NOVOTNY CPA GROUP PLC 800 E. ELLIS #584 NORTON SHORES, MI 49441

> VOLUNTEER FOR DENTAL 31 E. CLAY AVENUE MUSKEGON, MI 49442

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CLIENT'S COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

SEPTEMBER 30, 2020

Prepared for	VOLUNTEER FOR DENTAL 31 E. CLAY AVENUE MUSKEGON, MI 49442
Prepared by	NOVOTNY CPA GROUP PLC 800 E. ELLIS #584 NORTON SHORES, MI 49441
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY FEBRUARY 16, 2021.

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879EO for the latest information.

, 2019, and ending SEP 30

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name of exempt organization

2019

Employer identification number

VOLUNTEER	FOR	DENTAL
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83-1299804

, 20 **2 0**

Part I	Type of Return and Return Information	(Whole Dollars Only)
BOARD	PRESIDENT	
SUZAN	NE TANIS	
Name and t	tle of officer	

For calendar year 2019, or fiscal year beginning OCT 1

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, 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 X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	105,828.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	Зb	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X lauthorize NOVOTNY CPA GROUP PLC	to enter my PIN 99804
ERO firm name	Enter five numbers, bu do not enter all zeros
as my signature on the organization's tax year 2019 electronically filed ret is being filed with a state agency(ies) regulating charities as part of the IRS enter my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature on the indicated within this return that a copy of the return is being filed with a st program, I will enter my PIN on the return's disclosure consent screen.	
Officer's signature	Date
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.	38742278350 Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2019 e confirm that I am submitting this return in accordance with the requirements of Pub . <i>e-file</i> Providers for Business Returns.	
ERO's signature RANDY J. NOVOTNY	Date 01/13/21
ERO Must Retain This Form - Do Not Submit This Form to the IRS U	
LHA For Paperwork Reduction Act Notice, see instructions.	Form 8879-EO (2019)

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2019.05020 VOLUNTEER FOR DENTAL

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Form 990
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ 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.



AF	or the	e 2019 calendar year, or tax year beginning $$ OCT $1,2019$ and e	ending S	EP 30, 2020	
B c	heck if pplicabl	e: C Name of organization	D Employer identifie	cation number	
	Addre	VOLUNTEER FOR DENTAL			
	 Name chang			83-12998	04
	Initial return		Room/suite	E Telephone numbe	r
	Final return	31 E. CLAY AVENUE		231-773-	1360
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	105,828.
	Amen	MOSKEGON, MI 49442		H(a) Is this a group re	
		F Name and address of principal officer: 50 ZANNE TANES		for subordinates	
	pendi	JI E. CLAY AVENUE, MUSKEGON, MI 49442		H(b) Are all subordinates ir	ncluded? Yes No
		empt status: $X 501(c)(3) 501(c) () < (insert no.) 4947(a)(1) o$	or 🛄 527	1 '	list. (see instructions)
		te: WWW.VOLUNTEERDENTAL.ORG		H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year	of formation: 2018	State of legal domicile: MI
Pa	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: VOLUMACCESS TO DENTAL CARE FOR UNDERSERVED ADU	NTEER	FOR DENTAL	PROVIDES
Jan					
Governance		Check this box if the organization discontinued its operations or disposed in the second sec			ssets. 12
g					12
ŏ٥		Number of independent voting members of the governing body (Part VI, line 1b)			0
Activities		Fotal number of individuals employed in calendar year 2019 (Part V, line 2a)			25
ži		Total unrelated business revenue from Part VIII, column (C), line 12			0.
¥		 Net unrelated business taxable income from Form 990-T, line 39 			0.
				Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		0.	0.
ň		Program service revenue (Part VIII, line 2g)		111,468.	96,968.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
£		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,464.	8,860.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		119,932.	105,828.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\rm .}$		0.	0.
sue	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	0.		<u> </u>
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		83,014.	84,476.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		83,014.	84,476.
	19	Revenue less expenses. Subtract line 18 from line 12		36,918.	
Net Assets or Fund Balances				ginning of Current Year	End of Year
Sse Bala	20	Total assets (Part X, line 16)	······	69,543. 12,647.	<u> 107,205.</u> 28,957.
let A	21	Total liabilities (Part X, line 26)	······	56,896.	78,248.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		50,090.	/0,440.
		Julies of perium. I declare that I have examined this return, including accompanying schedules	and statem	ante and to the best of m	knowledge and belief it is

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. Τ.

