City: Clearwater		State: FL	Zip: 33756
Deliver To: Community Dental Clinic		Henry Schein Dental	
Phone: 7272166155	Address:		
Fax:	City:	State:	Zip:
Email:	Phone:	Fax:	

Qty	Manufacturer	Item Code	Description	Price	Total
			A-dec 411 Chair	\$11,188.00	\$67,128.00
6	ADEC	492-9036	Fndtn,411 Chair,No Uph		
6	ADEC	492-8541	Hdrst Style,DBL Art W/Lvr		
6	ADEC	492-8731	Seamless Upholstery		
6	ADEC	492-8550	Floor Box,Ctrd,511/311B		
			332PRO TRAD Radius Delivery System	\$7,539.00	\$30,156.00
4	ADEC	143-8277	Fdation Price,332PRO,No Contro		
4	ADEC	493-0337	Opt,Tray Hldr,Sd Mt,Strd,		
4	ADEC	493-0951	Opt 1 Standard SS Tray		
4	ADEC	492-8736	Kit,Second Brake Handle		
4	ADEC	143-8210	Doctor's Control Pad 5		
4	ADEC	492-8559	FC,Wet Dry Chip Blower		
4	ADEC	492-8743	Intraoral Lt Source,QVIOLS		
4	ADEC	492-9141	pos[0],4-Hole Tubing		
4	ADEC	492-9141	pos[0],4-Hole Tubing		
4	ADEC	492-9140	Positions,6-Pin Tubing		
			541 12 O'Clock Duo INSTM	\$15,469.00	\$30,938.00
2	ADEC	493-0364	Opt,Fndtn,541B Rear Duo,		
2	ADEC	493-0803	Strd Tray Hldr Assy 541B/		
2	ADEC	493-0951	Opt 1 Standard SS Tray		
2	ADEC	492-8680	Kit,Pwr Supply Connector		
2	ADEC	493-0820	EMC-703 Ctrl Mod Intgrtd		
2	ADEC	493-0636	HVE,Adtl,11mm		
2	ADEC	493-0943	Opt Wtr Btl Mt f/545 Asst		
2	ADEC	493-0830	Tbg Elec Mtr Long Intgrtd		
2	ADEC	492-9140	Positions,6-Pin Tubing		
2	ADEC	492-9141	pos[0],4-Hole Tubing		
2	ADEC	492-9141	pos[0],4-Hole Tubing		
			A-dec 577L LED Dental Light, Track Mt	\$5,659.00	\$33,954.00
6	ADEC	492-9100	Fndtn Price,577 LED Track		
			A-dec 351 Radius ASST	\$1,657.00	\$6,628.00

DENTAL

Equipment Deposits Correspondence
 PO Box 360920 135 Duryea Road
 Pittsburg, PA 15251-6920 Melville, NY 11747

Date: 09/21/2023	Acct No: 2785022	Install Date:
Field Sales Consultant: Dan Windstrup	Sales Specialist: Staci Miller	Sales Specialist:
Installation Address: 1008 Woodlawn St		
City: Clearwater	State: FL	Zip: 33756
Phone: 7272166155	Fax: 7272166155	
City: Clearwater	State: FL	Zip: 33756
Deliver To: Community Dental Clinic		
Henry Schein Dental		
Phone: 7272166155	Address:	
Fax:	City:	State:
Email:	Phone:	Fax:

Qty	Manufacturer	Item Code	Description	Price	Total
4	ADEC	492-9027	Fndtn,351 Asst Inst,Sgl		
4	ADEC	493-0636	HVE,Adtl,11mm		
4	ADEC	494-0134	Easy Flexz Tbg Dual HVE		
			A-dec 521 Doctor's Stool	\$1,380.00	\$8,280.00
6	ADEC	492-9121	Foundation Price- 521		
			A-dec 522 Asst Stool	\$1,524.00	\$9,144.00
6	ADEC	492-9122	Foundation Price- 522		
			Inspire Treatment Console	\$13,027.00	\$104,216.00
8	ADEC	492-9377	Fndtn Prc,591.42In Console		
8	ADEC	492-9539	DB1103,7.5IN,7.5IN,7.5IN		
8	ADEC	492-9524	DR1202,Door Strg		
8	ADEC	492-9532	DR1001,Bi-Fld,Side-Opn,1X		
8	ADEC	492-9542	WA1004,Wall,Fxd Shelf,ICV		
8	ADEC	492-9601	591,Monitor MT		
8	ADEC	492-9502	UP1002,P/T,Wood Back,Wood		
			Inspire Side Console	\$7,112.00	\$14,224.00
2	ADEC	492-9391	593.70L Starting Point		
2	ADEC	492-9563	DB3012,7.5IN,7.5IN,7.5IN		
2	ADEC	492-9549	DR3202,Door Strg,Sharps		
2	ADEC	492-9563	DB3012,7.5IN,7.5IN,7.5IN		
2	ADEC	492-9612	70"SS Ctop,Lwr,Und Mt SS		
			Inspire Wall-Mounted Cabinet	\$2,655.00	\$5,310.00
2	ADEC	492-9505	UP5002,Upr Strg,Wood Door		
2	ADEC	492-9220	Mdfy Fee,Add Wood Shelf		
2	ADEC	492-9450	DS5002,Disp,2X G/M/C/T		
2	ADEC		Modified Selection Price Modified Fee - Remove All Glove		
			Inspire Side Console	\$3,559.00	\$7,118.00
2	ADEC	492-9395	593.42L Starting Point		
2	ADEC	492-9563	DB3012,7.5IN,7.5IN,7.5IN		
2	ADEC	492-9549	DR3202,Door Strg,Sharps		
2	ADEC	492-9945	14" Door Strg/Trash		

DENTAL

Equipment Deposits Correspondence
 PO Box 360920 135 Duryea Road
 Pittsburg, PA 15251-6920 Melville, NY 11747

Date: 09/21/2023	Acct No: 2785022	Install Date:	
Field Sales Consultant: Dan Windstrup	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:	
Phone:		State:	
Fax:		Zip:	
Email:		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
			Inspire Central Console	\$28,305.00	\$84,915.00
3	ADEC	492-9387	592.128 Starting Point		
3	ADEC	493-0266	Disp, Soap and Sanitizer		
3	ADEC	492-9304	Air/Wtr QD Kit		
3	ADEC	492-9573	SK2002, Sink Module W/Toe		
3	ADEC	492-9447	DS2002, T-Wall Disp, 2X Glv		
3	ADEC	492-9432	DB2003, 7.5IN, 7.5IN, 7.5IN		
3	ADEC	492-9440	DR2001, Door Strg, Trash		
3	ADEC	492-9432	DB2003, 7.5IN, 7.5IN, 7.5IN		
3	ADEC	492-9432	DB2003, 7.5IN, 7.5IN, 7.5IN		
3	ADEC	492-9432	DB2003, 7.5IN, 7.5IN, 7.5IN		
3	ADEC	493-0267	Ctop Mod Name CS2101 26in		
			Inspire Treatment Console	\$24,254.00	\$48,508.00
2	ADEC	492-9380	591.98 Starting Point		
2	ADEC	492-9304	Air/Wtr QD Kit		
2	ADEC	492-9548	SB1009, Sub-Base f/Cab MT,		
2	ADEC	492-9533	DR1104, Bi-Fld, Fnt-Opn		
2	ADEC	492-9526	DB1101, 5IN, 5IN, 5IN, 7.5IN		
2	ADEC	493-0125	Dispenser, Soap/Sanitizer		
2	ADEC	493-0125	Dispenser, Soap/Sanitizer		
2	ADEC	492-9542	WA1004, Wall, Fxd Shelf, ICV		
2	ADEC	492-9601	591, Monitor MT		
2	ADEC	493-0259	CS1007, 98in, Sol Sfc CTop		
			Inspire Side Console	\$6,455.00	\$12,910.00
2	ADEC	492-9391	593.70L Starting Point		
2	ADEC	492-9304	Air/Wtr QD Kit		
2	ADEC	492-9560	DB3010, 5IN, 5IN, 5IN, 7.5IN		
2	ADEC	493-0999	Mod Opt DR3208 14W, 19D		
2	ADEC	492-9560	DB3010, 5IN, 5IN, 5IN, 7.5IN		
			Inspire Sterilization Center	\$37,068.00	\$37,068.00
1	ADEC	493-0266	Disp, Soap and Sanitizer		

