Form **990** 

Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax** 

Income Tax 202

OMB No. 1545-0047

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.

Open to Public Inspection

, 2021, and ending For the 2021 calendar year, or tax year beginning , **20** 2022 Check if applicable: D Employer identification number Address change DIENTES COMMUNITY DENTAL CARE 77-0311752 1830 COMMERCIAL WAY Telephone number Name change SANTA CRUZ, CA 95065 831-464-5420 Initial return Final return/terminated Amended return **G** Gross receipts \$ 14,712, F Name and address of principal officer: LAURA MARCUS H(a) Is this a group return for subordinates Application pending **H(b)** Are all subordinates included? If "No," attach a list. See instructions. SAME AS C ABOVE Yes No Tax-exempt status: X 501(c)(3) 4947(a)(1) or 527 501(c) ( (insert no.) Website: ► WWW.DIENTES.ORG **H(c)** Group exemption number ▶ X Corporation Form of organization: Association Other > L Year of formation: 1992 M State of legal domicile: CA Part I Summarv Briefly describe the organization's mission or most significant activities: TO CREATE LASTING ORAL HEALTH FOR THE UNDERSERVED CHILDREN AND ADULTS OF SANTA CRUZ COUNTY AND NEIGHBORING COMMUNITIES Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) ...... 3 Number of independent voting members of the governing body (Part VI, line 1b)..... 13 5 136 Total number of volunteers (estimate if necessary)..... 6 7a Total unrelated business revenue from Part VIII, column (C), line 12..... **b** Net unrelated business taxable income from Form 990-T, Part I, line 11..... 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)..... 3,044,168 6,095,821. Program service revenue (Part VIII, line 2g)..... 7,943,291 8,598,436. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 74,606 15,481. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 2,800. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 11,062,065 12 712,538 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . 7,119,751 8,047,942 **16a** Professional fundraising fees (Part IX, column (A), line 11e)..... **b** Total fundraising expenses (Part IX, column (D), line 25) ► Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 2,264,021 2,585,718. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).... 9,383,772 10,633,660. Revenue less expenses. Subtract line 18 from line 12..... 1,678,293. 4,078,878. **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16)..... 18,404,361 16,352,135. 21 Total liabilities (Part X, line 26)..... 5,136,821. 3,216,213. 22 Net assets or fund balances. Subtract line 21 from line 20..... 11,215,314. 15,188,148. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Here GARY BENCOMO PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature AUTUMN ROSSI, CPA AUTUMN ROSSI, self-employed P01404602 **Paid** Preparer ► CLIFTONLARSONALLEN LLP Use Only Firm's address 1188 PADRE DR, STE 101 Firm's EIN ► 41-0746749 Phone no. 831-759-6300SALINAS, CA 93901

Nο

X Yes

| Par | : III <u> </u>    | Statement of Program Service Accomplishments   |               |              |
|-----|-------------------|--|---------------|--------------|
|     | 5                 | Check if Schedule O contains a response or note to any line in this Part III   |               |              |
| 1   | _                 | fly describe the organization's mission:   |               | _            |
|     | <u>TO</u> <u></u> | CREATE LASTING ORAL HEALTH FOR THE UNDERSERVED CHILDREN AND ADULTS OF SAN  | <u>TA CRU</u> | <u> </u>     |
|     | COU               | UNTY AND NEIGHBORING COMMUNITIES.  |               |              |
|     |                   |  |               |              |
|     |                   |  |               |              |
| 2   | Did th            | he organization undertake any significant program services during the year which were not listed on the prior  | _             |              |
|     |                   |  | 'es X         | No           |
|     | If "Yes           | es," describe these new services on Schedule O.  |               |              |
| 3   | Did th            | the organization cease conducting, or make significant changes in how it conducts, any program services?   | res X         | No           |
|     | If "Yes           | es," describe these changes on Schedule O.   |               |              |
| 4   | Descr             | cribe the organization's program service accomplishments for each of its three largest program services, as measured   | by exper      | ises.        |
|     | Section           | tion 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tot<br>revenue, if any, for each program service reported. | tal expens    | ses,         |
|     | anu n             | revenue, il any, for each program service reporteu.  |               |              |
|     | <i>(</i> 0        | , , , , , , , , , , , , , , , , , , ,  |               |              |
| 4 a | (Code             |  | ,431,3        | <u>89.</u> ) |
|     |                   | ENTES PROVIDES COMPREHENSIVE DENTAL CARE FOR 40,599 VISITS TO 11,242 PATIE   |               |              |
|     | - $ -$            | <u>CLUDING CHILDREN, ADULTS AND SENIORS. THEY SERVE MEDI-CAL RECIPIENTS AND O</u>  |               |              |
|     | SLI               | <u>IDING SCALE FEES FOR THOSE WITHOUT INSURANCE. 97% OF THEIR PATIENTS ARE AT</u>  | OR BE         | LOW          |
|     | THE               | E FEDERAL POVERTY LEVEL. THEY PROVIDE ACCESS TO DENTAL EDUCATION AND AFFOR   | DABLE         |              |
|     | TRE               | EATMENT IN ORDER TO IMPROVE THE ORAL HEALTH OF THE COMMUNITY.  |               |              |
|     |                   |  |               |              |
|     |                   |  |               |              |
|     |                   |  |               |              |
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|     |                   |  |               |              |
|     |                   |  |               |              |
|     |                   |  |               |              |
|     |                   |  |               |              |
| 4 b | (Code             |  | 167,0         |              |
|     |                   | R OUTREACH PROGRAM ELIMINATES TRANSPORTATION AS A BARRIER TO CARE FOR UNDE   |               | <u>:D</u>    |
|     | SAN'              | NTA CRUZ COUNTY RESIDENTS AT MANY VENUES, INCLUDING SCHOOLS, SKILLED NURSI   | <u>NG</u>     |              |
|     | FAC               | CILITIES (SNFS), HEAD START, AND AT OUR 1-CHAIR OUTREACH CLINIC AT THE HOM   | ELESS         |              |
|     | SER               | RVICES CENTER IN SANTA CRUZ.OUR PARTNERSHIPS ALLOW PATIENTS WHO MIGHT NOT  | OTHERW        | ISE          |
|     | GET               | I ACCESS TO THE TREATMENT THEY NEED. IN ADDITION, THE COLLABORATION ENSURE   | THAT          |              |
|     |                   | AL HEALTH IS A TOPIC IN CLASSROOMS, IN PARENT EDUCATION WORKSHOPS LIKE WIC   |               | :N.          |
|     |                   | FANTS, AND CHILDREN) CENTERS AND IN THE OUTREACH MATERIALS WE PROVIDE.   |               |              |
|     |                   | OUR OUTREACH SITES, OUR STAFF DELIVERS ORAL HEALTH EVALUATIONS INCLUDING   | Y-RAY9        |              |
|     |                   | PROCEDURES SUCH AS CLEANINGS AND FLUORIDE VARNISH. THOSE PATIENTS WHO RE   |               | _'           |
|     |                   | RE COMPLEX CARE ARE REFERRED BACK TO OUR CLINIC.   | <u> </u>      |              |
|     | MOK               | ME COMPLEX CARE ARE REPERRED DACK TO OUR CLINIC.   |               |              |
|     |                   |  |               |              |
|     | <i>(</i> 0        |  |               |              |
| 4 c | (Code             | de:) (Expenses \$ including grants of \$) (Revenue \$  |               | )            |
|     |                   |  |               |              |
|     |                   |  |               |              |
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|     |                   |  |               |              |
|     |                   |  |               |              |
|     | 0//               | Openitor (Describe or Optional C)  |               |              |
| 4 d |                   | er program services (Describe on Schedule O.)  |               |              |
|     |                   | penses \$ including grants of \$ ) (Revenue \$   | )             |              |
| 4 e | Total             | I program service expenses ► 8,536,431.  |               |              |

