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

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

VFORD 1

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# **TAX RETURN FILING INSTRUCTIONS**

FORM 990

# FOR THE YEAR ENDING

SEPTEMBER 30, 2023

PREPARED FOR:

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

#### PREPARED BY:

NOVOTNY CPA GROUP PLC 800 E. ELLIS RD #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:

Form	990
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# **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.



MUSKEGON, MI       49442       H(a) Is this a group return for subordinates?         Presented Browned Brow	Depa Interr	rtment nal Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the			Open to Public Inspection
B       cheater expension       D       Employer identification number         Change Change Heater	AF	or th	e 2022 calend	ar year, or tax year beginning OCT $1, 2022$ and $\epsilon$	ending S	EP 30, 2023	
Image: Province and street (or P.0. box if mail is not delivered to street address)       Room/suite       83-1299804         Image: Province and street (or P.0. box if mail is not delivered to street address)       Room/suite       E Telephone number         Image: Province and street (or P.0. box if mail is not delivered to street address)       Room/suite       E Telephone number         Image: Province and street (or P.0. box if mail is not delivered to street address)       Room/suite       E Telephone number         Image: Province and street (or P.0. box if mail is not delivered to street address)       Room/suite       E Telephone number         Image: Province and street (or P.0. box if mail is not delivered to street address)       Room/suite       E Telephone number         Image: Province and street (or P.0. box if mail is not delivered to street address)       Room/suite       E Telephone number         Image: Province and street (or P.0. box if mail is not delivered to street address)       Room/suite       Room/suite         Image: Province and street (or P.0. box if mail is not delivered to street address)       Room/suite       Room/suite         Image: Province address of principal delivers       Mumber of address of principal delivers       Room/suite       Room/suite         Image: Province address of principal delivers       Image: Province address of principal delivers       Room/suite       Room/suite       Room/suite         Image: Province address of prin	Bc	beck if pplicab	le: C Name of				ation number
Doing Dusiness as       83-12/99804         Protect       31 E. CLAY AVENUE         City or town, state or province, country, and ZIP or foreign postal code       Green roumples         MUSK REGON, MI 49442       Hails is a group return         Flame and address of principal officer. SUZANNE TANTS       Hails is a group return         MUSK REGON, MI 49442       Hoils a group return         I Traxexempt status:       \$501(c)(3)       501(c)(2)         I Traxesempt status:       \$100(c)(2)       (insert no.)         I Status o				NTEER FOR DENTAL			
Number and street (0 P.0. box II mail is not delivered to street address)       Room/Suite       E       Telephone number         Tat. E. CLAY AVENUE       231 - 77.3 - 13.60         Overward       MUSKEGON, MI 49442       H(a) Is this a group return         Preventer       Formward       Bit Bit CLAY AVENUE       88.0         MuskEGON, MI 49442       H(a) Is this a group return       For subordinates?       Yees [X]         I main address of principal officer: SUZANNE TANTS       H(b) Are all anordinate inclustor?       Yees [X]         I main address of principal officer: SUZANNE TANTS       H(b) Are all anordinate inclustor?       Yees [X]         I main address of principal officer: SUZANNE TANTS       H(b) Are all anordinate inclustor?       Yees [X]         I main address of principal officer: SUZANNE TANTS       H(b) Are all anordinate inclustor?       Yees [X]         Vebstie:       WWW. VOLUNTEERDENTAL ORG       H(c) Area of tanon or all anordinate inclustor?       Yees [X]         Part I] Summary       I Briefly describe the organization's mission or most significant activities: VOLUNTEER FOR DENTAL PROVIDES       ACCESS TO DENTAL CARE FOR UNDERSERVED ADULTS IN EXCHANGE FOR         2 Check this box       If the organization discontinue disoperation body (Part VI, line 1a)       Imain and anordinate an		chan	ge Doing bi	isiness as		83-129980	4
Image: State or province, country, and ZIP or foreign postal code       Image: State or province, country, and ZIP or foreign postal code         Image: State or province, country, and ZIP or foreign postal code       Image: State or province, country, and ZIP or foreign postal code         Image: State or province, country, and ZIP or foreign postal code       Image: State or province, country, and ZIP or foreign postal code         Image: State or province, country, and ZIP or foreign postal code       Image: State or province, country, and ZIP or foreign postal code         Image: State or province, country, and ZIP or foreign postal code       Image: State or province, country, and ZIP or foreign postal code         Image: State or province, country, and ZIP or foreign postal code       Image: State or province, country, and ZIP or foreign postal code         Image: State or province, country, and ZIP or foreign postal code       Image: State or province, country, and ZIP or foreign postal code         Image: State or province, country, and ZIP or foreign postal code       Image: State or province, country, and ZIP or foreign postal code         Image: State or province, country, and ZIP or foreign postal code       Image: State or province, country, and ZIP or foreign postal code         Image: State or province, country, and ZIP or foreign postal code       Image: State or formation; ZIP or foreign postal code         Image: State or province code       Image: State or foreign postal code       Image: State or foreign postal code         Image: State or province code       Image:		Ireturi	Number		Room/suite	E Telephone number	
avelage       City or town, state or province, country, and ZIP or foreign postal code       G. Grees: excepts 5       \$8,0         MUSKEGON, MI       49442       F Name and address of principal officer: SUZANNE TANIS       H(a) is this a group return for subordinates returned:       Yes       X         I Tax.exemption       S01(c)(3)       501(c)(4)       (insert no.)       4947(a)(1) or       527         J Website:       WWW.VOLUNTEERDENTAL.ORG       H(b) Areal subordinates returned:       H(c) Group exemption number         R form of organization 's mission or most significant activities:       VOLUNTEER FOR DENTAL PROVIDES       ACCESS TO DENTAL CARE FOR UNDERSERVED ADULTS IN EXCHANGE FOR         2       Check this box       if the organization discontinued is operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       4         4       Number of voting members of the governing body (Part VI, line 2a)       6         6       Total number of independent voting members of the governing body (Part VI, line 2a)       6         6       Total number of volunteers (estimate if necessary)       7       7         7       Total number of volunteers there one form Form 990-T, Part I, line 11       97, 153.       88,00         9       Program service revenue (Part VIII, column (A), lines 3,4, and 7d)       0. <t< td=""><td>L</td><td>Iretur</td><td>0-</td><td></td><td></td><td>231-773-1</td><td></td></t<>	L	Iretur	0-			231-773-1	
Instruction	r	ated	City or to			G Gross receipts \$	88,020.
Image: Problem and address of principal officer: SUZANINE TAINLS       If Name and address of principal officer: SUZANINE TAINLS       If State CLAY A VENUE, MUSK EGON, MI 49442       If or subbordinates?       If the Name and address of principal officer: SUZANINE TAINLS       If the Name and address of principal officer: SUZANINE TAINLS         I Tax-exempt status:       X 501(c)(3)       501(c) ()       (insert no.)       4947(a)(1) or       522         I meanization:       X Corporation       Trust       Association       Other       L Year of formation: 2018       M State of legal domical officiant activities:         Volume of principal officiant activities:       VOLUNTEER FOR DENTAL CARE FOR UNDERSERVED ADULTS IN EXCHANGE FOR       Accessor         2 Check this box       if the organization denoming body (Part VI, line 1a)       4       3         4 Number of voling members of the governing body (Part VI, line 1a)       4       3         4 Number of individuals employed in calendar year 2022 (Part VI, line 2a)       5       5         6 Total number of volunters (estimate if necessary)       6       6       7         7 a Total unrelated business revenue from Part VIII, column (A), line 12       7a       7a       7b         9 Program service revenue (Part VIII, line 2g)       0.       0.       0.         10 Investment income (Part VIII, column (A), lines 3. 4, and 7d)       0.       0.       0.		Iretur	MOSA			H(a) Is this a group ret	
I Tax-exempt status: X 501(c)(3) 501(c) (insert no.) 4947(a)(1) or 527       If "No." attach a list. See instructions or business target status: WW.VOLUNTEERDENTAL.ORG         I Website: WWW.VOLUNTEERDENTAL.ORG       If "No." attach a list. See instructions or the staget status: X 501(c) (insert no.) 4947(a)(1) or 527         Part I Summary       I Briefly describe the organization's mission or most significant activities: VOLUNTEER FOR DENTAL PROVIDES ACCESS TO DENTAL CARE FOR UNDERSERVED ADULTS IN EXCHANGE FOR         2 Check this box       If the organization discontinued its operations or disposed of more than 25% of its net assets.         3 Number of voling members of the governing body (Part VI, line 1a)       3         4 Number of independent voting members of the governing body (Part VI, line 2a)       5         5 Total number of volunteers (estimate if necessary)       6         7 a Total unrelated business revenue from Part VIII, column (C), line 12       7a         b Net unrelated business revenue from Part VIII, column (C), line 12       7a         9 Program service revenue (Part VIII, line 3), 4. and 7d)       0.         10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)       0.         11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)       0.         12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.         13 Grants and similar amounts paid (Part IX, column (A), lines 5.13)       0.         14 Beenefits paid to or for mem	L	tion	F Name a				