DENTAL

Equipment Deposits Correspondence
 PO Box 360920 135 Duryea Road
 Pittsburg, PA 15251-6920 Melville, NY 11747

Date: 09/21/2023	Acct No: 2785022	Install Date:	
Field Sales Consultant: Dan Windstrup	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
1	ADEC	493-0390	594,182 IN Steri Cntr		
1	ADEC	493-0236	DB4008,Sld Out Stor & Wst		
1	ADEC	493-0255	EQ4202,Ulsnc Cln W/Ctop		
1	ADEC	493-0378	SK4010,Sink,1-3/8In Anc		
1	ADEC	492-9444	DR4002,Door Strg,Int Drwr		
1	ADEC	493-0153	DB4005 5,5,5,5,7.5 Drw		
1	ADEC	493-0153	DB4005 5,5,5,5,7.5 Drw		
1	ADEC	493-0874	Accessory Shelf 14in		
1	ADEC	492-9506	UP4002,Upr Strg,Alum Door		
			Inspire Sterilization Center	\$24,499.00	\$24,499.00
1	ADEC	493-0243	594,126 IN Steri Cntr		
1	ADEC	492-9444	DR4002,Door Strg,Int Drwr		
1	ADEC	493-0153	DB4005 5,5,5,5,7.5 Drw		
1	ADEC	493-0153	DB4005 5,5,5,5,7.5 Drw		
1	ADEC	492-9444	DR4002,Door Strg,Int Drwr		
1	ADEC	493-0153	DB4005 5,5,5,5,7.5 Drw		
1	ADEC	493-0135	TW4104 Sterile Storage		
			Dual DV7 SMART-VAC System	\$24,871.00	\$24,871.00
1	ADEC	124-8129	DV,Dual DV7 Smart Vac Sys		
			SC7 Quad Motor Compressor 5-7 User,230V	\$10,075.00	\$10,075.00
1	ADEC	124-8061	Cmprs,SA7,Quad Mtr,5-7		
			SC7 Quad Motor Compressor 5-7 User,Tandem,230V	\$10,075.00	\$10,075.00
1	ADEC	493-0959	Cmprs SC7 Quad MTR 5-7		
			FASC Fresh Air Intake Kit	\$255.00	\$255.00
1	ADEC	124-8065	Kit,Fresh Air Intake		
			A-dec PB23 Double-Gang 3-Button 24V AC-DC Pushbutto	\$361.00	\$361.00
1	ADEC	129-7967	Dbl 3 Button 24V/Blue Led		
			WS1 DIGITAL Water Safety Valve with filter, 1in or smaller	\$1,690.00	\$1,690.00
1	ADEC	124-8143	Water Safety Vlv w/Filter		



QUOTE# 202309212018001

DENTAL

Equipment Deposits Correspondence
PO Box 360920 135 Duryea Road
Pittsburg, PA 15251-6920 Melville, NY 11747

Date: 09/21/2023	Acct No: 2785022	Install Date:	
Field Sales Consultant: Dan Windstrup	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

Subtotal:	\$572,323.00
Shipping & Handling:	\$8,000.00
ESTIMATED TAX:	\$0.00
Total:	\$580,323.00
Deposit:	\$0.00
Balance Due:	\$580,323.00

THRIVE POINTS EARNED FOR ENROLLED MEMBERS: 572,323

*This is the minimum points awarded. Points may vary based on program level or promotion.

Payment Terms: Minimum 10% deposit required to initiate order (excluding government customers). Balance to be paid on delivery, and Customer must take delivery within three months of Install Date above. Excluding applicable terms from other applicable contract.

For dental radiation-emitting equipment, the National Council on Radiation Protection (NCRP) recommends, and many states require, a shielding design/plan review performed by a qualified expert before installation. As a service, HSD will obtain this from a qualified expert on your behalf; applicable fees will be added to your order. If you are in a state that does not require this, and decline this service, please check the box and sign here. Decline Customer Signature _____

THIS ORDER IS SUBJECT TO HENRY SCHEIN DENTAL EQUIPMENT TERMS AND CONDITIONS AND ANY SUPPLEMENTAL TERMS AND CONDITIONS PROVIDED WITH PURCHASES HEREUNDER, AND THE PURCHASER AGREES TO BE BOUND THEREBY. Orders are subject to credit approval.

X _____ Purchaser's Signature Date X _____ Sales Specialist Date

Prices are in effect until _____ Acceptance by Henry Schein Dental Date

Dear Community Dental Clinic : the attached equipment order (quote) is for your review from Henry Schein, Inc. dba HSD. Please read these Supplemental Terms and Conditions which are applicable to your purchase of dental equipment ("equipment" or "goods") and review all lines of the equipment order (quote) for accuracy. If all documents meet your requirements, please sign at the appropriate signature area.

DENTAL EQUIPMENT / SUPPLEMENTAL TERMS AND CONDITIONS

1. **Late Delivery.** HSD shall attempt to deliver on the date specified in the equipment order, but is not responsible for delays and any delays are not considered a breach by HSD hereunder.
2. **Partial Delivery.** By signing this equipment order, Purchaser agrees that, if in order to fulfill Purchaser's needs and/or installation requirements, HSD may make partial deliveries, and Purchaser must pay amounts owed relating to any such partial delivery. Partial billing is due upon receipt of invoice.
3. **Warranty Disclaimer.** Except as provided in HSD's equipment standard terms of sale, HSD does not give warranties (on products or installation). HSD personnel, including Equipment Specialists or Field Sales Consultants, are not authorized to bind HSD or to make warranties. Oral statements by HSD personnel or agents do not constitute warranties and may not be relied upon or considered a contract.
4. **Labor and Services Time Periods.** Labor described in your equipment order (such as maintenance, repairs, replacement of defective parts, or repairs) must be completed within 90 days following installation. Services (such as training) must be completed within 180 days following installation.
5. **Repairs/Loaners.** If manufacturer is unable to provide replacement product during repair HSD may endeavor to provide a temporary loaner during any period of repair, to the extent available.
6. **Not Included.** Costs relating to the following activities are the sole responsibility of Purchaser and ARE NOT INCLUDED IN THE PURCHASE PRICE:
 - a. Disconnecting and/or reinstalling Purchaser's existing equipment
 - b. Changes or additions in plumbing, electrical, or carpentry
 - c. Governmental inspections, approvals, or fees
 - d. Union intervention in installation or delivery
 - e. Disposal of old equipment
 - f. Delivery of donated equipment
 - g. Insurance
7. **Late Payment Charges.** 1½% PER MONTH WILL BE CHARGED ON PAST DUE BALANCES (18% PER YEAR).
8. **Office Space Plans.** Office space plans drawn by HSD, are the sole property of HSD and are not to be used without HSD's prior written consent.
9. **Purchaser's Name.** The name provided in the equipment order is the exact legal name of Purchaser.
10. **Return Policy.**

(Return Policy) Initial Here: _____

60 days or under	61 to 90 Days	Greater than 90 days
<ul style="list-style-type: none"> • Goods purchased on equipment orders through HSD will be subject to a 15% restock fee if the goods are returned in original sellable condition (see below). Goods returned not in original sellable condition are subject to a 25% restock fee. 	<ul style="list-style-type: none"> • Goods purchased on equipment orders through HSD will be subject to a 25% restock fee if the goods are returned in original sellable condition. Goods returned not in original sellable condition are subject to a 50% restock fee. • Regardless of condition, technology goods including laptops, desktop PCs, servers, printers, TVs, monitors, portable storage devices and network hardware will be subject to a 50% restock fee. 	<ul style="list-style-type: none"> • Goods purchased on equipment orders through HSD that have been installed and put into use can only be returned after approval for a credit to Purchaser's account which may only be used for future purchases from HSD or to settle an open balance, and will be subject to a 50% restock fee.