# 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    | Χ   |    |
| 3    | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part l</i>  | 3    |     | Х  |
| 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 Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III  | 5    |     | Х  |
| 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? <i>If 'Yes,' complete Schedule D, Part II</i>  | 7    |     | Х  |
| 8    | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.   | 8    |     | Х  |
| 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    |     | Х  |
| 10   | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V   | 10   |     | Х  |
| 11   | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.   |      |     |    |
| á    | a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>   | 11 a | Х   |    |
| ŀ    | Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.  | 11 b |     | Х  |
| (    | Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII   | 11 c |     | Х  |
| C    | I Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.   | 11 d | Х   |    |
| 6    | Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X  | 11 e | Х   |    |
| 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   | 11 f | Х   |    |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII   | 12a  | Х   |    |
| ŀ    | 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  |     | Х  |
| 13   | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E  | 13   |     | X  |
| 14 a | a Did the organization maintain an office, employees, or agents outside of the United States?  | 14a  |     | Х  |
| k    | 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  |     | Х  |
| 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  |
|      | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>  | 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   |     | X  |
| 20a  | Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H  | 20a  |     | X  |
|      | olf '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  |
|      | ·  |      |     |    |

# Form 990 (2021) DIENTES COMMUNITY DENTAL CARE 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    |     | Х      |
| 23   | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>   | 23    | X   |        |
| 24 8 | a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a  | 24a   |     | Х      |
| ı    | b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b   |     |        |
| (    | c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24c   |     |        |
|      | d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?   | 24d   |     |        |
| 25 a | a 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   |     | Х      |
| I    | 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 Schedule L, Part I.  | 25b   |     | Х      |
| 26   | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>   | 26    |     | Х      |
| 27   | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III. | 27    |     | Х      |
| 28   | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  |       |     |        |
| i    | <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV  | 28a   |     | Х      |
| ı    | <b>b</b> A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV  | 28b   |     | Х      |
| •    | c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV.  | 28c   |     | Х      |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>   | 29    | Χ   |        |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>   | 30    |     | Х      |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I  | 31    |     | Х      |
| 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    | Х   |        |
| 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    |     | Х      |
| 35   | a Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a   |     | X      |
| ı    | 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    |     | Х      |
| 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    |     | Х      |
| 38   | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O   | 38    | X   |        |
| Pa   | rt V Statements Regarding Other IRS Filings and Tax Compliance  |       |     |        |
|      | Check if Schedule O contains a response or note to any line in this Part V  |       |     | . [ ]  |
| 1    | a Enter the number reported in hex 3 of Form 1006. Enter 0, if not applicable   |       | Yes | No     |
| ı    | a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  | -     |     |        |
| •    | c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  | 1 c   | X   |        |
|      | (gambing) withings to prize withers:  | _ ' ' | 77  | (0001) |

# Form 990 (2021) DIENTES COMMUNITY DENTAL CARE Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

|  |  |     | Yes | No |  |
|--|--|-----|-----|----|--|
| 2 a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-   |     |     |    |  |
|  | ments, filed for the calendar year ending with or within the year covered by this return 2a 136  |     |     |    |  |
| þ  | olf at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | 2b  | X   |    |  |
|  | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.  |     |     |    |  |
| 3 a  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3 a |     | Χ  |  |
| b  | olf 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>  | 3 b |     |    |  |
| 4 a  | a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4 a |     | Х  |  |
| b  | olf 'Yes,' enter the name of the foreign country►  |     |     |    |  |
| _  | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  | _   |     | 37 |  |
|  | a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5 a |     | X  |  |
|  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5 b |     | Λ  |  |
|  | : If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?   | 5 c |     |    |  |
| 6 a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                      | 6 a |     | Х  |  |
| b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c). |  |     |     |    |  |
|  | •  |     |     |    |  |
|  | 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?  | 7 a |     | X  |  |
| b  | If 'Yes,' did the organization notify the donor of the value of the goods or services provided?  | 7 b |     |    |  |
| c  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | 7 c |     | Х  |  |
| ď  | If 'Yes,' indicate the number of Forms 8282 filed during the year  |     |     |    |  |
| е  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7 e |     | Χ  |  |
| f  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7 f |     | X  |  |
| g  | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7 g |     |    |  |
| h  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a  | 7 h |     |    |  |
| 8  | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring  | 7   |     |    |  |
|  | organization have excess business holdings at any time during the year?  | 8   |     |    |  |
| 9  | Sponsoring organizations maintaining donor advised funds.  |     |     |    |  |
|  | Did the sponsoring organization make any taxable distributions under section 4966?   | 9 a |     |    |  |
| b  | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9 b |     |    |  |
| 10   | Section 501(c)(7) organizations. Enter:  |     |     |    |  |
|  | Initiation fees and capital contributions included on Part VIII, line 12   |     |     |    |  |
| 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  | a Gross income from members or shareholders  |     |     |    |  |
| b  | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  |     |     |    |  |
|  | a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a |     |    |  |
|  | of 'Yes,' enter the amount of tax-exempt interest received or accrued during the year  |     |     |    |  |
|  | Section 501(c)(29) qualified nonprofit health insurance issuers.   |     |     |    |  |
|  | 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.  |     |     |    |  |
| 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  |     |     |    |  |
|  | Enter the amount of reserves on hand   |     |     |    |  |
| 14 a   | a Did the organization receive any payments for indoor tanning services during the tax year?   | 14a |     | Х  |  |
| b  | If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O  | 14b |     |    |  |
|  | 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  |  |
| 16   | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If 'Yes,' complete Form 4720, Schedule O.   | 16  |     | X  |  |
| 17   | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any   |     |     |    |  |
| .,   | activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?   | 17  |     |    |  |

Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. . . . . 13 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..... 13 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ...... Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official.. SEE. SCHEDULE..Q....... 15 a **b** Other officers or key employees of the organization...SEE .SCHEDULE..Q..... 15 b X If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.... 16 a X **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records JESSE NAVARRO 1830 COMMERCIAL WAY SANTA CRUZ CA 95065 831-464-5413

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

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

| Check this box if neither the organization nor any relate | ed organiza | ation compensated any cu    | rrent officer, direct | or, or trustee. |     |
|---|-------------|-----------------------------|-----------------------|-----------------|-----|
|   |             | (C)                         |                       |                 |     |
| 483   |             | Position (do not check more | <b>(5)</b>            |                 | l — |