J Website:       WWW.VOLUNTEERDENTAL.ORG       H(c) Group exemption number         K Form of organization:       X Corporation       Trust       Association       Other       L Year of formation: 2018       M State of legal domicil         Part I       Summary       Inferty describe the organization's mission or most significant activities:       VOLUNTEER       FOR DENTAL PROVIDES         ACCESS TO DENTAL CARE FOR UNDERSERVED ADULTS IN EXCHANGE FOR       2 Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.       3         3       Number of independent voting members of the governing body (Part VI, line 1a)       3       4         4       Number of independent voting members of the governing body (Part VI, line 2a)       5       6         5       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       5       6         6       Total number of volunteers (estimate if necessary)       6       6       7         7       Total unrelated business revenue from Part VII, column (C), line 12       7a       0       0         9       Program service revenue (Part VIII, line 1h)       97, 153.88, 0       0       0       0         10       Invested business revenue from Part VII, column (A), lines 1-3)       0       0       0       0       0       0							
K form of organization;       X Corporation       Trust       Association       Other       L year of formation;       2018       M State of legal domicil         Part I       Summary       I       Briefly describe the organization's mission or most significant activities:       VOLUNTEER FOR DENTAL PROVIDES         ACCESS TO DENTAL CARE FOR UNDERSERVED ADULTS IN EXCHANGE FOR       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voling members of the governing body (Part VI, line 1a)       3       4         4       Number of independent voting members of the governing body (Part VI, line 1b)       4       5         5       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       5       6         6       Ta Total unrelated business revenue from Part VIII, column (C), line 12       7a       7a         b       Net unrelated business taxable income from Form 990-T, Part I, line 11       97, 153.       88, 0         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       0.       0.         10       Other revenue (Part VIII, column (A), lines 1-3)       0.       0.         12       Total revenue. add lines 5 fines (Part IX, column (A), lines 5-10)       47, 632.       43, 2         13       Grants and similar amounts paid (P					r 527	102	
Part I       Summary       Image: Construction of the product		************	***************************************				
9000000000000000000000000000000000000			A CONTRACTOR OF A CONTRACTOR O		L Year		State of legal domicile; ML
ACCESS TO DENTAL CARE FOR UNDERSERVED ADULTS IN EXCHANGE FOR         2 Check this box       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         4 Number of independent voting members of the governing body (Part VI, line 1a)       4         5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)       6         6 Total number of volunteers (estimate if necessary)       6         7 a Total unrelated business revenue from Form 990-T, Part I, line 11       7a         8 Contributions and grants (Part VIII, line 2g)       0.         9 Program service revenue (Part VIII, line 2g)       0.         10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)       0.         11 Other revenue (Part VIII, column (A), lines 1.3)       0.         13 Grants and similar amounts paid (Part IX, column (A), lines 1.3)       0.         14 Brotesional fundraising expenses (Part IX, column (A), lines 114, column (A), lines 5.10)       477, 632.       43, 2         16 Protesional fundraising expenses (Part IX, column (A), line 25)       1, 002.       5       -8, 880.       -3, 6         17 Other expenses (Part IX, column (A), line 11e)       0.       -8, 880.       -3, 6       -3, 6         18 Baries, other compensation, employee benefits (Part IX, column (A), lines 5.10) <td></td> <td></td> <td></td> <td>e the organization's mission or most significant activities. VOLUN</td> <td>ITEER</td> <td>FOR DENTAL P</td> <td>ROVIDES</td>				e the organization's mission or most significant activities. VOLUN	ITEER	FOR DENTAL P	ROVIDES
b Net unrelated business taxable income from Form 990-T, Part I, line 11         7b           9         Prior Year         Current Year           9         Program service revenue (Part VIII, line 1h)         97,153.888,0           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         0.           10         Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         97,153.888,0           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         0.           14         Benefits paid to or for members (Part IX, column (A), line 4)         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         47,632.43,2           16a         Professional fundraising fees (Part IX, column (D), line 25)         1,002.           17         Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)         58,401.48,4           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         106,033.91,6           19         Revenue less expenses. Subtract line 18 from line 12         -8,8803,6           19         Re	lce						
b Net unrelated business taxable income from Form 990-T, Part I, line 11         7b           9         Prior Year         Current Year           9         Program service revenue (Part VIII, line 1h)         97,153.888,0           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         0.           10         Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         97,153.888,0           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         0.           14         Benefits paid to or for members (Part IX, column (A), line 4)         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         47,632.43,2           16a         Professional fundraising fees (Part IX, column (D), line 25)         1,002.           17         Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)         58,401.48,4           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         106,033.91,6           19         Revenue less expenses. Subtract line 18 from line 12         -8,8803,6           19         Re	nar	2		panaaaaaa		***************************************	
b Net unrelated business taxable income from Form 990-T, Part I, line 11         7b           9         Prior Year         Current Year           9         Program service revenue (Part VIII, line 1h)         97,153.888,0           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         0.           10         Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         97,153.888,0           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         0.           14         Benefits paid to or for members (Part IX, column (A), line 4)         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         47,632.43,2           16a         Professional fundraising fees (Part IX, column (D), line 25)         1,002.           17         Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)         58,401.48,4           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         106,033.91,6           19         Revenue less expenses. Subtract line 18 from line 12         -8,8803,6           19         Re	over	3	Number of vot			1 1	12
b Net unrelated business taxable income from Form 990-T, Part I, line 11         7b           9         Prior Year         Current Year           9         Program service revenue (Part VIII, line 1h)         97,153.888,0           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         0.           10         Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         97,153.888,0           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         0.           14         Benefits paid to or for members (Part IX, column (A), line 4)         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         47,632.43,2           16a         Professional fundraising fees (Part IX, column (D), line 25)         1,002.           17         Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)         58,401.48,4           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         106,033.91,6           19         Revenue less expenses. Subtract line 18 from line 12         -8,8803,6           19         Re	ğ	4	Number of ind				12
b Net unrelated business taxable income from Form 990-T, Part I, line 11         7b           Prior Year         Current Year           8         Contributions and grants (Part VIII, line 1h)         97,153.888,0           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7c)         0.           10         Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         0.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         0.           14         Benefits paid to or for members (Part IX, column (A), lines 1-3)         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         47,632.43,2           16a         Professional fundraising expenses (Part IX, column (D), line 25)         1,002.           17         Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         106,033.91,6           19         Revenue less expenses. Subtract line 18 from line 12         -8,8803,6           20         Total assets (Part X, line 16)         75,831.86,2           21         Total assets (Part X, line 26)         15,	es 8	5	Total number	of individuals employed in calendar year 2022 (Part V, line 2a)		5	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11         7b           Prior Year         Current Year           8         Contributions and grants (Part VIII, line 1h)         97,153.888,0           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7c)         0.           10         Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         0.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         0.           14         Benefits paid to or for members (Part IX, column (A), lines 1-3)         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         47,632.43,2           16a         Professional fundraising expenses (Part IX, column (D), line 25)         1,002.           17         Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         106,033.91,6           19         Revenue less expenses. Subtract line 18 from line 12         -8,8803,6           20         Total assets (Part X, line 16)         75,831.86,2           21         Total assets (Part X, line 26)         15,	vitie	6	Total number				30