Exceptions/Additional Information:

- a. Goods covered by this policy are those sold by HSD in product series 800, 805, 819, 826, 845 and 850.
- b. Dates above are calculated from invoice date.
- c. Goods are not returnable after 12 months from invoice date or that show obvious signs of abuse or misuse.
- d. The following are not returnable: small equipment, hand pieces and software (including Dextrix).
- e. The following are returnable only in the first 90 days: laptops, desktop PCs, servers, printers, TVs, monitors, portable storage devices and network hardware.
- f. Interest rate charges or early pay penalties charged by financial institutions are the sole responsibility of the customer.
- g. Custom goods are not returnable.
- h. Deposits placed on custom orders that are canceled will be subject to forfeiture at any time if the manufacturer of the goods is unable to cancel an order.
- i. Original sellable condition is defined as the goods being returned in good working order, free of cosmetic imperfections and fully operational to the manufacturer's specifications.
11. **Credit Line Review.** By signing this equipment order, Purchaser authorizes HSD and its subsidiaries and affiliates, by or through their designees: (i) to investigate Purchaser's personal credit and finance records, including obtaining records from the listed bank(s) and from such other applicable banks providing information related to the opening and extension of credit and other accounts with HSD, and (ii) to use Purchaser's social security number to request and obtain consumer credit reports in connection with the opening, monitoring, renewal and extension of accounts with HSD. Purchaser further consents to the sharing of the information provided in connection with any Purchaser application and account, as well as the information on Purchaser's consumer credit report, by and among HSD and its subsidiaries and affiliates, and with third parties from which Purchaser elects to apply for credit, for purposes of applying for and extending credit and other forms of accounts. Bank and credit information may be obtained for future reference provided Purchaser's account remains in active standing. Purchaser hereby authorizes the listed bank to release Purchaser's financial information to verify funds availability for payments under this equipment order. Upon request from Purchaser, HSD or its designee may apply on Purchaser's behalf for appropriate financing to finance this equipment order.
12. **Financing Statements.** By signing this equipment order, Purchaser acknowledges that HSD may file financing statements and amendments thereto for HSD to perfect its security interest in the equipment described in this equipment order. Such security interest will be maintained until HSD receives payment in full for such equipment.
13. **Credit Card Policy.** Limits on credit card uses: (a) Henry Schein-branded credit cards, no limit; (b) non-Henry Schein-branded credit cards, limited to the greater of 10% of an order or \$20,000; and (c) no credit cards (Henry Schein-branded or other) may be used for payments regarding EZPay purchases. (Credit Card Policy) Initial Here: _____
14. **Sales Tax.** Sales tax shown is an estimate and actual sales tax will be calculated at time of invoice.
15. **Installation Materials.** If the equipment (or technology/digital equipment) purchased does not include necessary installation materials from the manufacturer, HSD may charge for necessary installation materials, not to exceed \$150, except where prohibited by other applicable contract
16. **Standard Terms of Sale.** HSD's equipment standard terms of sale are hereby incorporated herein by this reference and apply to this equipment order.

DISCOUNTS, REBATES AND DISCLOSURES: Invoice or statement prices may reflect or be subjected to a bundled discount or rebate pursuant to purchase offer, promotion or discount program. You must fully and accurately report to Medicare, Medicaid, Tricare and/or any other federal or State program, upon request by such program, the discounted price(s) or net price(s) for each invoiced item, after giving effect to any applicable discounts or rebates, which price(s) may differ from the extended prices set forth on your invoice. Accordingly, you should retain your invoice and all relevant information for your records. It is your responsibility to review any agreements or other documents, including offers or promotions, applicable to the invoiced products/prices to determine if your purchase(s) are subject to a bundled discount or rebate. Any such discounts must be calculated pursuant to the terms of the applicable purchase offer, promotion or discount program. Participation in a promotional discount program is only permissible in accordance with discount program rules. By participation in such program, you agree that, to your knowledge, your practice complies with the discount program requirements.



QUOTE# 202309221502001

DENTAL

Equipment Deposits Correspondence
 PO Box 360920 135 Duryea Road
 Pittsburg, PA 15251-6920 Melville, NY 11747

Date: 09/22/2023	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:	
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
			Quolis Dental chair	\$10,545.00	\$63,270.00
6	BELMON	145-2722	Quolis Dental Chair Base		
6			Upgrade to Ultraleather Upholstery		
			Belmont Chair mounted left/ Right Drs Delivery	\$8,076.00	\$32,304.00
4	BELMON	145-3063	EVG Dr Sw Arm Assy,Q5500/		
4	BELMON	145-3058	EVG Dr Table Assy,Swing		
4	BELMON	144-5440	FO Sys,Sngl HP,Factory		
4	BELMON	144-3687	Adtl 4th HP,EVG		
			Belmont Chair mounted Asst Package	\$1,848.00	\$7,392.00
4	BELMON	144-1954	EVG Vac Pac,Q5500/3300		
4	BELMON	144-2209	Adtl HVE,EVG Units		
			Belmont Track Mounted Lights	\$4,411.00	\$26,466.00
6	BELMON	145-1624	Bel-Nova LED Track Light		
			Belmont Rear Cabinet	\$7,792.00	\$62,336.00
8			Belmont Rear Treatment Cabinet		
			With Pass Thru		
			Solid Surface Countertop		
			Soft Close Doors		
			Belmont Rear for Large Suite	\$15,852.00	\$31,704.00
2			Belmont Custom Rear- Large Suite		
			Includes solid surface top		
			Full set of Uppers		
			One Sink with tapmaster		
			Rear Delivery Units/ asst for cabinets	\$9,255.00	\$18,510.00
2	BELMON	144-2936	DS,EVG Rear Cab Mtd,L-R		



QUOTE# 202309221502001

DENTAL

Equipment Deposits Correspondence
 PO Box 360920 135 Duryea Road
 Pittsburg, PA 15251-6920 Melville, NY 11747

Date: 09/22/2023	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:	
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
2	BELMON	144-5440	FO Sys,Sngl HP,Factory		
2	BELMON	145-0804	Bien Air Optima MX2 Sys,		
2	BELMON	144-2209	Adtl HVE,EVG Units		
			Belmont Side Cabinet	\$5,529.00	\$33,174.00
6			Belmont Side Cabinet		
			Includes Solid Surface top		
			Soft Close Doors		
6			Glove / Cup / towel Dispenser		
			Mobile Cart Option for Cabinet	\$914.00	\$3,656.00
4	BELMON	145-1094	Cart Option		
4					
			Belmont Steri Center - Galley Style	\$38,664.00	\$154,656.00
4			Belmont Custom Sterilization Center as per drawing		
4			Includes: Trash/ sharps Drop		
4			Glove Dispenser		
4			Slide out for autoclaves		
4			Undermount Sinks / Himacs Solid Surface top		
4			PVC Edging on Doors		
4			Tapmaster for Sink		
4			LED Red and Blue Lights		
4					
			Belmont Center Island Cabinet	\$17,240.00	\$51,720.00
3			Belmont Center Island cabinet		
			Includes solid surface top		
			Sink with tapmaster		
			Storage Area		



QUOTE# 202309221502001

DENTAL

Equipment Deposits Correspondence
PO Box 360920 135 Duryea Road
Pittsburg, PA 15251-6920 Melville, NY 11747

Form with fields: Date: 09/22/2023, Acct No: 2785022, Install Date, Field Sales Consultant, Sales Specialist: Staci Miller, Installation Address: 1008 Woodlawn St, City: Clearwater, State: FL, Zip: 33756, Phone: 7272166155, Fax.

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

Table with columns: Qty, Manufacturer, Item Code, Description, Price, Total. Includes rows for BELMON stools with prices like \$830.00 and \$1,095.00.

Summary table: Subtotal: \$496,738.00, Shipping & Handling: \$8,000.00, ESTIMATED TAX: \$0.00, Total: \$504,738.00, Deposit: \$0.00, Balance Due: \$504,738.00.