|                        |   |                                   |                       | (C)          | ,                          |                                 |        |  |  |   |
|------------------------|---|-----------------------------------|-----------------------|--------------|----------------------------|---------------------------------|--------|--|--|---|
| (A)<br>Name and title  | (B)<br>Average<br>hours<br>per  | thar                              | n one<br>s both       | box,<br>an c | unles<br>officer<br>truste | •                               | on     | (D)  Reportable compensation from the organization | (E) Reportable compensation from related organizations | <b>(F)</b> Estimated amount of other                                  |
|                        | week<br>(list any<br>hours for<br>related<br>organiza-<br>tions<br>below<br>dotted<br>line) | Individual trustee<br>or director | Institutional trustee | Officer      | Key employee               | Highest compensated<br>employee | Former | (W-2/1099-<br>MISC/1099-NEC)                       | related organizations<br>(W-2/1099-<br>MISC/1099-NEC)  | compensation from<br>the organization<br>and related<br>organizations |
| (1) SEPIDEH TAGHVAEI   | 40  |                                   |                       |              |                            |                                 |        |  |  | _   |
| CHIEF DENTAL OFCR      | 0   |                                   |                       |              |                            | Χ                               |        | 259,131.   | 0.   | 8,037.  |
| (2) LAURA MARCUS       | 40  |                                   |                       |              |                            |                                 |        |  |  |   |
| CEO                    | 0   |                                   |                       | Χ            |                            |                                 |        | 231,851.   | 0.   | 8,211.  |
| (3) DAVID WISTROM      | 40  |                                   |                       |              |                            |                                 |        |  |  |   |
| DENTIST                | 0   |                                   |                       |              |                            | Χ                               |        | 171,091.   | 0.   | 30,272.   |
| (4) CATHERINE MODJESKI | 40  |                                   |                       |              |                            |                                 |        |  |  |   |
| DENTIST                | 0   |                                   |                       |              |                            | Χ                               |        | 168,243.   | 0.   | 17,495.   |
| (5) SEAN SILVERIO      | 40  |                                   |                       |              |                            |                                 |        |  |  |   |
| DENTIST                | 0   |                                   |                       |              |                            | Χ                               |        | 175,829.   | 0.   | 5,331.  |
| (6) ILANA VAYNSHTEYN   | 32_   |                                   |                       |              |                            |                                 |        |  |  |   |
| DENTIST                | 0   |                                   |                       |              |                            | Х                               |        | 166,850.   | 0.   | 5,018.  |
| (7) TIFFANY TURNER     | 40  |                                   |                       |              |                            |                                 |        |  |  |   |
| C00                    | 0   |                                   |                       | X            |                            |                                 |        | 141,973.   | 0.   | 7,562.  |
| (8) JESSE NAVARRO      | 40_   |                                   |                       |              |                            |                                 |        |  |  |   |
| CFO                    | 0   |                                   |                       | Χ            |                            |                                 |        | 69,566.  | 0.   | 7,063.  |
| (9) RONALD JAPINGA     | 2   |                                   |                       |              |                            |                                 |        |  |  |   |
| PRESIDENT              | 0   | Х                                 |                       | Χ            |                            |                                 |        | 0.   | 0.   | 0.  |
| (10) GARY BENCOMO      | 2   |                                   |                       |              |                            |                                 |        |  |  |   |
| SECRETARY              | 0   | Х                                 |                       | Χ            |                            |                                 |        | 0.   | 0.   | 0.  |
| (11) BRIANA COSTA      | 2   |                                   |                       |              |                            |                                 |        |  |  |   |
| DIRECTOR               | 0   | Х                                 |                       |              |                            |                                 |        | 0.   | 0.   | 0.  |
| (12) MICHAEL MOORE     | 2   |                                   |                       |              |                            |                                 |        |  |  |   |
| PRESIDENT              | 0   | Х                                 |                       | X            |                            |                                 |        | 0.   | 0.   | 0.  |
| (13) ALICIA MOODY      | 2   |                                   |                       |              |                            |                                 |        |  |  |   |
| DIRECTOR               | 0   | X                                 |                       |              |                            |                                 |        | 0.   | 0.   | 0.  |
| (14) JAVIER CARRILLO   | 2   |                                   |                       |              |                            |                                 |        |  |  |   |
| DIRECTOR               | 0   | Χ                                 |                       |              |                            |                                 |        | 0.   | 0.   | 0.  |

| Form 990 (2021) DIENTES COMMUNITY DENTA  Part VII   Section A. Officers, Directors, True                                       |   |                                | Em                    | nle                  | 21/0                               | 001                             | <u> </u>          | d Highast Can                                      | 77-031175   |   |
|--|---|--------------------------------|-----------------------|----------------------|------------------------------------|---------------------------------|-------------------|--|---|---|
| Tart VII Section A. Officers, Directors, 110   | (B)   | Ney                            |                       | ipic                 | _                                  | C3, (                           | and               | i riigilest con                                    | ipensateu Emp   | toyees (continueu)  |
| (A)<br>Name and title  | Average<br>hours<br>per   | box<br>offi                    | , unle<br>cer an      | Pos<br>heck<br>ss pe | sition<br>more<br>erson<br>directe | than<br>is both<br>or/trus      | h an<br>tee)      | (D)  Reportable compensation from the organization | (E)  Reportable compensation from                     | <b>(F)</b> Estimated amount of other                                  |
|  | (list any<br>hours<br>for<br>related<br>organiza<br>- tions<br>below<br>dotted<br>line) | Individual trustee or director | Institutional trustee | Officer              | Key employee                       | Highest compensated<br>employee | Former            | (W-2/1099-<br>MISC/1099-NEC)                       | related organizations<br>(W-2/1099-<br>MISC/1099-NEC) | compensation from<br>the organization<br>and related<br>organizations |
| (15) CAMILLE SMITH-BALLON VICE PRESIDENT   | 20  | Х                              |                       | Х                    |                                    |                                 |                   | 0.   | 0.  | 0.  |
| (16) BEN_KROMNICK TREASURER  | 2   | Х                              |                       | Х                    |                                    |                                 |                   | 0.   | 0.  | 0.  |
| (17) MASINA HUNNICUTT DIRECTOR   | 2<br>0  | Х                              |                       |                      |                                    |                                 |                   | 0.   | 0.  | 0.  |
| (18) BRIAN DEL CORE DIRECTOR   | 2   | Х                              |                       |                      |                                    |                                 |                   | 0.   | 0.  | 0.  |
| (19) JANIS BOLT DIRECTOR   | 2   | Х                              |                       |                      |                                    |                                 |                   | 0.   | 0.  | 0.  |
| (20) LEEANN LUNA DIRECTOR  | 2   | Х                              |                       |                      |                                    |                                 |                   | 0.   | 0.  | 0.  |
| DIRECTOR   | 2   | Х                              |                       |                      |                                    |                                 |                   | 0.   | 0.  | 0.  |
| C22) ROBERT DAVIDSON DIRECTOR (23)   | 2   | Х                              |                       |                      |                                    |                                 |                   | 0.   | 0.  | 0.  |
| (24)   |   | -                              |                       |                      |                                    |                                 |                   |  |   |   |
| <u></u>  |   | -                              |                       |                      |                                    |                                 |                   |  |   |   |
| (25)   |   | -                              |                       |                      |                                    |                                 |                   |  |   |   |
| 1 b Subtotal   |   |                                |                       |                      |                                    |                                 | <b>&gt;</b>       | 1,384,534.   | 0.  | 88,989.<br>0.   |
| d Total (add lines 1b and 1c).   |   |                                |                       |                      |                                    |                                 |                   |  | 0.  | 88,989.   |
| 2 Total number of individuals (including but not limited from the organization ► 7   | to those I  | istea                          | abov                  | /e) v                | vno                                | recei                           | vea               | more than \$100,00                                 | of reportable comp                                    | ensation  |
| 3 Did the organization list any <b>former</b> officer, direction line 1a? If 'Yes,' complete Schedule J for suc                | tor, truste<br>h individu   | e, ke                          | ey er                 | nplo                 | уес                                | e, or                           | high              | nest compensated                                   | employee  | Yes No  |
| <b>4</b> For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual | reportab<br>er than \$1   | le co<br>50,0                  | mpe<br>00?            | nsa<br>If 'Y         | tion<br>′es,ˈ                      | and<br>com                      | oth<br><i>ple</i> | er compensation te Schedule J for                  | from  |   |
| 5 Did any person listed on line 1a receive or accrument for services rendered to the organization? If 'Yes                     | e compen  | satio                          | n fro                 | om a                 | anv                                | unre                            | late              | ed organization or                                 | individual  |   |
| Section B. Independent Contractors  1 Complete this table for your five highest compen   | sated inde  | epen                           | dent                  | cor                  | ntrad                              | ctors                           | tha               | at received more t                                 | han \$100,000 of                                      |   |
| compensation from the organization. Report compensation (A)  Name and business additional compensation (A)                     |   | the c                          | aleni                 | uar <u>y</u>         | year                               | enan                            | ng v              | Description  | ĺ   | (C) Compensation  |
| MOUNTAIN DENTAL LAB INC. 1074 PARK VIEW DR   | IVE #203  | 3 CO                           | VIN                   | Α,                   | CA                                 | 9172                            | 24                | DENTAL SERVIC                                      |   | 135,289.  |
|  |   |                                |                       |                      |                                    |                                 |                   |  |   |   |
|  |   |                                |                       |                      |                                    |                                 |                   |  |   |   |
| 2 Total number of independent contractors (including be \$100,000 of compensation from the organization                        | <b>▶</b> 1  | ted to                         |                       |                      |                                    | abo                             | ve)               | wno received more                                  | tnan  | Form <b>990</b> (2021   |