b Net unrelated business taxable income from Form 990-T, Part I, line 11         7b           Prior Year         Current Year           8         Contributions and grants (Part VIII, line 1h)         97,153.888,0           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7c)         0.           10         Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         0.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         0.           14         Benefits paid to or for members (Part IX, column (A), lines 1-3)         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         47,632.43,2           16a         Professional fundraising expenses (Part IX, column (D), line 25)         1,002.           17         Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         106,033.91,6           19         Revenue less expenses. Subtract line 18 from line 12         -8,8803,6           20         Total assets (Part X, line 16)         75,831.86,2           21         Total assets (Part X, line 26)         15,	Acti	7 a	Total unrelated	business revenue from Part VIII, column (C), line 12		7a	0.
8         Contributions and grants (Part VIII, line 1h)         97, 153.         88, 0           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         0.         0.           10         Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.         0.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         97, 153.         88, 0           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.           15         Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)         47, 632.         43, 2           16a         Professional fundraising fees (Part IX, column (D), line 25)         1, 002.         0.         0.           17         Other expenses (Part IX, column (D), line 25)         1, 002.         106, 033.         91, 6           19         Revenue less expenses. Subtract line 18 from line 12         -8, 880.         -3, 6           20         Total assets (Part X, line 16)         75, 831.         86, 2           21         Total assets (Part X, line 26)         15, 911.         30, 0           22         Net assets or fund balances. Subtr		b	Net unrelated	business taxable income from Form 990-T, Part I, line 11			0.
9         Program service revenue (Part VIII, line 2g)         0.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         0.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.           12         Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)         97, 153.         88, 0           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), lines 1·3)         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)         47, 632.         43, 2           16a         Professional fundraising fees (Part IX, column (D), line 25)         1, 002.         0.           17         Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)         58, 401.         48, 4           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         1.06, 0.33.         91, 6           19         Revenue less expenses. Subtract line 18 from line 12         -8, 880.         -3, 6           20         Total assets (Part X, line 16)         75, 831.         86, 2           21         Total liabilities (Part X, line 26)         15, 911.         30, 0			0				
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       97, 153.       88, 0         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.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       47, 632.       43, 2         16a       Professional fundraising fees (Part IX, column (D), line 25)       1,002.       0.         17       Other expenses (Part IX, column (D), line 25)       1,002.       58,401.       48,4         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       106,033.       91,6         19       Revenue less expenses. Subtract line 18 from line 12       -8,880.       -3,6         20       Total assets (Part X, line 16)       75,831.       86,2         21       Total liabilities (Part X, line 26)       15,911.       30,0         22       Net assets or fund balances. Subtract line 21 from line 20       59,920.       56,2	an						88,020.
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       97, 153.       88, 0         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.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       47, 632.       43, 2         16a       Professional fundraising fees (Part IX, column (D), line 25)       1,002.       0.         17       Other expenses (Part IX, column (D), line 25)       1,002.       58,401.       48,4         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       106,033.       91,6         19       Revenue less expenses. Subtract line 18 from line 12       -8,880.       -3,6         20       Total assets (Part X, line 16)       75,831.       86,2         21       Total liabilities (Part X, line 26)       15,911.       30,0         22       Net assets or fund balances. Subtract line 21 from line 20       59,920.       56,2	ven						0.
12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       97,153.       88,0         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       47,632.       43,2         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       1,002.       0.         17       Other expenses (Part IX, column (A), line 11e, 11d, 11f-24e)       58,401.       48,4         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1.06,033.       91,6         19       Revenue less expenses. Subtract line 18 from line 12       -8,880.       -3,6         8       75,831.       86,2         20       Total assets (Part X, line 16)       75,831.       86,2         21       Total liabilities (Part X, line 26)       15,911.       30,0         22       Net assets or fund balances. Subtract line 21 from line 20       59,920.       56,2	Re						0.
13       Grants and similar amounts paid (Part IX, column (A), lines 1·3)       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)       477,632.       43,2         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       1,002.       0.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       58,401.       48,4         18       Total expenses. Add lines 13·17 (must equal Part IX, column (A), line 25)       106,033.       91,6         19       Revenue less expenses. Subtract line 18 from line 12       -8,880.       -3,6         20       Total assets (Part X, line 16)       75,831.       86,2         21       Total liabilities (Part X, line 26)       15,911.       30,0         22       Net assets or fund balances. Subtract line 21 from line 20       59,920.       56,2		22/22					
14       Benefits paid to or for members (Part IX, column (A), line 4)       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)       47,632.43,2         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       1,002.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       58,401.48,4         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       106,033.91,6         19       Revenue less expenses. Subtract line 18 from line 12       -8,8803,6         20       Total assets (Part X, line 16)       75,831.86,2         21       Total liabilities (Part X, line 26)       15,911.30,0         22       Net assets or fund balances. Subtract line 21 from line 20       59,920.56,2							00,020.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)47,632.43,216a Professional fundraising fees (Part IX, column (A), line 11e)0.b Total fundraising expenses (Part IX, column (D), line 25)1,002.17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)58,401.48,418 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)106,033.91,619 Revenue less expenses. Subtract line 18 from line 12-8,8803,610 Total assets (Part X, line 16)75,831.86,220 Total assets (Part X, line 16)75,831.86,221 Total liabilities (Part X, line 26)59,920.56,222 Net assets or fund balances. Subtract line 21 from line 2059,920.56,2			Benefits paid t				0.
16a Professional fundraising fees (Part IX, column (A), line 11e)       0.         b Total fundraising expenses (Part IX, column (D), line 25)       1,002.         17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       58,401.       48,4         18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       106,033.       91,6         19 Revenue less expenses. Subtract line 18 from line 12       -8,880.       -3,6         20 Total assets (Part X, line 16)       75,831.       86,2         21 Total liabilities (Part X, line 26)       15,911.       30,0         22 Net assets or fund balances. Subtract line 21 from line 20       59,920.       56,2	S	15					43,203.
17       Other expenses (Part IX, columin (A), lines 112-110, 111-24e)       300, 401.       400, 4         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1060, 033.       91, 6         19       Revenue less expenses. Subtract line 18 from line 12       -8, 880.       -3, 6         10       Beginning of Current Year       End of Year         20       Total assets (Part X, line 16)       75, 831.       86, 2         21       Total liabilities (Part X, line 26)       15, 911.       30, 0         22       Net assets or fund balances. Subtract line 21 from line 20       59, 920.       56, 2	nse	16a	Professional fu	indraising fees (Part IX, column (A), line 11e)			0.
17       Other expenses (Part IX, columin (A), lines 112-110, 111-24e)       300, 401.       400, 4         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1060, 033.       91, 6         19       Revenue less expenses. Subtract line 18 from line 12       -8, 880.       -3, 6         10       Beginning of Current Year       End of Year         20       Total assets (Part X, line 16)       75, 831.       86, 2         21       Total liabilities (Part X, line 26)       15, 911.       30, 0         22       Net assets or fund balances. Subtract line 21 from line 20       59, 920.       56, 2	kpei	b		ng expenses (Part IX, column (D), line 25) 1,00	2.		
18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       106,033.       91,6         19       Revenue less expenses. Subtract line 18 from line 12	ш	17	Other expense	s (Part IX, column (A), lines 11a-11d, 11f-24e)		58,401.	48,493.
Beginning of Current YearEnd of Year20Total assets (Part X, line 16)75,831.86,221Total liabilities (Part X, line 26)15,911.30,022Net assets or fund balances. Subtract line 21 from line 2059,920.56,2		18				106,033.	91,696.
			Revenue less	expenses. Subtract line 18 from line 12			-3,676.
	ts or						
	Bala	20					86,259.
	let A	21					30,015.
Part II Signature Block			Signature	Block		59,920.	56,244.