Henry Schein thrive rewards logo and text: THRIVE POINTS EARNED FOR ENROLLED MEMBERS: 496,738

*This is the minimum points awarded. Points may vary based on program level or promotion.

Payment Terms: Minimum 10% deposit required to initiate order (excluding government customers). Balance to be paid on delivery, and Customer must take delivery within three months of Install Date above. Excluding applicable terms from other applicable contract.

For dental radiation-emitting equipment, the National Council on Radiation Protection (NCRP) recommends, and many states require, a shielding design/plan review performed by a qualified expert before installation. As a service, HSD will obtain this from a qualified expert on your behalf; applicable fees will be added to your order. If you are in a state that does not require this, and decline this service, please check the box and sign here. Decline [] Customer Signature

THIS ORDER IS SUBJECT TO HENRY SCHEIN DENTAL EQUIPMENT TERMS AND CONDITIONS AND ANY SUPPLEMENTAL TERMS AND CONDITIONS PROVIDED WITH PURCHASES HEREUNDER, AND THE PURCHASER AGREES TO BE BOUND THEREBY. Orders are subject to credit approval.

X Purchaser's Signature Date X Sales Specialist Date

Prices are in effect until Acceptance by Henry Schein Dental Date

Dear Community Dental Clinic: the attached equipment order (quote) is for your review from Henry Schein, Inc. dba HSD. Please read these Supplemental Terms and Conditions which are applicable to your purchase of dental equipment ("equipment" or "goods") and review all lines of the equipment order (quote) for accuracy. If all documents meet your requirements, please sign at the appropriate signature area.

DENTAL EQUIPMENT / SUPPLEMENTAL TERMS AND CONDITIONS

1. **Late Delivery.** HSD shall attempt to deliver on the date specified in the equipment order, but is not responsible for delays and any delays are not considered a breach by HSD hereunder.
2. **Partial Delivery.** By signing this equipment order, Purchaser agrees that, if in order to fulfill Purchaser's needs and/or installation requirements, HSD may make partial deliveries, and Purchaser must pay amounts owed relating to any such partial delivery. Partial billing is due upon receipt of invoice.
3. **Warranty Disclaimer.** Except as provided in HSD's equipment standard terms of sale, HSD does not give warranties (on products or installation). HSD personnel, including Equipment Specialists or Field Sales Consultants, are not authorized to bind HSD or to make warranties. Oral statements by HSD personnel or agents do not constitute warranties and may not be relied upon or considered a contract.
4. **Labor and Services Time Periods.** Labor described in your equipment order (such as maintenance, repairs, replacement of defective parts, or repairs) must be completed within 90 days following installation. Services (such as training) must be completed within 180 days following installation.
5. **Repairs/Loaners.** If manufacturer is unable to provide replacement product during repair HSD may endeavor to provide a temporary loaner during any period of repair, to the extent available.
6. **Not Included.** Costs relating to the following activities are the sole responsibility of Purchaser and ARE NOT INCLUDED IN THE PURCHASE PRICE:
 - a. Disconnecting and/or reinstalling Purchaser's existing equipment
 - b. Changes or additions in plumbing, electrical, or carpentry
 - c. Governmental inspections, approvals, or fees
 - d. Union intervention in installation or delivery
 - e. Disposal of old equipment
 - f. Delivery of donated equipment
 - g. Insurance
7. **Late Payment Charges.** 1½% PER MONTH WILL BE CHARGED ON PAST DUE BALANCES (18% PER YEAR).
8. **Office Space Plans.** Office space plans drawn by HSD, are the sole property of HSD and are not to be used without HSD's prior written consent.
9. **Purchaser's Name.** The name provided in the equipment order is the exact legal name of Purchaser.
10. **Return Policy.**

(Return Policy) Initial Here: _____

60 days or under	61 to 90 Days	Greater than 90 days
<ul style="list-style-type: none"> • Goods purchased on equipment orders through HSD will be subject to a 15% restock fee if the goods are returned in original sellable condition (see below). Goods returned not in original sellable condition are subject to a 25% restock fee. 	<ul style="list-style-type: none"> • Goods purchased on equipment orders through HSD will be subject to a 25% restock fee if the goods are returned in original sellable condition. Goods returned not in original sellable condition are subject to a 50% restock fee. • Regardless of condition, technology goods including laptops, desktop PCs, servers, printers, TVs, monitors, portable storage devices and network hardware will be subject to a 50% restock fee. 	<ul style="list-style-type: none"> • Goods purchased on equipment orders through HSD that have been installed and put into use can only be returned after approval for a credit to Purchaser's account which may only be used for future purchases from HSD or to settle an open balance, and will be subject to a 50% restock fee.

Exceptions/Additional Information:

- a. Goods covered by this policy are those sold by HSD in product series 800, 805, 819, 826, 845 and 850.
- b. Dates above are calculated from invoice date.
- c. Goods are not returnable after 12 months from invoice date or that show obvious signs of abuse or misuse.
- d. The following are not returnable: small equipment, hand pieces and software (including Dextrix).
- e. The following are returnable only in the first 90 days: laptops, desktop PCs, servers, printers, TVs, monitors, portable storage devices and network hardware.
- f. Interest rate charges or early pay penalties charged by financial institutions are the sole responsibility of the customer.
- g. Custom goods are not returnable.
- h. Deposits placed on custom orders that are canceled will be subject to forfeiture at any time if the manufacturer of the goods is unable to cancel an order.
- i. Original sellable condition is defined as the goods being returned in good working order, free of cosmetic imperfections and fully operational to the manufacturer's specifications.
11. **Credit Line Review.** By signing this equipment order, Purchaser authorizes HSD and its subsidiaries and affiliates, by or through their designees: (i) to investigate Purchaser's personal credit and finance records, including obtaining records from the listed bank(s) and from such other applicable banks providing information related to the opening and extension of credit and other accounts with HSD, and (ii) to use Purchaser's social security number to request and obtain consumer credit reports in connection with the opening, monitoring, renewal and extension of accounts with HSD. Purchaser further consents to the sharing of the information provided in connection with any Purchaser application and account, as well as the information on Purchaser's consumer credit report, by and among HSD and its subsidiaries and affiliates, and with third parties from which Purchaser elects to apply for credit, for purposes of applying for and extending credit and other forms of accounts. Bank and credit information may be obtained for future reference provided Purchaser's account remains in active standing. Purchaser hereby authorizes the listed bank to release Purchaser's financial information to verify funds availability for payments under this equipment order. Upon request from Purchaser, HSD or its designee may apply on Purchaser's behalf for appropriate financing to finance this equipment order.
12. **Financing Statements.** By signing this equipment order, Purchaser acknowledges that HSD may file financing statements and amendments thereto for HSD to perfect its security interest in the equipment described in this equipment order. Such security interest will be maintained until HSD receives payment in full for such equipment.
13. **Credit Card Policy.** Limits on credit card uses: (a) Henry Schein-branded credit cards, no limit; (b) non-Henry Schein-branded credit cards, limited to the greater of 10% of an order or \$20,000; and (c) no credit cards (Henry Schein-branded or other) may be used for payments regarding EZPay purchases. (Credit Card Policy) Initial Here: _____
14. **Sales Tax.** Sales tax shown is an estimate and actual sales tax will be calculated at time of invoice.
15. **Installation Materials.** If the equipment (or technology/digital equipment) purchased does not include necessary installation materials from the manufacturer, HSD may charge for necessary installation materials, not to exceed \$150, except where prohibited by other applicable contract
16. **Standard Terms of Sale.** HSD's equipment standard terms of sale are hereby incorporated herein by this reference and apply to this equipment order.

DISCOUNTS, REBATES AND DISCLOSURES: Invoice or statement prices may reflect or be subjected to a bundled discount or rebate pursuant to purchase offer, promotion or discount program. You must fully and accurately report to Medicare, Medicaid, Tricare and/or any other federal or State program, upon request by such program, the discounted price(s) or net price(s) for each invoiced item, after giving effect to any applicable discounts or rebates, which price(s) may differ from the extended prices set forth on your invoice. Accordingly, you should retain your invoice and all relevant information for your records. It is your responsibility to review any agreements or other documents, including offers or promotions, applicable to the invoiced products/prices to determine if your purchase(s) are subject to a bundled discount or rebate. Any such discounts must be calculated pursuant to the terms of the applicable purchase offer, promotion or discount program. Participation in a promotional discount program is only permissible in accordance with discount program rules. By participation in such program, you agree that, to your knowledge, your practice complies with the discount program requirements.