77-0311752

Form 990 (2021) DIENTES COMMUNITY DENTAL CARE

#### Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII.... (B) Related or (A) Total revenue (D) Unrelated Revenue exempt excluded from tax business under sections 512-514 function revenue revenue 1 a Federated campaigns . . . . . . . . 1 a Gifts, Grants, ilar Amounts **b** Membership dues..... 1 b c Fundraising events..... 1 c d Related organizations..... 1 d e Government grants (contributions) . . . . 2,505,990 Contributions, f All other contributions, gifts, grants, and similar amounts not included above . . . 1 f 3,589,831 q Noncash contributions included in lines 1a-1f. . . . . . . . . . 68,745 h Total. Add lines 1a-1f... • 6,095,821 **Business Code** Program Service Revenue 2a PATIENT FEES 624100 6,730,184 6,730,184 b CLINICAL FEES 624100 1,868,252 1,868,252 **f** All other program service revenue. . . g Total. Add lines 2a-2f ..... 8,598,436 Investment income (including dividends, interest, and other similar amounts) ..... 15,481 15,481 Income from investment of tax-exempt bond proceeds Royalties.... (i) Real (ii) Personal 6 a Gross rents . . . . . . . 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory **b** Less: cost or other basis 7a 7b and sales expenses c Gain or (loss). . . . . . . 7с **d** Net gain or (loss)..... 8 a Gross income from fundraising events Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . . . . . . . . . . . 8a 2,800 Other 8b **b** Less: direct expenses..... c Net income or (loss) from fundraising events . . . . . . . . 2,800 $\boldsymbol{9}\,\boldsymbol{a}\,$ Gross income from gaming activities. 9a **b** Less: direct expenses..... 9b c Net income or (loss) from gaming activities..... **10 a** Gross sales of inventory, less..... returns and allowances. . . . . . . . . . 0a 10b **b** Less: cost of goods sold.... **c** Net income or (loss) from sales of inventory..... **Business Code** Miscellaneous Revenue d All other revenue. e Total. Add lines 11a-11d Total revenue. See instructions..... 12 14,712 15,481 8,598,436 0 538

### Part IX Statement of Functional Expenses

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

|             | Check if Schedule O contains a re   | <u>'</u>              |                                     |                                     |                                       |
|-------------|---|-----------------------|-------------------------------------|-------------------------------------|---------------------------------------|
| Do i<br>6b, | not include amounts reported on lines<br>7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | <b>(B)</b> Program service expenses | (C) Management and general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1           | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  |                       | ·                                   |                                     |                                       |
| 2           | Grants and other assistance to domestic individuals. See Part IV, line 22   |                       |                                     |                                     |                                       |
| 3           | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  |                       |                                     |                                     |                                       |
| 4           | Benefits paid to or for members   |                       |                                     |                                     |                                       |
| 5           | Compensation of current officers, directors, trustees, and key employees  | 570,492.              | 195,100.                            | 349,791.                            | 25,601.                               |
| 6           | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  | 0.                    | 0.                                  | 0.                                  | 0.                                    |
| 7           | Other salaries and wages  | 6,180,352.            | 5,141,571.                          | 765,910.                            | 272,871.                              |
| 8           | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 0,100,332.            | 3/11/3/1.                           | 7037310.                            | 272,071.                              |
| 9           | Other employee benefits   | 797,430.              | 678,675.                            | 90,910.                             | 27,845.                               |
| 10          | Payroll taxes   | 499,668.              | 389,677.                            | 89,733.                             | 20,258.                               |
| 11          | Fees for services (nonemployees):   |                       |                                     |                                     |                                       |
| a           | Management  |                       |                                     |                                     |                                       |
| Ł           | <b>)</b> Legal  | 7,405.                | 3,210.                              | 4,029.                              | 166.                                  |
| C           | Accounting  | 49,092.               |                                     | 49,092.                             |                                       |
| C           | Lobbying  |                       |                                     |                                     |                                       |
| e           | Professional fundraising services. See Part IV, line 17   |                       |                                     |                                     |                                       |
|             | Investment management fees  |                       |                                     |                                     |                                       |
| _           | Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)   | 290,081.              | 165,904.                            | 75,662.                             | 48,515.                               |
| 13          | Office expenses   | 402,452.              | 338,037.                            | 49,190.                             | 15,225.                               |
| 14          | Information technology  | 102, 132.             | 330,037.                            | 13/130.                             | 10/220.                               |
| 15          | Royalties   |                       |                                     |                                     |                                       |
| 16          | Occupancy   | 188,023.              | 117,832.                            | 63,399.                             | 6,792.                                |
| 17          | Travel  | 83,034.               | 40,031.                             | 11,618.                             | 31,385.                               |
| 18          | Payments of travel or entertainment expenses for any federal, state, or local public officials  | 33,331                | 10,0011                             | 22,0201                             | 32,000                                |
| 19          | Conferences, conventions, and meetings  |                       |                                     |                                     |                                       |
| 20          | Interest  |                       |                                     |                                     |                                       |
| 21          | Payments to affiliates  |                       |                                     |                                     |                                       |
| 22          | Depreciation, depletion, and amortization   | 163,759.              | 161,072.                            | 2,561.                              | 126.                                  |
| 23          | Insurance   | 67,756.               | 53,666.                             | 12,494.                             | 1,596.                                |
| 24          | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)                 |                       |                                     |                                     |                                       |
| a           | DENTAL SUPPLIES & DIRECT COSTS  | 983,637.              | 983,637.                            |                                     |                                       |
|             | P EQUIPMENT REPAIR & MAINTENANCE  | 223,139.              | 222,375.                            | 764.                                |                                       |
| C           | CAPITAL CAMPAIGN  | 47,199.               |                                     | 40.                                 | 47,159.                               |
| C           |   | 31,232.               | 19,788.                             | 10,438.                             | 1,006.                                |
| e           | All other expenses  | 48,909.               | 25,856.                             | 5,307.                              | 17,746.                               |
| 25          | <b>Total functional expenses.</b> Add lines 1 through 24e   | 10,633,660.           | 8,536,431.                          | 1,580,938.                          | 516,291.                              |
| 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). |                       |                                     |                                     |                                       |