Sign Here	Signature of officer SUZANNE TANIS, BOARD E Type or print name and title	PRESIDENT		Date				
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	RANDY J. NOVOTNY	RANDY J. NOVOTNY		/21 self-employed P00023859				
Preparer	Firm's name 🕒 NOVOTNY CPA GROU	JP PLC		Firm's EIN 38-3185476				
Use Only	Jse Only Firm's address 800 E. ELLIS #584							
NORTON SHORES, MI 49441 Phone no. (231)728-517								
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)							
932001 01-2	J32001 01-20-20LHA For Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2019)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2019) VOLUNTEER FOR DENTAL	83-1299804	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		<u> L</u>
1	Briefly describe the organization's mission: VOLUNTEER FOR DENTAL PROVIDES ACCESS TO DENTAL CARE	FOR UNDERSERVED	
	ADULTS IN EXCHANGE FOR COMMUNITY SERVICE AND ORAL HE		
2	Did the organization undertake any significant program services during the year which were not listed or		v
	prior Form 990 or 990-EZ?	└── Yes	XNo
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program se		XNo
U	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program serv	ices, as measured by expenses	i.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	to others, the total expenses, a	and
	revenue, if any, for each program service reported.	105	000
4a	(Code:) (Expenses \$ 80,792. including grants of \$ PROVIDING DENTAL CARE FOR UNDERSERVED ADULTS IN EXCH		828.) TTY
	SERVICE AND ORAL HEALTH EDUCATION.		<u></u>
4b	(Code:) (Expenses \$ including grants of \$	(Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$	/ (Revenue \$)
<u>4</u> d	Other program services (Describe on Schedule O.)		
τu	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 80,792.	, , , , , , , , , , , , , , , , , , ,	
		Form 9	90 (2019)
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2019.05020 VOLUNTEER FOR DENTAL

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Form 990 (2019) VOLUNTEER FO VOLUNTEER FOR DENTAL

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		x	
•	If "Yes," complete Schedule A	1	~	x
2 3	Did the organization required to complete Schedule B,	2		
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			37
	Part VI	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			x
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	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</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		x
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		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			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
18	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			<u> </u>
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes," complete Schedule I, Parts I and II	21		X
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Part IV	Checklist	of Required Schedu	iles (co	ntinued)
Form 990 (2019)	VOLUNTEER	FOR	DENT

			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? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		
25	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete	056		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		- 23
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f			v
	"Yes," complete Schedule L, Part IV	28c		X X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		_ <u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	51		
0L	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
07	If "Yes," complete Schedule R, Part V, line 2	36		_ A
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</i> "Yes," <i>complete Schedule R, Part VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
	Note: All Form 990 filers are required to complete Schedule O	38	x	
Par			•	•
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 61374			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	_1c	X	(a.a
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			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 0						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
4a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
b	If "Yes," enter the name of the foreign country 🕨						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v			
	any contributions that were not tax deductible as charitable contributions?	6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	C 1-					
7	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).	7-		x			
a h	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		- 73			
D C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70					
C	to file Form 8282?	7c		x			
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f					
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
h							
8	-						
	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12 10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
a	Gross income from members or shareholders 11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
10-	amounts due or received from them.) [11b]	10-					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a					
ы 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.						
	Is the organization licensed to issue qualified health plans in more than one state?	13a					
u	Note: See the instructions for additional information the organization must report on Schedule O.	100					
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
~	organization is licensed to issue qualified health plans						
с	Enter the amount of reserves on hand 13c						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15		X			
	If "Yes," see instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х			
	If "Yes," complete Form 4720, Schedule O.						