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	Signature of officer		Date			
Here	SUZANNE TANIS, BOARD PRES	IDENT				
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN		
Paid	RANDY J. NOVOTNY, CPA	RANDY J. NOVOTNY, CP	01/15/24 self-employed	P00023859		
Preparer	Firm's name NOVOTNY CPA GROUP	PLC	Firm's EIN 38-	3185476		
Use Only	Firm's address 800 E. ELLIS RD #	584				
	NORTON SHORES, MI	49441	Phone no. ( 231	.)728-5176		
May the IF	ay the IRS discuss this return with the preparer shown above? See instructions					
232001 12-1				Form <b>990</b> (2022)		
S	EE SCHEDULE O FOR ORGANIZ	ATION MISSION STATEME	NT CONTINUATIO	N		

r a	rt III Statement of Program Se	ruigo Aggomplighmento	83-1299804
1	Briefly describe the organization's miss	esponse or note to any line in this Part III	
1			
	ADULTER FOR DENTAL	PROVIDES ACCESS TO DENTAL	CARE FOR UNDERSERVED
	ADULTS IN EXCHANGE F	FOR COMMUNITY SERVICE AND OF	RAL HEALTH EDUCATION.
2	Did the organization undertake any sign	nificant program services during the year which were r	not listed on the
		, <u> </u>	in the second se
	If "Yes," describe these new services o		
3		or make significant changes in how it conducts, any	program services? Yes
	If "Yes," describe these changes on Sc		
4	-	rvice accomplishments for each of its three largest pr	ogram sorvices, as measured by expenses
•	Section $501(c)(3)$ and $501(c)(4)$ organize	ations are required to report the amount of grants and	allocations to others, the total evenesses, and
	revenue, if any, for each program servic		anocations to others, the total expenses, and
4a	(Code: ) (Expenses \$	89,560 . including grants of \$	
10		RE FOR UNDERSERVED ADULTS IN	) (Revenue \$)
	SERVICE AND ORAL HEA	LTH EDUCATION	N EXCHANGE FOR COMMONITS
		IIIII IDOCATION:	
	1		
4b	(Code:) (Expenses \$	including grants of \$	) (Revenue S
4c	(Code: ) (Expenses \$	incluting grapts of \$	
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue Ş
4c	) (Expenses \$ )	including grants of \$	) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue S
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue S)
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4c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$)
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4c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue S
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$
			) (Revenue \$)
4c	Other program services (Describe on Second	chedule O.)	
4d	Other program services (Describe on Sec (Expenses \$	chedule O.)	) (Revenue S)
	Other program services (Describe on Second	chedule O.)	

 Form 990 (2022)
 VOLUNTEER
 FOR
 DENTAL

 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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 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? 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			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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? 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		Х
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			
10	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, VII, VII, IX, or X,	10	111111	
	as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.	A State of the	(1940) BARARA	\$821XW
d				v
h	Part VI	11a		<u>X</u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
d	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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			*7
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	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		<u>X</u>
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			
	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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I. See instructions	17		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? 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? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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		Х
232003	12-13-22	Form	990	(2022)

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2022.05030 VOLUNTEER FOR DENTAL

Form 990 (2022)	Form	990	(2022)	
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 Form 990 (2022)
 VOLUNTEER
 FOR
 DENTAL

 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? 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			
	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			1011000
	Schedule K. If "No," go to line 25a	24a		X
	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			
	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			37
06	Schedule L, Part I	25b		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%			37
07	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	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	07		x
28	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		<u> </u>
20	instructions for applicable filing thresholds, conditions, and exceptions):	ala dan Asartan		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	19913498		
a		000		x
b	"Yes," complete Schedule L, Part IV	28a 28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	280		
Ū	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
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
35 a	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O	38	X	
rai				·
	Check if Schedule O contains a response or note to any line in this Part V		r	
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 4			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	ALL ALL	v	<b>Marin</b>
232004	(gambling) winnings to prize winners?		X	(2022)
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2022.05030 VOLUNTEER FOR DENTAL

	990 (2022) VOLUNTEER FOR DENTAL 83-1299	804	P	age 5
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			1
20	Enter the number of employees reported on Form W.2. Transmitted of Wage and Tax Statements		Yes	No
28	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		10.0.20	hales and
b	filed for the calendar year ending with or within the year covered by this return       2a       0         If at least one is reported on line 2a, did the organization file all required federal employment tax returns?       0	01	Subschill.	
3a	Did the organization have unrelated husiness grace income of \$1,000 merces in the second	2b		X
b		3a		
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
40	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4-		x
b	If "Yes," enter the name of the foreign country	<u>4a</u>	19-22-65	
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		provident No.	
5a		2886 <u>8</u> 38	124245	v
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		XX
c		5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
0a		6-		x
h	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		
5		Ch		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b	(and s)	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	70	Net i Pole	X
b		7a 7b		- 25
c	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
U	to file Form 8282?	70		x
d	If "Vee " indicate the number of Former 2000 filed during the	7c	Street,	
e	Did the organization reacive any fundal directly or indirectly to any eventian and the organization of the organization	70	20121020	
f	Did the experimetion device the same second start due to the start of	7e 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
9 h	If the organization received a contribution of quanned intellectual property, did the organization file a Form 1098-C?	7g 7b		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
-		8		29580 (V)
9	Sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	0	11111	1998-201
а	Did the sponsoring organization make any taxable distributions under eaction 40662	9a	ananan Ananan	grand gang
b		9b		
10	Section 501(c)(7) organizations. Enter:		1777.8	DICE:
а	Initiation fees and capital contributions included on Part VIII, line 12			and a second
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:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	19 2 C.M. 24	1997
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year12b		2013	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			Chiran Chiran
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	NER.		See. 5
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			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	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 the 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		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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11a