# Part X Balance Sheet

|                            |    | Check if Schedule O contains a response or note to   | any line                    | e in this Part X                          |                          |            |                    |
|----------------------------|----|--|-----------------------------|---|--------------------------|------------|--------------------|
|                            |    |  |                             |   | (A)<br>Beginning of year |            | (B)<br>End of year |
|                            | 1  | Cash – non-interest-bearing  |                             |   | 8,429,467.               | 1          | 6,277,489.         |
|                            | 2  | Savings and temporary cash investments   |                             |   |                          | 2          |                    |
|                            | 3  | Pledges and grants receivable, net   |                             |   | 401,023.                 | 3          | 218,469.           |
|                            | 4  | Accounts receivable, net   |                             |   | 1,097,949.               | 4          | 1,035,124.         |
|                            | 5  | Loans and other receivables from any current or form<br>trustee, key employee, creator or founder, substantial<br>controlled entity or family member of any of these per   | er officer<br>contribursons | tor, or 35%                               |                          | 5          |                    |
|                            | 6  | Loans and other receivables from other disqualified posection 4958(f)(1)), and persons described in section  |                             |   |                          | 6          |                    |
|                            | 7  | Notes and loans receivable, net  |                             |   |                          | 7          |                    |
| G                          | 7  | Inventories for sale or use  |                             | L   | 0.40, 0.01               |            | 177 061            |
| et                         | 8  |  |                             |   | 242,001.                 | 8          | 177,961.           |
| Assets                     | 9  | Prepaid expenses and deferred charges  |                             |   | 89,481.                  | 9          | 67,532.            |
|                            |    | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  | 10 a                        | 5,802,176.                                |                          |            |                    |
|                            | b  | Less: accumulated depreciation   |                             | 2,107,862.                                | 3,652,083.               | 10 c       | 3,694,314.         |
|                            | 11 | Investments — publicly traded securities   |                             | -   |                          | 11         |                    |
|                            | 12 | Investments — other securities. See Part IV, line 11   |                             | -   |                          | 12         |                    |
|                            | 13 | Investments – program-related. See Part IV, line 11.   |                             | -   |                          | 13         |                    |
|                            | 14 | Intangible assets  |                             | <b>-</b>                                  |                          | 14         |                    |
|                            | 15 | Other assets. See Part IV, line 11   |                             |   | 2,440,131.               | 15         | 6,933,472.         |
|                            | 16 | Total assets. Add lines 1 through 15 (must equal line  | 33)                         |   | 16,352,135.              | 16         | 18,404,361.        |
|                            | 17 | Accounts payable and accrued expenses  |                             |   | 1,248,710.               | 17         | 1,377,148.         |
|                            | 18 | Grants payable   |                             |   |                          | 18         |                    |
|                            | 19 | Deferred revenue   |                             | -   | 194,321.                 | 19         | 557,254.           |
|                            | 20 | Tax-exempt bond liabilities  |                             | _   |                          | 20         |                    |
| ë                          | 21 | Escrow or custodial account liability. Complete Part I   |                             | L   |                          | 21         |                    |
| Liabilities                | 22 | Loans and other payables to any current or former off<br>key employee, creator or founder, substantial contribu-<br>controlled entity or family member of any of these per | utor, or 3!                 | 5%  |                          | 22         |                    |
|                            | 23 | Secured mortgages and notes payable to unrelated th  |                             | <u> </u>                                  |                          | 23         |                    |
|                            | 24 | Unsecured notes and loans payable to unrelated third   | parties.                    |   | 1,459,143.               | 24         | 1,279,311.         |
|                            | 25 | Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com   | es to relat<br>plete Par    | ted third parties,<br>rt X of Schedule D. | 2,234,647.               | 25         | 2,500.             |
|                            | 26 | Total liabilities. Add lines 17 through 25   |                             |   | 5,136,821.               | 26         | 3,216,213.         |
| ces                        |    | Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  | · •                         | X   |                          |            |                    |
| a                          | 27 |  |                             |   | 8,057,637.               | 27         | 9,959,397.         |
| Ва                         | 28 | Net assets with donor restrictions   |                             | -   | 3,157,677.               | 28         | 5,228,751.         |
| Net Assets or Fund Balance |    | Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.   |                             |   | 371317071.               |            | 3/220/101.         |
| <u>-</u>                   | 29 | Capital stock or trust principal, or current funds   |                             | -   |                          | 29         |                    |
| ठ                          | 30 | Paid-in or capital surplus, or land, building, or equipm   |                             | <u>L</u>                                  |                          | 30         |                    |
| Š                          | 31 | Retained earnings, endowment, accumulated income,  |                             | <u> </u>                                  |                          | 31         |                    |
| Ä                          | 32 | Total net assets or fund balances  |                             | <u> </u>                                  | 11,215,314.              | 32         | 15,188,148.        |
| ē                          | 33 | Total liabilities and net assets/fund balances   |                             | <u> </u>                                  | 16,352,135.              | 33         | 18,404,361.        |
|                            |    | Total habilities and flet assets/fully balances  |                             |   | 10,332,133.              | <b>J</b> J | 10,404,301.        |

Χ

DIENTES COMMUNITY DENTAL CARE Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI..... Total revenue (must equal Part VIII, column (A), line 12)..... 1 712,538. 2 Total expenses (must equal Part IX, column (A), line 25)..... 2 10,633,660 Revenue less expenses. Subtract line 2 from line 1 3 3 4,078,878. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))..... 4 11,215,314. 5 Net unrealized gains (losses) on investments. 5 -106,044.6 Donated services and use of facilities..... 6 7 Investment expenses ..... 7 8 8 Prior period adjustments ..... 9 9 Other changes in net assets or fund balances (explain on Schedule O)..... 0. Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 15,188,148. Part XII | Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII..... Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O. Χ 2a Were the organization's financial statements compiled or reviewed by an independent accountant? ...... 2 a If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?..... Χ 2 b If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?..... Χ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Χ Audit Act and OMB Circular A-133? 3 a

BAA TEEA0112L 09/22/21 Form 990 (2021)

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits ......