QUOTE# 202309221914002

DENTAL

Equipment Deposits Correspondence
 PO Box 360920 135 Duryea Road
 Pittsburg, PA 15251-6920 Melville, NY 11747

Date: 09/22/2023	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:	
Deliver To: Community Dental Clinic		
Address:		
City:	State:	Zip:
Phone:	Fax:	

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

Henry Schein Dental		
Address:		
City:	State:	Zip:
Phone:	Fax:	

Qty	Manufacturer	Item Code	Description	Price	Total
			Midmark Elevance Chair- Stand alone	\$11,252.00	\$22,504.00
2	MIDMAK	386-6096	Elevance Chair		
2	MIDMAK	388-1950	Upcharge F/UL Plush Uph		
			Rear Delivery Drs/ Asst for cabinet	\$10,039.00	\$20,078.00
2	MIDMAK	386-4610	FTC Work Srvc,Asst Inst &		
2	MIDMAK	387-4726	Power Supply 115V		
2	MIDMAK	387-1639	Bien Air MX2 Elec HDPC		
2	MIDMAK	386-5237	HP Illumination Syst-115v		
2	MIDMAK	386-8320	HandPc Illumination ISO		
2	MIDMAK	386-7029	2nd HVE-Factory Installed		
2	MIDMAK	387-3489	ELEVANCE CHR.CONTRL-ASSISTANT		
2	MIDMAK	387-3451	Chr Control,Drs.Instrumnts		
			Doctors Stool w/ Ultraleather	\$936.00	\$5,616.00
6	MIDMAK	386-2427	DENTIST STOOL ULTRALEATHER		
6	MIDMAK	386-3892	Addl f/U-L Uphol.on Stool		
			Assistant Stool w/ Ultraleather	\$1,092.00	\$6,552.00
6	MIDMAK	386-3784	ASSISTANT'S STOOL / U.L.		
6	MIDMAK	386-3892	Addl f/U-L Uphol.on Stool		
			LED Track Mounted Light	\$5,171.00	\$31,026.00
6	MIDMAK	387-5004	LED Track LT NEED CEIL HGT		
			Elevance Chair for Delivery	\$12,258.00	\$49,032.00
4	MIDMAK	386-4294	Elevance LR Chair 115 V		
4	MIDMAK	387-9698	Upch UL Plush Uph Elevance		
			Midmark Left/ Right Delivery	\$10,502.00	\$42,008.00

DENTAL

Equipment Deposits Correspondence
 PO Box 360920 135 Duryea Road
 Pittsburg, PA 15251-6920 Melville, NY 11747

Date: 09/22/2023	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:	
Bill To: Community Dental Clinic			
Address: 1008 Woodlawn St			
City: Clearwater	State: FL	Zip: 33756	
Deliver To: Community Dental Clinic			
Phone: 7272166155			
Fax:			
Email:			
Henry Schein Dental			
Address:			
City:		State:	Zip:
Phone:		Fax:	

Qty	Manufacturer	Item Code	Description	Price	Total
4	MIDMAK	386-5593	LR Procenter Delivery Sys		
4	MIDMAK	386-4661	Bien Air MX2 LED Elec.Hpc		
4	MIDMAK	386-5239	HP,Illumination System		
4	MIDMAK	386-6618	ISO-C F.O. Handpc Tubing		
			Midmark Assistant Package for Chair	\$1,821.00	\$7,284.00
4	MIDMAK	387-8564	ASST.INSTRUMTS,Elevance Rear		
4	MIDMAK	386-5062	2nd HVE Assy		
			Midmark Rear Cabinet	\$10,136.00	\$81,088.00
8			Midmark Rear Treatment Cabinet with pass thru		
			includes solid surface countertop		
			soft close doors/drawers		
			includes monitor mount		
			Midmark Side Cabinet	\$6,299.00	\$37,794.00
6			Midmark Side Cabinet with Sink		
			includes sink- hands free		
			Solid Surface countertop		
			Midmark Full Length Rear Cabinet	\$22,406.00	\$44,812.00
2			Midmark Rear Cabinet - Full Length		
			Includes upper Cabinets		
			includes Monitor Mount		
			Includes solid surface top		
			Includes one sink cabinet		
			Midmark Steri Center	\$45,982.00	\$45,982.00
1			Midmark Side Steri Center Galley Style		

DENTAL

Equipment Deposits Correspondence
 PO Box 360920 135 Duryea Road
 Pittsburg, PA 15251-6920 Melville, NY 11747

Date: 09/22/2023	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:	
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
			Includes Solid Surface top ster towers for 6 sterilizers		
			Soft Close Doors and Drawers		
			Midmark Center Island Cabinet	\$17,429.00	\$52,287.00
3			Midmark Center Island Cabinet		
			Includes Sink and trash drop		
			Pass Thru Storage area		
			Includes Solid Surface top		
			Mechanical Room		
1	MIDMAK	564-4083	PowerAir Oilless Comp 5-7	\$9,817.00	\$9,817.00
1	MIDMAK	386-2978	PowerVac G, Single 5 User	\$15,358.00	\$15,358.00
1	MIDMAK	564-1590	CP3 Contrl Panl, 1V, 1A, 1W	\$357.00	\$357.00
1	MIDMAK	564-2146	Water Bypass Syst, 3/4 in	\$1,241.00	\$1,241.00

Subtotal:	\$472,836.00
Shipping & Handling:	\$8,000.00
ESTIMATED TAX:	\$0.00
Total:	\$480,836.00
Deposit:	\$0.00
Balance Due:	\$480,836.00



THRIVE POINTS EARNED
 FOR ENROLLED MEMBERS:
 472,836

THRIVE POINTS EARNED FOR ENROLLED MEMBERS:*

*This is the minimum points awarded. Points may vary based on program level or promotion.

Payment Terms: Minimum 10% deposit required to initiate order (excluding government customers). Balance to be paid on delivery, and Customer must take delivery within three months of Install Date above. Excluding applicable terms from other applicable contract.

For dental radiation-emitting equipment, the National Council on Radiation Protection (NCRP) recommends, and many states require, a shielding design/plan review performed by a qualified expert before installation. As a service, HSD will obtain this from a qualified expert on your behalf; applicable fees will be added to your order. If you are in a state that does not require this, and decline this service, please check the box and sign here. Decline Customer Signature _____

THIS ORDER IS SUBJECT TO HENRY SCHEIN DENTAL EQUIPMENT TERMS AND CONDITIONS AND ANY SUPPLEMENTAL TERMS AND CONDITIONS PROVIDED WITH PURCHASES HEREUNDER, AND THE PURCHASER AGREES TO BE BOUND THEREBY.
 Orders are subject to credit approval.

X _____ X _____
 Purchaser's Signature Date Sales Specialist Date

Prices are in effect until _____ Acceptance by Henry Schein Dental _____ Date

Dear Community Dental Clinic : the attached equipment order (quote) is for your review from Henry Schein, Inc. dba HSD. Please read these Supplemental Terms and Conditions which are applicable to your purchase of dental equipment ("equipment" or "goods") and review all lines of the equipment order (quote) for accuracy. If all documents meet your requirements, please sign at the appropriate signature area.