12a 12b

12c

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Yes

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Yes No

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X X

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L W R	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and the provide to lines 2 through 7b below, and the provide to lines 2 through 7b below, and the provide to lines 2 through 7b below, and the provide to lines 2 through 7b below, and the provide to lines 2 through 7b below, and the provide to lines 2 through 7b below, and the provide to lines 2 through 7b below, and the provide to lines 2 through	nse
	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	X

Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 if	through 7b b	elow, and for a
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C	D. See instruc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI		
Sec	tion A. Governing Body and Management		***********
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	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.		
b	Enter the number of voting members included on line 1a, above, who are independent	1b	12
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with any ot	her
	officer, director, trustee, or key employee?		
3	Did the organization delegate control over management duties customarily performed by or under th		
	of officers diverters tructure enders and		
4	Did the organization make any significant changes to its governing documents since the prior Form S	990 was filed	?
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	
6	Did the organization have members or stockholders?		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a		
	more members of the governing body?		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockholders,	or
	persons other than the governing body?		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye		
а	The governing body?		
b	Each committee with authority to act on behalf of the governing body?		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea		
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code	.)
10			
10a	Did the organization have local chapters, branches, or affiliates?		
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napters, affilia	ates,
110			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	ly before filing	J the form?
b 12a	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	- to or a fillet - O	
c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "		
U			
13	on Schedule O how this was done Did the organization have a written whistleblower policy?		
14	Did the organization have a written decument retention and destruction relian?		
15	Did the process for determining compensation of the following persons include a review and approva		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	a by muepen	uent
а			
b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization		
	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 arrange	ment with a	
	taxable entity during the year?		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	ite its particip	ation

# exempt status with respect to such arrangements?

17	17 List the states with which a copy of this Form 990 is required to be filed NO	NE	
18	18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applied	cable), 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 X Upon request	Other (explain on Schedule O)	
19			
statements available to the public during the tax year.			
20	20 State the name, address, and telephone number of the person who possesses the orga SUZANNE TANIS - 231-773-1360	inization's books and records	
	31 E. CLAY AVENUE, MUSKEGON, MI 49442		
23200	232006 12-13-22	Form <b>990</b> (202)	
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in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

	R FOR DENTAL	83-1299804	Page 7					
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employees, and Independen	t Contractors							
Check if Schedule O contains a respo	nse or note to any line in this Part VII							
Section A. Officers, Directors, Trustees, Key I	Employees, and Highest Compensated Employees							
	be listed. Report compensation for the calendar year ending a, directors, trustees (whether individuals or organizations), re- ation 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, box 6 of 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)	(B)			(C Posi	C) ition	1		(D)	(E)	(F)
Name and title	Average hours per week	box offi	not ci , unles	heck r ss per	more rson i	than o s both r/trust	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key empioyee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) SUZANNE TANIS	32.00									
EXECUTIVE DIRECTOR	 	X	ļ					43,203.	0.	0.
(2) JACKIE LINDRUP	5.00									
PRESIDENT	 	Χ	ļ	Х				0.	0.	0.
(3) MICHELLE MATHESON	5.00									
VICE PRESIDENT	 	X	ļ	Χ		ļ		0.	0.	0.
(4) JESSICA LAMBERT	5.00									
TREASURER	 	Х		X		ļ		0.	0.	0.
(5) ROBIN LYONS	5.00									
SECRETARY	 	Χ		Х				0.	0.	0.
(6) AMY FLOREA	1.00							-		
BOARD MEMBER	 	Χ						0.	0.	0.
(7) BRIANA BISHOP	1.00									
BOARD MEMBER	 	Χ						0.	0.	0.
(8) CONNIE VERHAGEN	1.00									100
BOARD MEMBER		Χ						0.	0.	0.
(9) RANDY NOVOTNY	1.00									
BOARD MEMBER	 1 00	Χ						0.	0.	0.
(10) KELLY LEVELSTON	1.00	**								
BOARD MEMBER	 1 0 0	X						0.	0.	0.
(11) DENNIS CHILDERS	1.00	**								0
BOARD MEMBER (12) VONDIE WOODBURY	 1 0 0	X						0.	0.	0.
BOARD MEMBER	1.00	x						0	0	0
	 	<u>A</u>						0.	0.	0.
а. Т	 									
	 L	L	L	L	L	<u> </u>				Form <b>990</b> (2022

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Form 990 (2022) VOLUNTEEF	R FOR DE	NΊ	AL						83-1299	9804	Page 8
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	loy	ees,	and	Hig	hest	C	ompensated Employee	s (continued)		
(A)	(B)			(C	;)			(D)	(E)		(F)
Name and title	Average	Ide		osi		han on		Reportable	Reportable		imated
	hours per					both a		compensation	compensation		ount of
	week	offi	cer and	l a dir	rector	/trusted	e)	from	from related		other
	(list any	ector						the	organizations	comp	ensation
	hours for	or din	æ			ted		organization	(W-2/1099-MISC/	fro	m the
	related organizations	istee	truste		0	pense		(W-2/1099-MISC/	1099-NEC)		nization
	below	iai tru	onal		ploye	ee ee		1099-NEC)			related
	line)	ndividual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			orgar	nizations
·		<u>_</u>	5	0	Ke	Han	<u><u></u></u>				
5 											
1b Subtotal				k.				43,203.	0.		0.
c Total from continuation sheets to Part VI								0.	0 .		0.
	,							43,203.	0.		0.
2 Total number of individuals (including but n							re			<u></u>	
compensation from the organization					010)				oo on operable		0
											Yes No
3 Did the organization list any former officer,	director, truste	ee. k	ev er	npla	ovee	, or h	nial	hest compensated empl	ovee on		
line 1a? If "Yes," complete Schedule J for su					,		0			3	X
4 For any individual listed on line 1a, is the su	m of reportable	e co	mpe	nsat	ion :	and c	 http://www.com	er compensation from th	e organization		
and related organizations greater than \$150										4	x
5 Did any person listed on line 1a receive or a	corue compen	sati	on fre	nm a	anvi	unrel:	ate	or such individual	ual for services		
rendered to the organization? <i>If</i> "Yes." com								-		5	x
Section B. Independent Contractors	Diele Schedule	<u>;                                    </u>	<u>JI SU</u>	<u>ch p</u>	ersc	<u>)  </u>				5	
1 Complete this table for your five highest con	mpensated ind	ene	nden	t co	ntra	ctors	th	at received more than \$	100 000 of compens	ation from	
the organization. Report compensation for t											
(A)				9			T	(B)		(C)	
Name and business	address	NC	ONE					Description of s	ervices	Compen	
							1				
							+				
							+				
							+				
							+				
2 Total number of independent contractors (ir	cluding but pr	at lin	aited	to t	hoor	a lieta	1	above) who received me	vro than		
\$100,000 of compensation from the organiz		20 111	med	101	0	o note	JU .	above, who received MC	ne than		
eree, eee er compensation nom the organiz	ation				0					<u>гана</u> 0	90 (2022)
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	1 990 (			R DENTAL			83-1299	804 Page 9
Ра	rt VII	I Statement of Revenue Check if Schedule O contain		o or poto to opy line	in this Dout VIII			[]
					(A) Total revenue	<b>(B)</b> Related or exempt function revenue	Unrelated	Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts	b c d f g	Related organizations Government grants (contribution All other contributions, gifts, grants, similar amounts not included above Noncash contributions included in lines 1a-	1b           1c           1d           ns)         1e           and           1f           1g \$	12,501. 41,945. 33,574.	88,020.	1		
Program Service Revenue		All other program service revenu Total. Add lines 2a-2f	Je	· · · · · · · · · · · · · · · · · · ·				
	3 4 5 6 a b	Income from investment of tax-e Royalties Gross rents 6a	exempt bond	proceeds				
venue	7 a b	Net rental income or (loss)	(i) Securities					
Other Rev	d 8 a	Net gain or (loss) Gross income from fundraising even including \$ contributions reported on line 1c Part IV, line 18 Less: direct expenses	nts (not of c). See 8	la b				
2	b c	Net income or (loss) from fundra Gross income from gaming activ Part IV, line 19 Less: direct expenses Net income or (loss) from gamine Gross sales of inventory, less ret and allowances	yities. See g g activities turns	b Da				
Miscellaneous Revenue	с	Less: cost of goods sold Net income or (loss) from sales o	of inventory	Db Business Code				
	d e <u>12</u> 9 12-13	All other revenue			88,020.	0.	0.	0 • Form <b>990</b> (2022)