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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					
Sec	tion A. Governing Body and Management					_
			1.0		Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	. <u>1a</u>	12			
	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.		1.0			L
b	Enter the number of voting members included on line 1a, above, who are independent		12			L
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					
	officer, director, trustee, or key employee?			2		Ļ
3	Did the organization delegate control over management duties customarily performed by or under	-				l
	of officers, directors, trustees, or key employees to a management company or other person?			3		ļ
4	Did the organization make any significant changes to its governing documents since the prior Form	n 990 was filed?		4		ļ
5	Did the organization become aware during the year of a significant diversion of the organization's a			5		ļ
6	Did the organization have members or stockholders?			6		ļ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint one or				l
	more members of the governing body?			7a		l
b	Are any governance decisions of the organization reserved to (or subject to approval by) members					l
	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by the followi	ng:			I
а	The governing body?			8a	Х	I
b	Each committee with authority to act on behalf of the governing body?			8b	Х	Ī
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					İ
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		l
ec	tion B. Policies (This Section B requests information about policies not required by the Internal					
					Yes	Ι
0a	Did the organization have local chapters, branches, or affiliates?			10a		I
	If "Yes," did the organization have written policies and procedures governing the activities of such					İ
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		I
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo			11a	Х	İ
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, 2010 0 milig				İ
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		l
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri			12b		t
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If			12.0		t
U	in Schedule O how this was done			12c		l
3	Did the organization have a written whistleblower policy?			13		ł
4	Did the organization have a written document retention and destruction policy?			14		ł
	Did the process for determining compensation of the following persons include a review and appro			17		ł
5		•	ient			l
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision			45-		l
	The organization's CEO, Executive Director, or top management official			15a		ł
α	Other officers or key employees of the organization			15b		ł
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					۱
ба	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang			40		I
	taxable entity during the year?			16a		╞
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		ition			l
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	ganization's				l
	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					_
7	List the states with which a copy of this Form 990 is required to be filed NONE					_
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 990-T (Sec	tion 501(c)(3)s only	r) avai	lä
	for public inspection. Indicate how you made these available. Check all that apply.					
		in on Schedule				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	conflict of intere	est policy, an	d finar	ncial	
	statements available to the public during the tax year.					
0	State the name, address, and telephone number of the person who possesses the organization's to	books and recor	ds 🕨			
	SUZANNE TANIS - 231-773-1360					
	31 E. CLAY AVENUE, MUSKEGON, MI 49442					
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A)	(B)				C)	npo	liout	(D)	(E)	(F)
Name and title	Average	(1)		Pos	itior			Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	erson	than is bot	h an	compensation	compensation	amount of
	week	<u> </u>	cer ar	nd a d I	lirecto	or/trus	itee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	al trus		yee	mpen		(** 2/1000 10100)		and related
	below	id ual 1	Institutional trustee	5	Key employee	est co o yee	er			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			-
(1) AMY FLOREA	1.00									
BOARD MEMBER		X						0.	0.	0.
(2) JEFF FORTENBACHER	1.00									
BOARD MEMBER		X						0.	0.	0.
(3) CONNIE VERHAGEN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(4) RANDY NOVOTNY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(5) KELLY LEVELSTON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) DENNIS CHILDERS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) VONDIE WOODBURY	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(8) SUZANNE TANIS	1.00									
BOARD MEMBER AT LARGE		Х						0.	0.	0.
(9) JACKIE LINDRUP	5.00									
PRESIDENT				х				0.	0.	0.
(10) MICHELLE MATHESON	5.00									
VICE PRESIDENT				x				0.	0.	0.
(11) JESSICA LAMBERT	5.00									<u> </u>
TREASURER	<u> </u>			X				0.	0.	0.
(12) ROBIN LYONS	5.00									0
SECRETARY				X				0.	0.	0.
		-								
		-		-			-			
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Par	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	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than is bot	h an	compensation compensation			on amount o d other			
		hours for related organizations below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	L	the organization (W-2/1099-MISC)	v	organizations V-2/1099-MISC) from the organizati and relations			e ion ed
		line)	Indivic	Institu	Officer	Key en	Highee emplo	Former						
	Subtotal								0.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but n							no re	eceived more than \$100	,000 of reportable	-			
	compensation from the organization												V	0
3	Did the organization list any former officer,	director, truste	ee, k	key e	empl	loye	e, or	[,] hig	phest compensated emp	oloyee on	[Yes	No
4	line 1a? <i>If "Yes," complete Schedule J for s</i> For any individual listed on line 1a, is the su								her compensation from			3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a									idual for services		4		Х
	rendered to the organization? If "Yes," com	•							•			5		Х
Sec 1	tion B. Independent Contractors Complete this table for your five highest co	moonootod inc	done	nda	nt o	onti	raoto		that reactived more than	\$100,000 of com		otion f	rom	
	the organization. Report compensation for	-	-								pens			
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	С	(C ompei	;) nsatio	n
2	Total number of independent contractors (i \$100,000 of compensation from the organia	-	ot lii	mite	d to	tho: (se lis D	stec	d above) who received m	nore than				
	,											Form	990 (2	2019)