DENTAL EQUIPMENT / SUPPLEMENTAL TERMS AND CONDITIONS

1. **Late Delivery.** HSD shall attempt to deliver on the date specified in the equipment order, but is not responsible for delays and any delays are not considered a breach by HSD hereunder.
2. **Partial Delivery.** By signing this equipment order, Purchaser agrees that, in order to fulfill Purchaser's needs and/or installation requirements, HSD may make partial deliveries, and Purchaser must pay amounts owed relating to any such partial delivery. Partial billing is due upon receipt of invoice.
3. **Warranty Disclaimer.** Except as provided in HSD's equipment standard terms of sale, HSD does not give warranties (on products or installation). HSD personnel, including Equipment Specialists or Field Sales Consultants, are not authorized to bind HSD or to make warranties. Oral statements by HSD personnel or agents do not constitute warranties and may not be relied upon or considered a contract.
4. **Labor and Services Time Periods.** Labor described in your equipment order (such as maintenance, repairs, replacement of defective parts, or repairs) must be completed within 90 days following installation. Services (such as training) must be completed within 180 days following installation.
5. **Repairs/Loaners.** If manufacturer is unable to provide replacement product during repair HSD may endeavor to provide a temporary loaner during any period of repair, to the extent available.
6. **Not Included.** Costs relating to the following activities are the sole responsibility of Purchaser and ARE NOT INCLUDED IN THE PURCHASE PRICE:
 - a. Disconnecting and/or reinstalling Purchaser's existing equipment
 - b. Changes or additions in plumbing, electrical, or carpentry
 - c. Governmental inspections, approvals, or fees
 - d. Union intervention in installation or delivery
 - e. Disposal of old equipment
 - f. Delivery of donated equipment
 - g. Insurance
7. **Late Payment Charges.** 1½% PER MONTH WILL BE CHARGED ON PAST DUE BALANCES (18% PER YEAR).
8. **Office Space Plans.** Office space plans drawn by HSD, are the sole property of HSD and are not to be used without HSD's prior written consent.
9. **Purchaser's Name.** The name provided in the equipment order is the exact legal name of Purchaser.
10. **Return Policy.**

(Return Policy) Initial Here: _____

<u>60 days or under</u>	<u>61 to 90 Days</u>	<u>Greater than 90 days</u>
<ul style="list-style-type: none"> • Goods purchased on equipment orders through HSD will be subject to a 15% restock fee if the goods are returned in original sellable condition (see below). Goods returned not in original sellable condition are subject to a 25% restock fee. 	<ul style="list-style-type: none"> • Goods purchased on equipment orders through HSD will be subject to a 25% restock fee if the goods are returned in original sellable condition. Goods returned not in original sellable condition are subject to a 50% restock fee. • Regardless of condition, technology goods including laptops, desktop PCs, servers, printers, TVs, monitors, portable storage devices and network hardware will be subject to a 50% restock fee. 	<ul style="list-style-type: none"> • Goods purchased on equipment orders through HSD that have been installed and put into use can only be returned after approval for a credit to Purchaser's account which may only be used for future purchases from HSD or to settle an open balance, and will be subject to a 50% restock fee.

Exceptions/Additional Information:

- a. Goods covered by this policy are those sold by HSD in product series 800, 805, 819, 826, 845 and 850.
- b. Dates above are calculated from invoice date.
- c. Goods are not returnable after 12 months from invoice date or that show obvious signs of abuse or misuse.
- d. The following are not returnable: small equipment, hand pieces and software (including Dextrix).
- e. The following are returnable only in the first 90 days: laptops, desktop PCs, servers, printers, TVs, monitors, portable storage devices and network hardware.
- f. Interest rate charges or early pay penalties charged by financial institutions are the sole responsibility of the customer.
- g. Custom goods are not returnable.
- h. Deposits placed on custom orders that are canceled will be subject to forfeiture at any time if the manufacturer of the goods is unable to cancel an order.
- i. Original sellable condition is defined as the goods being returned in good working order, free of cosmetic imperfections and fully operational to the manufacturer's specifications.
11. **Credit Line Review.** By signing this equipment order, Purchaser authorizes HSD and its subsidiaries and affiliates, by or through their designees: (i) to investigate Purchaser's personal credit and finance records, including obtaining records from the listed bank(s) and from such other applicable banks providing information related to the opening and extension of credit and other accounts with HSD, and (ii) to use Purchaser's social security number to request and obtain consumer credit reports in connection with the opening, monitoring, renewal and extension of accounts with HSD. Purchaser further consents to the sharing of the information provided in connection with any Purchaser application and account, as well as the information on Purchaser's consumer credit report, by and among HSD and its subsidiaries and affiliates, and with third parties from which Purchaser elects to apply for credit, for purposes of applying for and extending credit and other forms of accounts. Bank and credit information may be obtained for future reference provided Purchaser's account remains in active standing. Purchaser hereby authorizes the listed bank to release Purchaser's financial information to verify funds availability for payments under this equipment order. Upon request from Purchaser, HSD or its designee may apply on Purchaser's behalf for appropriate financing to finance this equipment order.
12. **Financing Statements.** By signing this equipment order, Purchaser acknowledges that HSD may file financing statements and amendments thereto for HSD to perfect its security interest in the equipment described in this equipment order. Such security interest will be maintained until HSD receives payment in full for such equipment.
13. **Credit Card Policy.** Limits on credit card uses: (a) Henry Schein-branded credit cards, no limit; (b) non-Henry Schein-branded credit cards, limited to the greater of 10% of an order or \$20,000; and (c) no credit cards (Henry Schein-branded or other) may be used for payments regarding EZPay purchases. (Credit Card Policy) Initial Here: _____
14. **Sales Tax.** Sales tax shown is an estimate and actual sales tax will be calculated at time of invoice.
15. **Installation Materials.** If the equipment (or technology/digital equipment) purchased does not include necessary installation materials from the manufacturer, HSD may charge for necessary installation materials, not to exceed \$150, except where prohibited by other applicable contract
16. **Standard Terms of Sale.** HSD's equipment standard terms of sale are hereby incorporated herein by this reference and apply to this equipment order.

DISCOUNTS, REBATES AND DISCLOSURES: Invoice or statement prices may reflect or be subjected to a bundled discount or rebate pursuant to purchase offer, promotion or discount program. You must fully and accurately report to Medicare, Medicaid, Tricare and/or any other federal or State program, upon request by such program, the discounted price(s) or net price(s) for each invoiced item, after giving effect to any applicable discounts or rebates, which price(s) may differ from the extended prices set forth on your invoice. Accordingly, you should retain your invoice and all relevant information for your records. It is your responsibility to review any agreements or other documents, including offers or promotions, applicable to the invoiced products/prices to determine if your purchase(s) are subject to a bundled discount or rebate. Any such discounts must be calculated pursuant to the terms of the applicable purchase offer, promotion or discount program. Participation in a promotional discount program is only permissible in accordance with discount program rules. By participation in such program, you agree that, to your knowledge, your practice complies with the discount program requirements.

**ATTACHMENT B-3 – CAPITAL BASED BUDGET
SUMMARY**

PROJECT NAME: _____

CONTRACTOR SFS PAYEE NAME: _____

CONTRACT PERIOD: From: _____

To: _____

CATEGORY OF EXPENSE	GRANT FUNDS	MATCH FUNDS	MATCH %	OTHER FUNDS	TOTAL
1. Scoping and Pre-Development					
2. Design					
3. Acquisition					
4. Construction					
5. Administration					
6. Working Capital/Reserves					
7. Other					
TOTAL					

Contract Number: # _____

**ATTACHMENT B-3 – CAPITAL BASED BUDGET
DETAIL**

SCOPING AND PRE DEVELOPMENT - TYPE/DESCRIPTION	ITEM # (IF APPLICABLE)	QUANTITY (IF APPLICABLE)	UNIT PRICE (IF APPLICABLE)	TOTAL
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
TOTAL				

DESIGN - TYPE/DESCRIPTION	ITEM # (IF APPLICABLE)	QUANTITY (IF APPLICABLE)	UNIT PRICE (IF APPLICABLE)	TOTAL
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
TOTAL				

Contract Number: # _____

ACQUISITION - TYPE/DESCRIPTION	ITEM # (IF APPLICABLE)	QUANTITY (IF APPLICABLE)	UNIT PRICE (IF APPLICABLE)	TOTAL
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
TOTAL				

CONSTRUCTION - TYPE/DESCRIPTION	ITEM # (IF APPLICABLE)	QUANTITY (IF APPLICABLE)	UNIT PRICE (IF APPLICABLE)	TOTAL
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
TOTAL				