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	Check if Schedule O contains a respons				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			Augusta and a second	
	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				C. S.
5	Compensation of current officers, directors,				
	trustees, and key employees	43,203.	43,203.		
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes		,		
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	1,134.		1,134.	
d	Lobbying				
е	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 Sch O.)	18,784.	18,784.		
12	Advertising and promotion	10,545.	10,545.		
13	Office expenses	1,009.	1,009.		
14	Information technology	1,325.	1,325.		
15	Royalties				
16	Occupancy	2,658.	2,658.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	100.	100.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1 4 5 0	1 4 5 0		
23	Insurance	1,453.	1,453.		
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.)	7 200	7 200		2007 AN 1997 NEW 1
a	PROFESSIONAL FEES-DENTI DUES & SUBSCRIPTIONS	7,389.	7,389.		
b	FUNDRAISING	1,679.	1,679.		1 000
c d	MEDICAL RECORD AND SUPP	<u>1,002.</u> 775.	775.		1,002.
d		640.	640.		
е 25	All other expenses	91,696.	89,560.	1 1 2 4	1 000
25	Total functional expenses. Add lines 1 through 24e	91,090.	09,500.	1,134.	1,002.
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 if following SOP 98-2 (ASC 958-720)				
	Grook from infollowing SOP 98-2 (ASC 958-720)				E 000 (0000)

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				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		71,329.	1	82,410.
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		
	4	A second se		3,175.	4	2,424.
	5	Loans and other receivables from any current or f			20100	
		trustee, key employee, creator or founder, substa			6.667	
		controlled entity or family member of any of these		5		
	6	Loans and other receivables from other disqualifie				
	-	under section 4958(f)(1)), and persons described i	p position $AOEP(a)(2)(D)$		6	
(0	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Description		1,327.	<u> </u>	1,425.
		Land, buildings, and equipment: cost or other		±,527.	9	<u> </u>
	100	basis. Complete Part VI of Schedule D	10.2			
	b	Less: accumulated depreciation			10c	
	11				11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11	4		13	
	14	Intangible assets			13	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal	line 33)	75,831.	16	86,259.
	17	Accounts payable and accrued expenses		12,514.	17	9,685.
	18	Grants payable			18	5,005.
	19	Deferred revenue	3,397.	19	20,330.	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Pa			21	
S	22	Loans and other payables to any current or forme				
Liabilities		trustee, key employee, creator or founder, substa				
lide		controlled entity or family member of any of these			22	
Ľ.	23	Secured mortgages and notes payable to unrelate			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, paya				
		parties, and other liabilities not included on lines 1				
		of Schedule D		25		
	26	Total liabilities. Add lines 17 through 25		15,911.	26	30,015.
		Organizations that follow FASB ASC 958, check		Addition of the second second		And the second second
Sec		and complete lines 27, 28, 32, and 33.				
lane	27	Net assets without donor restrictions			27	
Ba	28				28	
pur	2	Organizations that do not follow FASB ASC 958	land of the second seco	at the second second second	alight an	Service Services
Ĩ		and complete lines 29 through 33.		and the first second second		
S O	29	Capital stock or trust principal, or current funds		0.	29	0.
set	30	Paid-in or capital surplus, or land, building, or equ		0.	30	0.
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inco		59,920.	31	56,244.
Net	32	Total net assets or fund balances		59,920.	32	56,244.
	33	Total liabilities and net assets/fund balances		75,831.	33	86,259.

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Form **990** (2022)

Form	990 (2022) VOLUNTEER FOR DENTAL	83-12	99804	Pa	ge <b>12</b>
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	8	8,0	20.
2	Total expenses (must equal Part IX, column (A), line 25)	2			96.
3	Revenue less expenses. Subtract line 2 from line 1	3			76.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			20.
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	5	6,2	44.
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 on Schedule	e O.			
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	l on a	1.00		
	separate basis, consolidated basis, or both:		13.92		1201 101 - 101-1
	Separate basis Consolidated basis Both consolidated and separate basis				1221.433 12221.433
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	all the second		And the second
	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 th				
	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 Sch	edule O.	a and		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. <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				L
			["	000	(0000)

Form **990** (2022)

232012 12-13-22

SCHEDULE A	
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Department of the Treasury

Internal Revenue Service

(Form 990)

# 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
	2022
	Open to Public
	Inspection
Employ	er identification number