#### PUBLIC DISCLOSURE COPY

**SCHEDULE A** (Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

| iaille C | ı une    | e organization  |  |   |                             |                                | Employer iden  | uncation n                    | ımber             |        |
|----------|----------|---|--|---|-----------------------------|--------------------------------|--|-------------------------------|-------------------|--------|
| DIE      | NT:      | ES COMMUNITY DENTAI   | CARE   |   |                             |                                | 77-0311  | 752                           |                   |        |
| Part     | T        | Reason for Public Cha   | rity Status. (All o                            | rganizations must   | comple                      | ete this                       | s part.) See inst  | ruction                       | S.                |        |
|          |          | nization is not a private found                                   |  | <u> </u>  |                             |                                |  |                               |                   |        |
| 1        | Ť        | A church, convention of church                                    | es, or association of ch                       | nurches described in sect                                     | tion 1 <b>70</b> (          | b)(1)(A)(                      | i).  |                               |                   |        |
| 2        |          | A school described in section                                     |  |   |                             |                                | .,   |                               |                   |        |
| 3        |          | A hospital or a cooperative h                                     |  | ·   |                             | 0(b)(1)(A                      | A)(iii).   |                               |                   |        |
| 4        | $\vdash$ | A medical research organiza                                       |  |   |                             |                                |  | ) Enter t                     | he hosnital's     |        |
| •        | Ш        | name, city, and state:  | non operated in conju                          | andion with a nospital t                                      | acsonbe                     | a iii <b>300</b>               |  | , Linter i                    | ine nospital s    | '      |
| 5        |          |   |  |   |                             |                                |  |                               |                   |        |
| 3        |          | An organization operated for section 170(b)(1)(A)(iv). (Co        |  | ge or university owned  | or oper                     | ated by                        | a governmental uni   | t describ                     | ed in             |        |
| 6        |          | A federal, state, or local gove                                   |  | ntal unit described in s                                      | oction 1                    | 70/h)/1)                       | <b>ΛΑ</b> Λ(λ)   |                               |                   |        |
| 7        |          |   | G  |   |                             |                                |  |                               |                   |        |
| •        |          | An organization that normally r in section 170(b)(1)(A)(vi).      | eceives a substantial p<br>Complete Part II )  | art of its support from a                                     | governm                     | ental uni                      | it or from the general                                     | public de                     | escribed          |        |
| 8        |          | A community trust described                                       |  | <b>ΔΥνί)</b> (Complete Part I                                 | 1.)                         |                                |  |                               |                   |        |
| 9        |          | An agricultural research organi                                   |  |   | •                           | oniunctio                      | on with a land-grant o                                     | مماام                         |                   |        |
| 9        |          | or university or a non-land-gran                                  |  |   |                             |                                |  |                               |                   |        |
|          |          | university:   | it conege of agriculture                       | (See matractions). Enter                                      | the rian                    | io, city,                      | and state of the cone                                      | gc 01                         |                   |        |
| 10       | Χ        | ,   |  | 22 1/20/ -f it  |                             |                                |  | - <b></b>                     | -                 |        |
|          | 71       | An organization that normally from activities related to its e    | y receives (1) more trexempt functions, sub    | iect to certain exceptio                                      | ns: and                     | (2) no r                       | more than 33-1/3%  | of its sur                    | na gross rece     | oss    |
|          |          | investment income and unre  | lated business taxable                         | e income (less section  | 511 tax)                    | from b                         | usinesses acquired   | by the o                      | ganization a      | fter   |
| 11       |          | June 30, 1975. See <b>section</b> 5                               | ,,,,,  | •   | oty Coo                     | cootion                        | E00(a)(4)  |                               |                   |        |
| 11       |          | An organization organized ar                                      | •  | ,   | ,                           |                                | ```  |                               |                   |        |
| 12       |          | An organization organized ar<br>or more publicly supported o      | nd operated exclusive<br>rganizations describe | ely for the benefit of, to<br>d in <b>section 509(a)(1)</b> o | pertorm<br>or <b>sectio</b> | n the fun<br>In <b>509</b> (a) | ictions of, or to carr<br><b>V2)</b> See <b>section 50</b> | y out the<br><b>9(a)(3)</b> ( | purposes of       | one    |
|          |          | lines 12a through 12d that de                                     | escribes the type of su                        | upporting organization  | and con                     | ıplete lir                     | nes 12e, 12f, and 12                                       | <u>2g</u> .                   |                   | х оп   |
| а        |          | Type I. A supporting organization                                 | on operated, supervised                        | d, or controlled by its sup                                   | ported o                    | rganizat                       | ion(s), typically by give                                  | ving the s                    | upported          |        |
|          |          | organization(s) the power to re complete Part IV, Sections A      | gularly appoint or elect<br>Land B.            | a majority of the director                                    | rs or trus                  | stees of t                     | ne supporting organi                                       | zation. Yo                    | ou must           |        |
| b        |          | Type II. A supporting organiz                                     |  | ontrolled in connection                                       | with its                    | sunnart                        | ed organization(s)   | hy havin                      | a control or      |        |
| _        |          | management of the supporting                                      | organization vested in                         | the same persons that co                                      | ontrol or                   | manage                         | the supported organ  | ization(s)                    | . You             |        |
|          |          | must complete Part IV, Secti                                      |  |   |                             |                                |  |                               |                   |        |
| С        |          | Type III functionally integrated organization(s) (see instruction | A supporting organizat                         | ion operated in connection                                    | n with, aı<br>Λ D an        | nd functio                     | onally integrated with,                                    | its suppo                     | rted              |        |
| d        |          | Type III non-functionally integr                                  |  |   |                             |                                |  |                               |                   |        |
|          |          | functionally integrated. The o                                    | organization generally                         | must satisfy a distribu                                       | tion req                    | uiremen                        | t and an attentivene                                       | ess requi                     | rement (see       |        |
|          |          | instructions). You must com                                       | •  |   |                             |                                |  |                               |                   |        |
| е        |          | Check this box if the organiz integrated, or Type III non-fu      | ation received a writte                        | en determination from t                                       | the IRS                     | that it is                     | s a Type I, Type II,                                       | Type III f                    | unctionally       |        |
| f        | Er       | nter the number of supported                                      |  |   |                             |                                |  |                               |                   |        |
| g        | Pr       | ovide the following information                                   | n about the supported                          | d organization(s).  |                             |                                |  |                               |                   |        |
| (        | i) Na    | ame of supported organization                                     | (ii) EIN                                       | (iii) Type of organization                                    | (iv)                        | s the                          | (v) Amount of moneta                                       |                               | vi) Amount of ot  | her    |
|          |          |   |  | (described on lines 1-10 above (see instructions))            | in your g                   | ion listed<br>overning         | support (see instruction                                   | sup                           | port (see instruc | tions) |
|          |          |   |  |   | docur                       | ment?                          |  |                               |                   |        |
|          |          |   |  |   | Yes                         | No                             |  |                               |                   |        |
|          |          |   |  |   |                             |                                |  |                               |                   |        |
| A)       |          |   |  |   |                             |                                |  |                               |                   |        |
|          |          |   |  |   |                             |                                |  |                               |                   |        |
| B)       |          |   |  |   |                             |                                |  |                               |                   |        |
|          |          |   |  |   |                             |                                |  |                               |                   |        |
| C)       |          |   |  |   |                             |                                |  |                               |                   |        |
|          |          |   |  |   |                             |                                |  |                               |                   |        |
| D)       |          |   |  |   |                             |                                |  |                               |                   |        |
| _,       |          |   |  |   |                             |                                |  |                               |                   |        |
| E)       |          |   |  |   |                             |                                |  |                               |                   |        |
| Fa.k-1   |          |   |  |   |                             |                                |  |                               |                   |        |

### 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        | tion A. Public Support  |   |   |  |  |                                     |                |
|------------|---|---|---|--|--|-------------------------------------|----------------|
| begi       | ndar year (or fiscal year<br>nning in) ►  | <b>(a)</b> 2017                         | <b>(b)</b> 2018                           | <b>(c)</b> 2019                        | <b>(d)</b> 2020                            | <b>(e)</b> 2021                     | (f) Total      |
| 1          | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')  |   |   |  |  |                                     |                |
| 2          | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |   |   |  |  |                                     |                |
| 3          | The value of services or facilities furnished by a governmental unit to the organization without charge   |   |   |  |  |                                     |                |
| <b>4 5</b> | <b>Total.</b> Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |   |   |  |  |                                     |                |
| 6          | <b>Public support.</b> Subtract line 5 from line 4  |   |   |  |  |                                     |                |
| Sec        | tion B. Total Support   |   | •   | •                                      | •  |                                     |                |
|            | ndar year (or fiscal year<br>nning in) ►  | <b>(a)</b> 2017                         | <b>(b)</b> 2018                           | <b>(c)</b> 2019                        | <b>(d)</b> 2020                            | <b>(e)</b> 2021                     | (f) Total      |
| 7          | Amounts from line 4   |   |   |  |  |                                     |                |
| 8          | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources   |   |   |  |  |                                     |                |
| 9          | Net income from unrelated business activities, whether or not the business is regularly carried on  |   |   |  |  |                                     |                |
| 10         | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  |   |   |  |  |                                     |                |
|            | Total support. Add lines 7 through 10   |   |   |  |  |                                     |                |
| 12         | Gross receipts from related activ   | rities, etc. (see in:                   | structions)                               |  |  |                                     |                |
|            | <b>First 5 years.</b> If the Form 990 is organization, check this box and   | stop here                               |   | , third, fourth, or f                  | ifth tax year as a                         | section 501(c)(3                    | 8) ▶ □         |
| Sec        | tion C. Computation of Pul<br>Public support percentage for 20  | blic Support P                          | ercentage                                 | . 11   (0                              |  | 1                                   |                |
| 14<br>15   | Public support percentage for 20 Public support percentage from 3   | ı∠ı (iirie b, colum<br>2020 Schedule A  | ii (i), uivided by li<br>Part II. line 14 | ine II, column (f)                     | )<br>                                      | 14                                  |                |
|            | 33-1/3% support test—2021. If t and stop here. The organization   | he organization d                       | id not check the b                        | oox on line 13, an                     | d line 14 is 33-1/3                        | <br>3% or more, che                 | ck this box    |
| b          | 33-1/3% support test—2020. If the and stop here. The organization   | e organization di                       | d not check a box                         | on line 13 or 16a                      | a, and line 15 is 3                        | 3-1/3% or more,                     | check this box |
| 17a        | <b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts   | meets the facts-a                       | nd-circumstances                          | s test, check this                     | box and stop here                          | . Explain in Par                    | t VI how       |
|            | 10%-facts-and-circumstances to or more, and if the organization organization meets the facts-and  | meets the facts-a<br>I-circumstances to | ind-circumstances<br>est. The organiza    | s test, check this tion qualifies as a | box and <b>stop here</b> publicly supporte | e. Explain in Par<br>d organization | t VI how the▶  |
| 18         | Private foundation. If the organize   | zation did not che                      | eck a box on line                         | 13, 16a, 16b, 1/a                      | , or 1/b, check th                         | is box and see i                    | nstructions    |