	n 990 (i		JUNTEER FOR	DENTAL			83-1299	804 Page 9
Ра	rt VII			or noto to onv lin	o in this Dart VIII			
		Check if Schedule O	contains a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded from tax under
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d f f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contri All other contributions, gifts, similar amounts not included Noncash contributions included in Total. Add lines 1a-1f SENIOR RESOUR GRANT INCOME	1b 1c 1d ributions) grants, and 1 above 1 lines 1a-1f 1g \$	Business Code 624100 624100	51,272. 45,696.	51,272. 45,696.		sections 512 - 514
	g	Total. Add lines 2a-2f			96,968.			
	3 4 5	Investment income (includ other similar amounts) Income from investment of Royalties	of tax-exempt bond p	proceeds				
	6a b c	Gross rents Less: rental expenses Rental income or (loss)	6a 6b 6c					
venue	b	Net rental income or (loss Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(i) Securities 7a 7b 7c	(ii) Other				
d)		Net gain or (loss)		►				
Other R		Gross income from fundraisi	ng events (not of I line 1c). See 					
		Less: direct expenses						
		Net income or (loss) from Gross income from gamin	ng activities. See	····· ►				
	b	Part IV, line 19						
	с	Net income or (loss) from Gross sales of inventory,	gaming activities	-				
	b	and allowances Less: cost of goods sold Net income or (loss) from	10a 10k					
s			called of involtiony	Business Code				
Miscellaneous Revenue	11 a b	NONMEDICAL IN	ICOME	624100	8,860.	8,860.		
cella	c							
Misc	d	All other revenue						
		Total. Add lines 11a-11d		>	8,860.	105 000		
93200	12 9 01-20	Total revenue. See instructio	ons	🕨	105,828.	105,828.	0.	0 • Form 990 (2019)

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Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	omplete column (A).	
	Check if Schedule O contains a respor	nse or note to any line in	this Part IX		X
	not include amounts reported on lines 6b, 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,				
Ũ	trustees, and key employees				
6	Compensation not included above to disqualified				
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
U	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
	Management				
b	Legal				
	Accounting	3,684.		3,684.	
d	Lobbying	•,••=•		• , • • - •	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
5	column (A) amount, list line 11g expenses on Sch 0.)	55,362.	55,362.		
12	Advertising and promotion	10,509.	10,509.		
13	Office expenses	1,155.	1,155.		
14	Information technology				
15	Royalties				
16	Occupancy	2,437.	2,437.		
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	1 000	1 202		
23	Insurance	1,322.	1,322.		
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 0.)				
а	PROFESSIONAL FEES-DENTI	4,327.	4,327.		
a b	MISC. EXPENSE	2,386.	2,386.		
0	DUES & SUBSTRIPTIONS	1,649.	1,649.		
d	FUNDRAISING	567.	567.		
	All other expenses	1,078.	1,078.		
25	Total functional expenses. Add lines 1 through 24e	84,476.	80,792.	3,684.	0.
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 I if following SOP 98-2 (ASC 958-720)				
					- 000 (00.10)

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VOLUNTEER FOR DENTAL Part X Balance Sheet

Total net assets or fund balances

Total liabilities and net assets/fund balances ...

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 99,868. 68,411. Cash - non-interest-bearing 1 1 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 6,849. 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Assets 7 8 Inventories for sale or use 8 1,132. 488. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation _____ 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 69,543. 107,205. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 11,581. 8,957. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 1,066. 20,000. 19 19 Deferred revenue Tax-exempt bond liabilities 20 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, _iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 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 25 of Schedule D 12,647. 28,957. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🗌 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 27 Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here \blacktriangleright X and complete lines 29 through 33. 0. 0. 29 Capital stock or trust principal, or current funds 29 0. 0. Paid-in or capital surplus, or land, building, or equipment fund 30 30 78,248. 56,896. 31 31 Retained earnings, endowment, accumulated income, or other funds 56,896. 78,248.

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69,543.