Contract Number: # _____

ADMINISTRATION - TYPE/DESCRIPTION	ITEM # (IF APPLICABLE)	QUANTITY (IF APPLICABLE)	UNIT PRICE (IF APPLICABLE)	TOTAL
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
TOTAL				

WORKING CAPITAL/RESERVES - TYPE/DESCRIPTION	ITEM # (IF APPLICABLE)	QUANTITY (IF APPLICABLE)	UNIT PRICE (IF APPLICABLE)	TOTAL
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
TOTAL				

Contract Number: # _____

OTHER - TYPE/DESCRIPTION	ITEM # (IF APPLICABLE)	QUANTITY (IF APPLICABLE)	UNIT PRICE (IF APPLICABLE)	TOTAL
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
TOTAL				

Contract Number: # _____

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

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

70-701 Professional Fees		
70-701.50 Accounting Fees		20,000.00
Total 70-701 Professional Fees	\$	20,000.00
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
Total 70-702 Technology Expense & Support	\$	19,299.96
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
Total 70-708 Travel and Meetings	\$	3,500.00
70-710 Cost per Copy		
70-710.10 Printing and Copying		6,700.00
Total 70-710 Cost per Copy	\$	6,700.00
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
Total 70-715 Merchant & Bank Fees	\$	400.00
70-717 Repairs and Maintenance		
70-717.10 Cleaning		6,000.00
Total 70-717 Repairs and Maintenance	\$	6,000.00
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
Total 70-722 Utilities	\$	11,532.00
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
70-800.60 Director of Development and Communications		36,458.31
70-801 Payroll Admin Fees		2,000.00
70-803 Payroll Taxes - Personnel		13,139.08
Total 70-800 Personnel Expenses	\$	215,383.35
Total 70-700 Management & General Services	\$	315,625.31
80-800 Fundraiser Expenses		

80-805 Reds Whites & Bites		20,000.00
Total 80-800 Fundraiser Expenses	\$	20,000.00
90-900 Program Services		
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 Dentrix 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
Total 90-904 Dental Maintenance & Contracts	\$	9,700.00
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
Total 90-905 Dental Supplies, Etc.	\$	94,000.00
90-906 Dentist		153,999.96
90-908 Hygenist		26,112.00
90-910 Payroll Taxes - Dental Services		27,924.00
Total 90-900 Program Services	\$	472,177.04
Total Expenditures	\$	807,802.35
Net Operating Revenue	\$	117,393.49
Net Revenue	\$	117,393.49

Tuesday, Jul 18, 2023 02:06:29 PM GMT-7 - Accrual Basis

Community Dental Clinic

Board of Trustees- 2023

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

Return of Organization Exempt From Income Tax

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

2021

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 for instructions and the latest information.

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning **Oct 1**, **2021**, and ending **Sep 30**, **2022**

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization Community Dental Clinic, Inc
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1008 Woodlawn St
 City or town, state or province, country, and ZIP or foreign postal code
Clearwater, FL 33756

D Employer identification number
45-3340613
E Telephone number
(727) 216-6155
G Gross receipts \$1,046,688.

F Name and address of principal officer:
Brian Livingston, 1008 Woodlawn St, Clearwater, FL 33756

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ www.communitydentalclinic.net

H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2011 **M** State of legal domicile: FL

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>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.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	<u>15</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>15</u>
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	<u>14</u>
	6	Total number of volunteers (estimate if necessary)	6	<u>67</u>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>0.</u>
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	<u>0.</u>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	<u>627,191.</u>	<u>1,014,480.</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<u>6,229.</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>278,288.</u>	<u>5,722.</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>905,479.</u>	<u>1,026,431.</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>231,947.</u>	<u>402,714.</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>25,529.</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>398,598.</u>	<u>197,216.</u>
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>630,545.</u>	<u>599,930.</u>	
19	Revenue less expenses. Subtract line 18 from line 12	<u>274,934.</u>	<u>426,501.</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	<u>1,472,043.</u>	<u>1,937,613.</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>1,014,368.</u>	<u>1,015,690.</u>
			<u>457,675.</u>	<u>921,923.</u>

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.

Sign Here Signature of officer: _____ Date: 05/02/2023
 Brian Livingston, Board Chair
 Type or print name and title

Paid Preparer Use Only Print/Type preparer's name: Ellen Fontana Preparer's signature: Ellen Fontana Date: 05/02/2023 Check if self-employed PTIN: P01327163
 Firm's name ▶ Ellen Fontana CPA LLC Firm's EIN ▶ 45-3841539
 Firm's address ▶ 2451 McMullen Booth Road #309, Clearwater, FL 33759 Phone no. (727) 431-0354

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 \$ 479,639. including grants of \$ 0.) (Revenue \$ 0.)

The community dental clinic provides access to comprehensive and
preventative dental health care 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 \$ _____)

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

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

4e Total program service expenses **▶** 479,639.

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 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 Section 501(c)(3) organizations. 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 Rev. Proc. 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>	11a 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>	11f 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>	12a 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. See instructions</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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 the 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 line 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 Section 501(c)(3) organizations. 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 on Schedule O for Part VI, lines 11b and 19? Note: 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 on 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

Table with 3 main columns: Question, Yes, No. Rows include 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7 (Organizations that may receive deductible contributions under section 170(c)), 8, 9, 10, 11, 12a-12b, 13, 13a-13c, 14a-14b, 15, 16, 17.

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
1a	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.		
	1a 15		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 15		
2	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
3	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
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	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	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	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
10a	Did the organization have local chapters, branches, or affiliates?		X
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?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	X	
12c			
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
15	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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	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	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?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► FL
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►
 Theresa White, 1008 Woodlawn St, Clearwater, 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) Dr. Rod Anthony, DMD Director	1.00	X						0.	0.	0.
(2) Dr. Lee Ann Brown Director	1.00	X						0.	0.	0.
(3) Lindsey Crown Hardee, CPA Director	1.00	X						0.	0.	0.
(4) Dr. James R. Hayslett, DDS Director	1.00	X						0.	0.	0.
(5) Dr. George Kostakis Director	1.00	X						0.	0.	0.
(6) Bruce Livingston Director	1.00	X						0.	0.	0.
(7) Rowland W. Milam Director	1.00	X						0.	0.	0.
(8) Monica Peremba Director	1.00	X						0.	0.	0.
(9) David Rankin, Esq Director	1.00	X						0.	0.	0.
(10) Jim Roble, CFP Director	1.00	X						0.	0.	0.
(11) Adam Shapiro Director	1.00	X						0.	0.	0.
(12) Linda Turley Director	1.00	X						0.	0.	0.
(13) R. Paul Umberg Chairman	1.00	X		X				0.	0.	0.
(14) Dr. Dilshad Sumar-Lakhani, DMD Vice Chair	1.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(15) Patricia Barris Secretary	1.00	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0.	0.	0.
(16) Pamela Iusi Executive Director	40.00			<input checked="" type="checkbox"/>				56,250.	0.	0.
(17) Theresa White Executive Director	40.00			<input checked="" type="checkbox"/>				0.	0.	0.
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal								56,250.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								56,250.	0.	0.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	292,714.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	721,766.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		1,014,480.			
	Program Service Revenue	2a	----- Business Code				
b		-----					
c		-----					
d		-----					
e		-----					
f		All other program service revenue . .					
g		Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		6,229.	0.	0.	6,229.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ 292,714. of contributions reported on line 1c). See Part IV, line 18	8a	24,450.			
	b	Less: direct expenses	8b	20,257.			
c	Net income or (loss) from fundraising events . .		4,193.		0.	4,193.	
9a	Gross income from gaming activities. See Part IV, line 19	9a					
		9b					
c	Net income or (loss) from gaming activities . . .						
10a	Gross sales of inventory, less returns and allowances	10a					
		10b					
		c	Net income or (loss) from sales of inventory . . .				
Miscellaneous Revenue	11a	Credit card rebate ----- Business Code	900099	883.	883.	0.	0.
	b	Miscellaneous -----	900099	646.	646.	0.	0.
	c	-----					
	d	All other revenue					
	e	Total. Add lines 11a-11d		1,529.			
12	Total revenue. See instructions		1,026,431.	1,529.	0.	10,422.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	56,250.	819.	36,954.	18,477.
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	313,292.	313,292.	0.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1,704.	1,448.	171.	85.
10	Payroll taxes	31,468.	26,748.	3,147.	1,573.
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
c	Accounting	13,327.	0.	13,327.	0.
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.)	10,606.	0.	10,606.	0.
12	Advertising and promotion				
13	Office expenses	1,880.	940.	752.	188.
14	Information technology	3,433.	3,090.	309.	34.
15	Royalties				
16	Occupancy	11,229.	10,106.	1,011.	112.
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	38,865.	34,978.	3,887.	0.
23	Insurance	5,295.	2,648.	2,647.	0.
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	Dental supplies	72,088.	72,088.	0.	0.
b	Dental maint. & contracts	7,093.	7,093.	0.	0.
c	Repairs & maintenance	7,072.	6,365.	636.	71.
d	Grant fee	4,628.	0.	4,628.	0.
e	All other expenses	21,700.	24.	16,687.	4,989.
25	Total functional expenses. Add lines 1 through 24e	599,930.	479,639.	94,762.	25,529.
26	Joint costs. 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	1,361,764.	1	107,397.	
	2 Savings and temporary cash investments		2	1,551,360.	
	3 Pledges and grants receivable, net	19,919.	3	91,312.	
	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		8		
	9 Prepaid expenses and deferred charges	28,087.	9	63,861.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 349,665.			
	b Less: accumulated depreciation	10b 225,982.	62,273.	10c 123,683.	
	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 Total assets. Add lines 1 through 15 (must equal line 33)		1,472,043.	16	1,937,613.	
Liabilities	17 Accounts payable and accrued expenses	14,368.	17	15,690.	
	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		1,000,000.	25	1,000,000.
	26 Total liabilities. Add lines 17 through 25		1,014,368.	26	1,015,690.
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	454,075.	27	921,923.	
	28 Net assets with donor restrictions	3,600.	28		
	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 Total net assets or fund balances		457,675.	32	921,923.	
33 Total liabilities and net assets/fund balances		1,472,043.	33	1,937,613.	