1

#### Name of the organization

				· ·					dentification number
Do		VOLU December Dublic (	INTEER FOR	DENTAL		*****		8	3-1299804
L	art I	Reason for Public (					ee instruction	IS.	
The	organi	ization is not a private found							
1		A church, convention of ch	urches, or association	on of churches described	in sectio	on 170(b)(1	1)(A)(i).		
2		A school described in sect	tion 170(b)(1)(A)(ii).	(Attach Schedule E (Forr	n 990).)				
3		A hospital or a cooperative	hospital service org	anization described in <b>s</b>	ection 170	)(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	d or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C				, ,			
6		A federal, state, or local gov	vernment or govern	mental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma						ne general i	public described in
		section 170(b)(1)(A)(vi). (C		inter part of the support i	ion a gove	Strinoritar		ie general	Subile described in
8		A community trust describe		(1)(A)(vi) (Complete Par	+ 11 )				
9		An agricultural research org				ad in coniu	unction with a	land grant	collogo
Ŭ	L	or university or a non-land-c							
		university:	grant conege of agric	suiture (see matructions).	Line ne	name, city	, and state of	the conege	O
10	[]		ally received (1) more	then 00 1/00/ of its and					1
10	L	An organization that norma							
		activities related to its exem							
		income and unrelated busin		(less section 511 tax) fro	om busines	sses acqui	red by the org	janization a	after June 30, 1975.
4.4		See section 509(a)(2). (Con							
11		An organization organized a							
12	L	An organization organized a							
		more publicly supported or							Check the box on
	[	lines 12a through 12d that							
a		<b>Type I.</b> A supporting orga							
		the supported organization			i majority c	of the direc	ctors or truster	es of the su	apporting
	r	organization. You must c							
b		<b>Type II.</b> A supporting org							
		control or management o			ame perso	ns that co	ntrol or mana	ge the supp	ported
	·	organization(s). You mus	st complete Part IV,	Sections A and C.					
С	L	Type III functionally inte	egrated. A supportir	ng organization operated	in connect	tion with, a	and functional	ly integrate	ed with,
	,	its supported organization	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	y integrated. A sup	porting organization oper	ated in co	nnection w	vith its suppor	ted organi:	zation(s)
		that is not functionally int	tegrated. The organi	zation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	/eness
		requirement (see instructi	tions). You must co	mplete Part IV, Sections	A and D,	and Part	v.		
e		Check this box if the orga						II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.			
f		er the number of supported o							
g		vide the following information							
	(i	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed	(v) Amount of	,	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
								7	
								D:	
			· · · ·						
			<b>N</b>						
Tota	al								

Schedule A (Form 990) 2022

#### Schedule A (Form 990) 2022

#### VOLUNTEER FOR DENTAL

83-1299804 Page 2

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.)

Sec	ction A. Public Support				***************************************				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	119,932.	105,828.	75,853.	97,153.	88,020.	486,786.		
2	Tax revenues levied for the organ-		***************************************	i					
	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.	75,853.	97,153.	88,020.	486,786.		
5	The portion of total contributions				511130.	00,020.	400,100.		
Ť	by each person (other than a								
	governmental unit or publicly		Starting Starting			空行,計算法 新生			
	supported organization) included								
	on line 1 that exceeds 2% of the				Service and the				
	amount shown on line 11,								
	column (f)						45,097.		
6	Public support. Subtract line 5 from line 4.				A CHARLES CONTRACTOR	No. of the local sector	441,689.		
	ction B. Total Support						441,009.		
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(a) 2022	(f) Total		
	Amounts from line 4	119,932.	105,828.	75,853.	97,153.	(e) 2022 88,020.	486,786.		
8	Gross income from interest,		100,0101		57,135.	00,020:	±00,700.		
Ŭ	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources					-			
9	Net income from unrelated business								
9									
	activities, whether or not the								
10	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)						406 706		
11						The second second	486,786.		
12					l	12			
13	First 5 years. If the Form 990 is for th		st, second, third, f	ourth, or fifth tax ye	ear as a section 50	01(c)(3)	·1		
Sec	organization, check this box and stor ction C. Computation of Publi	c Support Per	contago						
	Public support percentage for 2022 (I					14	90.74 %		
	Public support percentage from 2021					14	00 00		
	33 1/3% support test - 2022. If the c			line 19 and line 1	10. HILLING DOOL 10. COMPANY LODGE ON PORTS ALSO ALSO A				
104	stop here. The organization qualifies						37		
h									
D.	<b>33 1/3% support test - 2021.</b> If the c and <b>stop here.</b> The organization qual						L		
179			-						
170	10% -facts-and-circumstances test								
	and if the organization meets the fact						[]		
h	meets the facts-and-circumstances te	-		2 11 1		7a and line 15 is t			
0	10% -facts-and-circumstances test						10% or		
	more, and if the organization meets the						[]		
10	organization meets the facts-and-circu								
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								

Schedule A (Form 990) 2022

232022 12-09-22

# Schedule A (Form 990) 2022 VOLUNTEER FOR DENTAL 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.)

Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Tota
<b>1</b> Gifts, grants, contributions, and						
membership fees received. (Do no	it i					
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	Э					
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	8					
5 The value of services or facilities						
furnished by a governmental unit t	.0					
the organization without charge						<
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, ar						
3 received from disgualified person						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Tota
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from business	es					
acquired after June 20, 1075						
c Add lines 10a and 10b						
<ul> <li>11 Net income from unrelated busine: activities not included on line 10b, whether or not the business is</li> </ul>	SS		~			
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital	8					
assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12						
14 First 5 years. If the Form 990 is fo	· ·	ret second third	fourth or fifth tour			
						tion,
check this box and stop here Section C. Computation of Pu	blic Support Per	centage				
15 Public support percentage for 202			a aluman (fi)			
<ul><li>16 Public support percentage from 202</li></ul>					15	
Section D. Computation of Inv	estment Income	Dercentage		<u></u>	16	
	***************************************					
<ul><li>17 Investment income percentage for</li><li>18 Investment income percentage from</li></ul>	2022 (line 10c, colu	nn (t), divided by l	ne 13, column (f))	••••••••	17	
18 Investment income percentage fro	m 2021 Schedule A,	Part III, line 17			18	
19a 33 1/3% support tests - 2022. If						17 is not
more than 33 1/3%, check this bo						
	the organization did r	not check a box or	line 14 or line 19a			
b 33 1/3% support tests - 2021. If						
b 33 1/3% support tests - 2021. If line 18 is not more than 33 1/3%, o	check this box and st	op here. The orga	nization qualifies a	s a publicly supp	orted organizatior	۰
b 33 1/3% support tests - 2021. If	check this box and st	op here. The orga	nization qualifies a	s a publicly supp is box and see in	orted organizatior structions	1

1

2

Yes

No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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Schedule A	Form 990	) 2022
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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		N. C.	
а	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	-pos-polaries	1992
b	A family member of a person described on line 11a above?	11b		
С	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	ALCO REPORTS	Mechanistis NA
Sec	tion B. Type I Supporting Organizations	<u>``````</u>	.L	L
			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? <i>If "No," describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. <i>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</i>			
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1	0.000	908955P
-	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	ana para	AGAMAN A
Sec	tion C. Type II Supporting Organizations		I	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			and the second
	or management of the supporting organization was vested in the same persons that controlled or managed			and the second s
	the supported organization(s).	1	CONTRACTOR DE LA	12/16-010875
Sec	tion D. All Type III Supporting Organizations		J	
			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	the second		and an and
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 -
	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			and the second sec
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			

#### supported organizations played in this regard.

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

1	Check the box next to the method that	the organization used to satis	fy the Integral Part Test during the year	(see instructions).
---	---------------------------------------	--------------------------------	-------------------------------------------	---------------------

- a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.
- b \_\_\_\_\_ The organization is the parent of each of its supported organizations. *Complete* line 3 *below.*

С	L The organization	supported a governmental entity.	Describe in Part VI how	you supported a governmental entity (see instructions).
---	--------------------	----------------------------------	-------------------------	---------------------------------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 

232025 12-09-22

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17 2022.05030 VOLUNTEER FOR DENTAL

Schedule A (Form 990) 2022

3

2a

2b

3a

3b

Yes

No

	edule A (Form 990) 2022 VOLUNTEER FOR DENTAL			83-1299804 Page
га 1	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin Check here if the organization satisfied the Integral Part Test as a qualifyir			
	All other Type III non-functionally integrated supporting organizations mus			Part VI). See instructions
	The other type in non-renotionally integrated supporting organizations integ		bections A through L.	(B) Current Year
Sect	ion A - Adjusted Net Income		(A) Prior 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		
	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):	- 1956 L.		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	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	State da	Sandrad and an and a strength	
	(explain in detail in Part VI):	Wards L.		A Constant Constant
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		
		- 0		
Sect	ion 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	Concern Parking Million	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	at one to a standard the stan	223		

emergency temporary reduction (see instructions).