Schedule A (Form 990) 2021

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.)

|                                    | fails to qualify under the to   | esis listed below,   | please complete  | Part II.)  |   |   |   |
|------------------------------------|---|--|--|--|---|---|---|
| Sec                                | tion A. Public Support  |  |  |  |   |   |   |
| Calend                             | lar year (or fiscal year beginning in) ►  | <b>(a)</b> 2017  | <b>(b)</b> 2018  | <b>(c)</b> 2019  | (d) 2020  | <b>(e)</b> 2021   | (f) Total   |
| 1                                  | Gifts, grants, contributions,   | (4) = 1 11   | (0) = 1.0  | . ,  | (4) ====  | (0) ===:  | (7)   |
|                                    | and membership fees received. (Do not include   |  |  |  |   |   |   |
|                                    | any 'unusual grants.')  | 1 249 392  | 2 850 333  | 1 383 432  | 3 044 168   | 6 095 821   | 14,623,146.   |
| 2                                  | Gross receipts from admissions,   | 1,243,332.   | 2,030,333.   | 1,303,432.   | 3,044,100.  | 0,033,021.  | 14,023,140.   |
|                                    | merchandise sold or services  |  |  |  |   |   |   |
|                                    | performed, or facilities  |  |  |  |   |   |   |
|                                    | furnished in any activity that is related to the organization's   |  |  |  |   |   |   |
|                                    | tax-exempt purpose  | 7 177 836  | 8 088 036  | 6 730 856  | 7,943,291.  | 8 598 436   | 38,538,455.   |
| 3                                  | Gross receipts from activities  | 771777000.   | 0,000,000.   | 0,730,030.   | 773137231.  | 0,000,100.  | 30/330/1331   |
|                                    | that are not an unrelated trade   |  |  |  |   |   |   |
| _                                  | or business under section 513.  |  |  |  |   |   | 0.  |
| 4                                  | Tax revenues levied for the organization's benefit and  |  |  |  |   |   |   |
|                                    | either paid to or expended on   |  |  |  |   |   |   |
|                                    | its behalf  |  |  |  |   |   | 0.  |
| 5                                  | The value of services or  |  |  |  |   |   | <u> </u>  |
|                                    | facilities furnished by a   |  |  |  |   |   |   |
|                                    | governmental unit to the organization without charge  |  |  |  |   |   | 0.  |
| 6                                  | <b>Total.</b> Add lines 1 through 5   | 8,427,228.   | 10938369.  | 8,114,288.   | 10987459.   | 14694257.   | 53,161,601.   |
|                                    | Amounts included on lines 1.  | 8,421,228.   | 10938369.  | 8,114,288.   | 10987459.   | 14694257.   | 53,161,601.   |
| /d                                 | 2, and 3 received from  |  |  |  |   |   |   |
|                                    | disqualified persons  | 230,009.   | 1,441,397.   | 534,770.   | 557,709.  | 2,264,891.  | 5,028,776.  |
| 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  | 0.   | 0.   | 0.   | 0.  | 0.  | 0.  |
| С                                  | Add lines 7a and 7b   |  | 1,441,397.   | 534,770.   | 557,709.  |   | 5,028,776.  |
|                                    | Public support. (Subtract line  | 230,003.   | 1,441,337.   | 334,770.   | 331,103.  | 2,204,031.  | 3,020,110.  |
| o                                  | 7c from line 6.)  |  |  |  |   |   | 48,132,825.   |
| Sec                                | tion B. Total Support   |  |  |  |   |   | 10/132/023.   |
|                                    | • •   | <b>(a)</b> 2017  | <b>(b)</b> 2018  | <b>(c)</b> 2019  | <b>(d)</b> 2020   | <b>(e)</b> 2021   | (f) Total   |
|                                    | dar year (or fiscal year beginning in)  | • • •  |  | • • •  |   | • •   |   |
| -                                  | Amounts from line 6   | 8,427,228.   | 10938369.  | 8,114,288.   | 10987459.   | 14694257.   | 53,161,601.   |
| 10a                                |   |  |  |  |   |   |   |
|                                    | Gross income from interest, dividends,  |  |  |  |   |   |   |
|                                    | payments received on securities loans,  |  |  |  |   |   |   |
|                                    | payments received on securities loans, rents, royalties, and income from similar sources  | 7,264.   | 22,008.  | 18,349.  | 74,606.   | 15,481.   | 137,708.  |
| b                                  | payments received on securities loans, rents, royalties, and income from similar sources  | 7,264.   | 22,008.  | 18,349.  | 74,606.   | 15,481.   | 137,708.  |
| b                                  | payments received on securities loans, rents, royalties, and income from similar sources  | 7,264.   | 22,008.  | 18,349.  | 74,606.   | 15,481.   | 137,708.  |
| b                                  | payments received on securities loans, rents, royalties, and income from similar sources  | 7,264.   | 22,008.  | 18,349.  | 74,606.   | 15,481.   |   |
|                                    | payments received on securities loans, rents, royalties, and income from similar sources  |  |  |  |   | ·   | 0.  |
| c                                  | payments received on securities loans, rents, royalties, and income from similar sources  | 7,264.   | 22,008.  | 18,349.<br>18,349.   | 74,606.<br>74,606.  | 15,481.<br>15,481.  |   |
| c                                  | payments received on securities loans, rents, royalties, and income from similar sources  |  |  |  |   | ·   | 0.  |
| c                                  | payments received on securities loans, rents, royalties, and income from similar sources  |  |  |  |   | 15,481.   | 0.<br>137,708.  |
| c<br>11                            | payments received on securities loans, rents, royalties, and income from similar sources  |  |  |  |   | ·   | 0.  |
| c<br>11                            | payments received on securities loans, rents, royalties, and income from similar sources  |  |  |  |   | 15,481.   | 0.<br>137,708.  |
| c<br>11                            | payments received on securities loans, rents, royalties, and income from similar sources  |  |  |  |   | 15,481.   | 0.<br>137,708.<br>2,800.  |
| c<br>11                            | payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  |  |  |  |   | 15,481.   | 0.<br>137,708.  |
| c<br>11                            | payments received on securities loans, rents, royalties, and income from similar sources  | 7,264.   | 22,008.  | 18,349.  | 74,606.   | 15,481.<br>2,800.   | 0.<br>137,708.<br>2,800.  |
| c<br>11<br>12                      | payments received on securities loans, rents, royalties, and income from similar sources  | 7,264.   | 22,008.  | 18,349.<br>8,132,637.  | 74,606.<br>11062065.  | 15,481.<br>2,800.   | 0.<br>137,708.<br>2,800.<br>0.<br>53,302,109.   |
| c<br>11<br>12                      | payments received on securities loans, rents, royalties, and income from similar sources  | 7,264.  8,434,492. for the organization  | 22,008.<br>22,008.<br>10960377.  | 18,349.<br>8,132,637.<br>third, fourth, or f   | 74,606.  11062065. ifth tax year as a   | 15,481.<br>2,800.<br>14712538.<br>section 501(c)(3)   | 0.<br>137,708.<br>2,800.<br>0.<br>53,302,109.   |
| 11<br>12<br>13<br>14               | payments received on securities loans, rents, royalties, and income from similar sources  | 7,264.  8,434,492. for the organization stop here  | 22,008.<br>22,008.<br>10960377.<br>on's first, second,   | 18,349.<br>8,132,637.<br>third, fourth, or f   | 74,606.<br>11062065.<br>ifth tax year as a  | 15,481.<br>2,800.<br>14712538.<br>section 501(c)(3)   | 0.<br>137,708.<br>2,800.<br>0.<br>53,302,109.   |