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	1,026,431.
2	Total expenses (must equal Part IX, column (A), line 25)	2	599,930.
3	Revenue less expenses. Subtract line 2 from line 1	3	426,501.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	457,675.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	37,747.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	921,923.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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.		

**SCHEDULE A
(Form 990)**

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 for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization Community Dental Clinic, Inc	Employer identification number 45-3340613
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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).)
- 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 33¹/₃% 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 33¹/₃% 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 on 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)						
Total						

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	188,531.	237,483.	324,869.	627,191.	1,014,480.	2,392,554.
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 Total. Add lines 1 through 3	219,531.	268,483.	355,869.	658,191.	1,045,480.	2,547,554.
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)						232,204.
6 Public support. Subtract line 5 from line 4						2,315,350.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	219,531.	268,483.	355,869.	658,191.	1,045,480.	2,547,554.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					6,229.	6,229.
9 Net income from unrelated business activities, whether or not the business is regularly carried on					4,193.	4,193.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					1,529.	1,529.
11 Total support. Add lines 7 through 10						2,559,505.
12 Gross receipts from related activities, etc. (see instructions)					12	
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	90.46 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2020. 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 stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2021. 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 stop here. 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 10%-facts-and-circumstances test—2020. 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 stop here. 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 Private foundation. 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2021. 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—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
4c	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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
5b	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?		
5c	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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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 on lines 11b and 11c below, the governing body of a supported organization?	11a	
b	A family member of a person described on line 11a above?	11b	
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .	11c	

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (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	Distributable Amount. 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

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

Pt II Ln 10: Other Income Part II, Line 10 Description: Credit card rebates

2021: 883. Description: Miscellaneous 2021: 646.

Series of horizontal dashed lines for supplemental information.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: Community Dental Clinic, Inc. Employer identification number: 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 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number, aggregate value, and Yes/No questions.

Part II Conservation Easements.

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

Form for Part II with multiple questions (1-9) regarding conservation easements, including a table for 'Held at the End of the Tax Year'.

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.

Form for Part III with questions (1a, 1b, 2) regarding collections of art and historical treasures, including revenue and asset reporting.

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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f 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

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:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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	0.			0.
b Buildings				
c Leasehold improvements		97,369.	84,350.	13,019.
d Equipment		252,296.	141,632.	110,664.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				123,683.

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) _____		
Total. (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)		
Total. (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)	
Total. (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) Refundable advance	1,000,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,000,000.

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	1,188,489.
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	162,058.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	162,058.
3	Subtract line 2e from line 1		3	1,026,431.
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	1,026,431.

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	761,988.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	162,058.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	162,058.
3	Subtract line 2e from line 1		3	599,930.
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		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	599,930.

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.

Pt X, Line 2: The clinic is exempt from federal and state income taxes under section 501C3 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 US federal or state authorities up to three years after tax returns are filed.

Part XIII Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming 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 for instructions and the latest information.

OMB No. 1545-0047

2021

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.

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.....

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 Red, White & Bites (event type)	(b) Event #2 (event type)	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	317,164.			317,164.
	2 Less: Contributions	292,714.			292,714.
	3 Gross income (line 1 minus line 2)	24,450.			24,450.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	20,257.			20,257.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				20,257.
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				4,193.	

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: _____

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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **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 for instructions and the latest information.**

Name of the organization

Employer identification number

Community Dental Clinic, Inc

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				
2				
3				
4				
5				
6				
7				
8				
9	X	1	76,146.	Market Value
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	X	999	29,000.	Estimated cost
21				
22				
23				
24				
25				
26				
27				
28				

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

29

	Yes	No
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?		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?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

Community Dental Clinic, Inc

Employer identification number

45-3340613

Pt VI, Line 11b: Form 990 is emailed to all Board Members for review prior to
filing.

Pt VI, Line 12c: At each Board meeting, all potential conflicts of interest
are addressed by the Board with appropriate action taken in accordance with policy.

Pt VI, Line 15a: Board members approve the Executive Directors compensation
based on salaries at comparable size nonprofits.

Pt VI, Line 15b: No key employees or compensated officers.

Pt VI, Line 18: Form 1023 and Form 990 available upon request. 990 also available
on Guidestar.

Pt VI, Line 19: Governing documents, conflict of interest policy, and financial
statements are available to the public upon request.

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning Oct 1, 2021, and ending Sep 30, 2022

2021

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879TE for the latest information.

Name of filer <u>Community Dental Clinic, Inc</u>	EIN or SSN <u>45-3340613</u>
Name and title of officer or person subject to tax <u>Brian Livingston, Board Chair</u>	

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here . . . ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b <u>1,026,431.</u>
2a Form 990-EZ check here . . . ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here . . . ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5) . . .	4b _____
5a Form 8868 check here . . . ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here . . . ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here . . . ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here . . . ▶ <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here . . . ▶ <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here ▶ <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize Ellen Fontana CPA LLC to enter my PIN

4	0	6	1	3
---	---	---	---	---

 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Date ▶ 5/2/23

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

5	0	9	1	7	4	0	9	1	7	4
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Date ▶ 5/2/23

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

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
ASSETS		
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
LIABILITIES AND NET ASSETS		
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
PUBLIC SUPPORT AND OTHER REVENUES				
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>
EXPENSES				
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>
Change in net assets	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>
Net assets, end of year	<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
CASH FLOWS FROM OPERATING ACTIVITIES:		
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
CASH FLOWS FROM INVESTING ACTIVITIES:		
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
NONCASH TRANSACTION:		
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*.



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).

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

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"/> COMMERCIAL GENERAL LIABILITY			CCP-1094761	09/20/2022	09/20/2023	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000
	OTHER:						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ Excluded
							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> CLAIMS-MADE					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> N/A					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



1390 Missouri Ave