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) 2022

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	1		
2	Amounts paid to perform activity that directly furthers exemption			
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		
4	Amounts paid to acquire exempt-use assets	of or supported organization	4	
5	Qualified set-aside amounts (prior IRS approval required - pr	rovide details in Part VI)	5	
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.	6		
7	Total annual distributions. Add lines 1 through 6.	7		
8	Distributions to attentive supported organizations to which t			
	(provide details in Part VI). See instructions.	ing organization is roop choire	8	
9	Distributable amount for 2022 from Section C, line 6	9		
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		建长的 医中心 医小学的	
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022		Salar and Call in the start	
a	From 2017	Contraction and the second		
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,		and the second second second	
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount		han a second a second and	
C	Remainder. Subtract lines 4a and 4b from line 4.			Contraction and the second
5	Remaining underdistributions for years prior to 2022, if	CAR BUT DATE OF		
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h		Law tang an an an an an an	
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.	and the second second second		
7	Excess distributions carryover to 2023. Add lines 3j		A Martin - Store Martin	
	and 4c.			Company and the
8	Breakdown of line 7:			a state of the second second second
а	Excess from 2018			
b	Excess from 2019			
c	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

232027 12-09-22

Part VI	(Form 990) 2022	Information	TEER FOR	C DEWIAL	I Dest Dest Dest Dest Dest Dest	10.0-12.5	83-1299804	P
, are m	Part IV. Section A.	lines 1, 2, 3b, 3c, 4	founde the exp	lanations requi	red by Part II, line	e 10; Part II, line 17a	or 17b; Part III, line 12; a 1 and 2; Part IV, Sectio t V, Section B, line 1e; P	nC
	line 1; Part IV, Sect	ion D, lines 2 and	3; Part IV, Sect	ion E, lines 1c,	2a, 2b, 3a, and 3	b; Part V, line 1; Par	t V, Section B, line 1e; P	art \
	Section D, intes 5,	6, and 8; and Part	V, Section E, lir	nes 2, 5, and 6	. Also complete tl	his part for any addit	ional information.	
	(See instructions.)							
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32028 12-09-2	2						Schedule A (Form	990)
232028 12-09-2 20115 5	2 766503 VFOF	77		20 2022 - 0	)5030 VOL	INTEER FOR		

## Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

#### 2022

# \*\* Do Not File \*\* \*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
IOWMET	54,833.	45,097
		******
·		(
		*****
· .		
17		
otal Excess Contributions to Schedule A, Part II, Line 5		45,097

223171 04-01-22

### Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

# **Schedule of Contributors**

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

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

Organization type (check one):

VOLUNTEER	FOR	DENTAL	
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83	-1	29	98	04	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

#### **General Rule**

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

#### **Special Rules**

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

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

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

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

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

Name of organization

Employer identification number

83-1299804

#### VOLUNTEER FOR DENTAL

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contrib
1	MUSKEGON COUNTY SENIOR MILLAGE 560 SEMINOLE ROAD NORTON SHORES, MI 49444	\$41,945.	Person X Payroll Noncash (Complete Part II fo noncash contributi
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
2	UNITED WAY OF THE LAKESHORE 31 EAST CLAY AVE MUSKEGON, MI 49442	\$12,501.	Person X Payroll Noncash (Complete Part II fo noncash contributi
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contrib
3	MUSKEGON DISTRICT DENTAL SOCIETY 755 SEMINOLE RD, SUITE 101 MUSKEGON, MI 49441	\$10,000.	Person X Payroll Noncash (Complete Part II fo noncash contributi
(a)	(b)	(c)	(d)
No <i>.</i>	Name, address, and ZIP + 4	Total contributions	Type of contribu
4	MERCY COMMUNITY HEALTH PROJECT 565 W WESTERN AVE MUSKEGON, MI 49440	\$14,910.	Person X Payroll Noncash (Complete Part II fo noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contrib
		\$	Person Payroll Noncash (Complete Part II fo
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Person Payroll Noncash (Complete Part II fo

VFORD 1 Name of organization

Employer identification number

83-1299804

#### VOLUNTEER FOR DENTAL

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

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

#### 17120115 766503 VFORD

2022.05030 VOLUNTEER FOR DENTAL

Name of or	rganization			Employer identification number
VOLUN	TEER FOR DENTAL			83-1299804
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) t completing Part III, enter the total of exclusively religious, ch Use duplicate copies of Part III if additional sp	hrough (e) and the following line entr aritable, etc., contributions of \$1,000 or I	rv. For organizations	nat total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-		(e) Transfer of gif	t	
-	Transferee's name, address, an	d ZIP + 4	Relationship of tra	Insferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
Part I				
-		(e) Transfer of gif	t	
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gif	 t	
	Transferee's name, address, an	d ZIP + 4	Relationship of tra	Insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
	(e) Transfer of giftTransferee's name, address, and ZIP + 4Relationship			insferor to transferee
223454 11-15	5-22	25		Schedule B (Form 990) (2022

2022.05030 VOLUNTEER FOR DENTAL

SCHEDULE O (Form 990) 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.

Department of the Treasury Internal Revenue Service

Name of the organization

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

PROGRAM ASSISTANT:

PROGRAM SERVICE EXPENSES11,465.MANAGEMENT AND GENERAL EXPENSES0.FUNDRAISING EXPENSES0.TOTAL EXPENSES11,465.TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A18,784.

2.6

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022

OMB No. 1545-0047

**Open to Public** 

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Inspection

Employer identification number

83-1299804

17120115 766503 VFORD

2022.05030 VOLUNTEER FOR DENTAL.

# Signature Form

**Final Audit Report** 

January 16, 2024

Created:	January 16, 2024
By:	Novotny CPA Group, PLC(jamie@novotnycpagroup.com)
Status:	ESigned
Transaction ID:	6QMFLQG8ZHNM7FWMVRPZLUEQY8
Documents:	2022US XVFORD CInt V1.pdf
	VFD From 990 SERVICE AGREEMENT.pdf

# "Signature Form" History

- Document emailed to (stanis@volunteerdental.org) for signature 1/16/2024 10:16:59 AM Eastern Standard Time
- Document viewed by (stanis@volunteerdental.org)
   1/16/2024 10:26:20 AM Eastern Standard Time IP address: 64.85.164.132
- Document e-signed by (stanis@volunteerdental.org) Signature Date: 1/16/2024 10:33:19 AM Eastern Standard Time - IP address: 64.85.164.132
- Document Signed 1/16/2024 10:33:19 AM Eastern Standard Time