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Form	1990 (2019) VOLUNTEER FOR DENTAL	83-	-1299804	Pa	ge 12
Pa	rt 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			28.
2	Total expenses (must equal Part IX, column (A), line 25)	2	84	.,4	76.
3	Revenue less expenses. Subtract line 2 from line 1	3	21	.,3	52.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	56	5,8	96.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	78	3,2	48.
Pa	rt 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?				X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	i,		
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au			
	Act and OMB Circular A-133?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2019)

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SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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
I	2019
	Open to Public Inspection
Employer	identification number

Name of the organization	
--------------------------	--

Tun		VOT.II	NTEER FOR	ΓΕΝΨΔΙ.					3-1299804	
Pa	rt I	Reason for Public			molete th	is part) Se	e instruction		5 1255004	_
		ization is not a private found		-		· · ·		0.		
1		A church, convention of ch								
2	H						·)(A)(I).			
2	H	A school described in sect					::)			
	H	A hospital or a cooperative					-	Viii) Entor	the beenitel's name	
4		A medical research organiz		injunction with a nospital	described	I III Sectio		y(iii). Enter	the nospital s hame,	
F		city, and state: An organization operated for	or the banefit of a or		d or operat	tod by a a	overnmentel	unit dooorik	and in	
5				nege of university owned	or opera	leu by a y	oveninentai			
e		section 170(b)(1)(A)(iv). (C		mantal unit described in a	nation 17	70/61/41/41	(.)			
6 7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
'	7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
0		section 170(b)(1)(A)(vi). (C	-	(1)(A)(ui) (Complete Dar						
8 9	H	A community trust describe				ad in aanii	nation with a	land grant		
9		An agricultural research org	-			-		-	-	
		or university or a non-land-o	grant college of agric			name, cit	y, and state o	in the colleg		
10		university: An organization that norma		than 22 1/20/ of its our	port from	oontributi	one member	chin face o	and groop receipte fre	
10										
		activities related to its exen income and unrelated busin	-						-	9 TC
		See section 509(a)(2). (Con				sses acqu		ryanization		
11		An organization organized a	• •	ively to test for public sa	foty Soo	saction 5(10(a)(<u>4</u>)			
12	\square	An organization organized a	-	•	•			arry out the	nurnoses of one or	
		more publicly supported or	-	-				•		
		lines 12a through 12d that	-							
а		Type I. A supporting orga	• •			-		-	aivina	
		the supported organization		-	•	-		•••••		
		organization. You must o		• • • • •	, ,				11 5	
b		Type II. A supporting org	-		tion with it	s support	ed organizatio	on(s), by ha	iving	
		control or management o	-				•		-	
		organization(s). You mus								
с		Type III functionally inte	egrated. A supportin	g organization operated	in connec	tion with,	and functiona	ally integrate	ed with,	
		its supported organizatio	n(s) (see instruction	s). You must complete l	Part IV, Se	ections A,	D, and E.			
d		Type III non-functionally	y integrated. A supp	oorting organization oper	ated in co	nnection v	with its suppo	orted organi	zation(s)	
		that is not functionally int	tegrated. The organi	zation generally must sat	isfy a dist	ribution re	quirement an	d an attent	iveness	
		_ requirement (see instruct	tions). You must co r	nplete Part IV, Sections	A and D,	and Part	۷.			
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	а Туре I, Туре	e II, Type III		
		functionally integrated, or	r Type III non-functio	onally integrated support	ing organiz	zation.				
f		er the number of supported of	•							
g		vide the following information i) Name of supported	n about the supporte (ii) EIN		(iv) Is the orga	nization listed	(v) Americant a	functions	(vi) Amount of other	
	(organization		(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount o support (see ii	-	support (see instruction	າຣ)
				above (see instructions))	Yes	No				
Tota	l									
										-

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

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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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				119,932.	105,828.	225,760.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3				119,932.	105,828.	225,760.
5	The portion of total contributions						
Ŭ	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)						
•	column (f)						225,760.
	Public support. Subtract line 5 from line 4.						225,700.
	ction B. Total Support						(n
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018 119,932.	(e)2019 105,828.	(f) Total 225,760.
-	Amounts from line 4				119,952.	105,020.	225,700.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on \dots						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						225,760.
12	Gross receipts from related activities,	, etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thi	d, fourth, or fifth t	tax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	o here					
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2019 (line 6, column (f) d	ivided by line 11, o	column (f))		14	100.00 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	100.00 %
	33 1/3% support test - 2019. If the o					nore, check this bo	ox and
	stop here. The organization qualifies						
k	33 1/3% support test - 2018. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	
L	10% -facts-and-circumstances tes	-		• • • •			
C							
	more, and if the organization meets the						
40	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n dia not check a	box on line 13, 16	a, 160, 17a, or 17	D, CHECK THIS DOX 2		

Schedule A (Form 990 or 990-EZ) 2019

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(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.)

Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 per-								
	formed, 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 bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
	ization'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								_
	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								
	Public support. (Subtract line 7c from line 6.)								
	ction B. Total Support		•						
ale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
9	Amounts from line 6								
	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								
	Add lines 10a and 10b								-
	Net income from unrelated business								
-	activities not included in line 10b,								
	whether or not the business is								
2	regularly carried on Other income. Do not include gain								
12	or loss from the sale of capital								
	assets (Explain in Part VI.)								
	Total support. (Add lines 9, 10c, 11, and 12.)					L	() (0)		
14	First five years. If the Form 990 is for	-			•				
201	check this box and stop here	o Support Do	roontago				<u></u>	▶∟	_
	-								
	Public support percentage for 2019 (li					15			%
16 201	Public support percentage from 2018 ction D. Computation of Inves					16			%
	•					47			
	Investment income percentage for 20					17			%
18	Investment income percentage from 2					18			%
19a	a 33 1/3% support tests - 2019. If the						%, and line 1	17 is not	7
	more than 33 1/3%, check this box an							▶∟	
b	33 1/3% support tests - 2018. If the	•					-		_
	line 18 is not more than 33 1/3%, chee								╡
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check th					
320	23 09-25-19			1 5	Sch	edule	A (Form 990) or 990-EZ) 20	19
		~ ~ ~	10 05000	15					4
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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	
•	regularly appoint or elect at least a majority of the organization's 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 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,	-		
<u></u>	supervised, or controlled the supporting organization.	2		
Sec	tion 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			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
-	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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		
Sec	tion 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 yea(see instructions)	-		
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	ŕ – I	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) 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 (a) and (b) below.			
а	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? 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		
93202	5 09-25-19 Schedule A (Form 9	90 or 99	90-EZ)	2019
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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.

Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting or	anization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

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Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
<u>i</u>	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years			
-	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
_	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
0	and 4c. Breakdown of line 7:			
8				
	Excess from 2015 Excess from 2016			
-				
	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			(Form 000 or 000 EZ) 0010

Schedule A (Form 990 or 990-EZ) 2019

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932028 09-25-	19	20	Schedule	A (Form 990 or 990-EZ) 2
	(See instructions.)			

SCHEDULE O

(Form 990 or 990-EZ)

Internal Revenue Service Name of the organization

 Form 990 or 990-EZ or to provide any additional information.

 Department of the Treasury
 ► Attach to Form 990 or 990-EZ.

Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

OMB No. 1545-0047 **2019** Open to Public Inspection

Employer identification number 83 - 1299804

VOLUNTEER FOR DENTAL

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

COMMUNITY SERVICE AND ORAL HEALTH EDUCATION.

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

A COPY OF THE FORM 990 IS PROVIDED TO THE ORGANIZATION'S PRESIDENT FOR

REVIEW BEFORE THE RETURN IS FILED.

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

INFORMATION IS AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING-GRANT PREPARATION:

PROGRAM SERVICE EXPENSES
MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

TOTAL EXPENSES

CONSULTING-PROGRAM DIRECTOR:PROGRAM SERVICE EXPENSES4,575.MANAGEMENT AND GENERAL EXPENSES0.FUNDRAISING EXPENSES0.TOTAL EXPENSES4,575.

CONSULTING-PROGRAM COORDINATOR:

PROGRAM SERVICE EXPENSES

31,423.

Ο.

7,800.

7,800.

Ο.

0.

MANAGEMENT AND GENERAL EXPENSES

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)

 932211
 09-06-19

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Schedule O (Form 990 or 990-EZ) (2019) Name of the organization VOLUNTEER FOR DENTAL	Page 2 Employer identification number 83-1299804
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	31,423.
CONSULTING-CREATIVE:	
PROGRAM SERVICE EXPENSES	890.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	890.
CONTRACTED ADMINISTRATIVE SUPPORT:	10.005
PROGRAM SERVICE EXPENSES	10,075.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	10,075.
MISC. CONTRACTED SERVICES:	
PROGRAM SERVICE EXPENSES	599.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	599.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	55,362.
932212 09-06-19 Sec. 22	chedule O (Form 990 or 990-EZ) (2019

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