| 12<br>13<br>14<br>Sec              | payments received on securities loans, rents, royalties, and income from similar sources  | 7,264.  8,434,492. for the organization stop hereblic Support P  | 22,008.  10960377. on's first, second,   | 18,349.<br>8,132,637.<br>third, fourth, or f   | 74,606.<br>11062065.<br>ifth tax year as a  | 15,481.<br>2,800.<br>14712538.<br>section 501(c)(3)   | 0.<br>137,708.<br>2,800.<br>0.<br>53,302,109.   |
| 12<br>13<br>14<br>Sec<br>15        | payments received on securities loans, rents, royalties, and income from similar sources  | 8,434,492. for the organization stop hereblic Support Population 1021 (line 8, column  | 10960377. on's first, second,  | 8,132,637. third, fourth, or f   | 74,606.  11062065. ifth tax year as a   | 15,481. 2,800.  14712538. section 501(c)(3)   | 0.<br>137,708.<br>2,800.<br>0.<br>53,302,109.<br>► 90.30 %                            |
| 11 12 13 14 Sec 15 16              | payments received on securities loans, rents, royalties, and income from similar sources  | 8,434,492. for the organization stop here  | 10960377. on's first, second, Percentage n (f), divided by li Part III, line 15.   | 8,132,637.<br>third, fourth, or f  | 74,606.  11062065. ifth tax year as a   | 15,481. 2,800.  14712538. section 501(c)(3)   | 0.<br>137,708.<br>2,800.<br>0.<br>53,302,109.   |
| 11 12 13 14 Sec 15 16              | payments received on securities loans, rents, royalties, and income from similar sources  | 8,434,492. for the organization stop here  | 10960377. on's first, second, Percentage n (f), divided by li Part III, line 15.   | 8,132,637.<br>third, fourth, or f  | 74,606.  11062065. ifth tax year as a   | 15,481. 2,800.  14712538. section 501(c)(3)   | 0.<br>137,708.<br>2,800.<br>0.<br>53,302,109.<br>► 90.30 %                            |
| 12 13 14 Sec 15 16 Sec             | payments received on securities loans, rents, royalties, and income from similar sources  | 8,434,492. for the organization stop here  | 22,008.  10960377.  on's first, second,  Percentage  n (f), divided by li Part III, line 15.  ne Percentage  | 8,132,637. third, fourth, or f   | 74,606.  11062065. ifth tax year as a   | 15,481. 2,800.  14712538. section 501(c)(3)   | 0.<br>137,708.<br>2,800.<br>0.<br>53,302,109.<br>                                     |
| 12 13 14 Sec 15 16 Sec 17          | payments received on securities loans, rents, royalties, and income from similar sources  | 8, 434, 492. for the organization stop here blic Support Po21 (line 8, column 2020 Schedule A, restment Incorror 2021 (line 10c,   | 22,008.  10960377.  on's first, second,  Percentage  n (f), divided by li  Part III, line 15.  ne Percentage  column (f), divided  | 18,349.  8,132,637. third, fourth, or f  | 74,606.  11062065. ifth tax year as a   | 15, 481.  2,800.  14712538. section 501(c)(3)   | 0.<br>137,708.<br>2,800.<br>0.<br>53,302,109.<br>                                     |
| 12 13 14 Sec 15 16 Sec 17 18       | payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.) | 8, 434, 492. for the organization stop hereblic Support Po21 (line 8, column 2020 Schedule A, restment Incortion 2021 (line 10c, from 2020 Schedule 2000 Schedule 20 | 22,008.  10960377.  on's first, second,  Percentage  n (f), divided by li  Part III, line 15.  me Percentage  column (f), divid  | 18,349.  8,132,637. third, fourth, or f  | 74,606.  11062065. ifth tax year as a   | 15, 481.  2, 800.  14712538. section 501(c)(3)  | 0.<br>137,708.<br>2,800.<br>0.<br>53,302,109.<br>                                     |
| 12 13 14 Sec 15 16 Sec 17 18       | payments received on securities loans, rents, royalties, and income from similar sources  | 8, 434, 492. for the organization stop here blic Support Policial Support Policial Support Policial Support Incorporation 2020 Schedule A, restment Incorporation 2021 (line 10c, from 2020 Schedule the organization of   | 22,008.  10960377.  on's first, second,  Percentage  n (f), divided by li Part III, line 15.  me Percentage  column (f), divid  lle A, Part III, line  lid not check the   | 18,349.  8,132,637. third, fourth, or f  | 74,606.  11062065. ifth tax year as a   umn (f) and line 15 is more   | 15, 481.  2,800.  14712538. section 501(c)(3)   | 0.<br>137,708.<br>2,800.<br>0.<br>53,302,109.<br>                                     |
| 12 13 14 Sec 15 16 Sec 17 18 19a   | payments received on securities loans, rents, royalties, and income from similar sources  | 8, 434, 492. for the organization stop here blic Support Policial Support Policial Support Incorporation 2020 Schedule A, restment Incorporation 2020 Schedule (incorporation) stop the organization of this box and stop in the organization of the organizati | 22,008.  10960377.  on's first, second,  Percentage  n (f), divided by li  Part III, line 15.  me Percentage  column (f), divid  ille A, Part III, line  did not check the  phere. The organ                                       | 18,349.  8,132,637. third, fourth, or fourth, or fourth, out fourth, or fourt | 11062065. ifth tax year as a   umn (f).  d line 15 is more as a publicly supp   | 15, 481.  2,800.  14712538. section 501(c)(3)   | 0.<br>137,708.<br>2,800.<br>0.<br>53,302,109.<br>———————————————————————————————————— |
| 12 13 14 Sec 15 16 Sec 17 18 19a   | payments received on securities loans, rents, royalties, and income from similar sources  | 8, 434, 492. for the organization stop here blic Support Po21 (line 8, column 2020 Schedule A, restment Incortor 2021 (line 10c, from 2020 Schedule the organization of this box and stothe organization of the organization | 22,008.  10960377.  on's first, second,  Percentage  n (f), divided by li Part III, line 15.  me Percentage  column (f), divid  lile A, Part III, line  did not check the phere. The organ  lid not check a bo                     | 18,349.  8,132,637. third, fourth, or fourth | 11062065. ifth tax year as a  j  umn (f).  d line 15 is more as a publicly supple 19a, and line 1                     | 15, 481.  2,800.  14712538. section 501(c)(3)   | 0. 137,708.  2,800.  0. 53,302,109.  90.30 % 93.75 %  0.26 % 0.27 %  ad line 17 1     |
| 12 13 14 Sec 15 16 Sec 17 18 19a b | payments received on securities loans, rents, royalties, and income from similar sources  | 8, 434, 492. for the organization stop here blic Support Po21 (line 8, column 2020 Schedule A, restment Incortion 2021 (line 10c, from 2020 Schedule the organization of the organiz | 22,008.  10960377.  on's first, second,  Percentage  n (f), divided by li  Part III, line 15.  me Percentage  column (f), divid  dile A, Part III, line  did not check the  phere. The organ  lid not check a boand stop here. The | 18,349.  8,132,637. third, fourth, or fourth | 11062065. ifth tax year as a   umn (f).  d line 15 is more as a publicly supple 19a, and line 1 lalifies as a public. | 15, 481.  2,800.  14712538. section 501(c)(3)   | 0. 137,708.  2,800.  0. 53,302,109.  90.30 % 93.75 %  0.26 % 0.27 %  and line 17 n    |
| 12 13 14 Sec 15 16 Sec 17 18 19a b | payments received on securities loans, rents, royalties, and income from similar sources  | 8, 434, 492. for the organization stop here blic Support Po21 (line 8, column 2020 Schedule A, restment Incortion 2021 (line 10c, from 2020 Schedule the organization of the organiz | 22,008.  10960377.  on's first, second,  Percentage  n (f), divided by li  Part III, line 15.  me Percentage  column (f), divid  dile A, Part III, line  did not check the  phere. The organ  lid not check a boand stop here. The | 18,349.  8,132,637. third, fourth, or fourth | 11062065. ifth tax year as a   umn (f).  d line 15 is more as a publicly supple 19a, and line 1 lalifies as a public. | 15, 481.  2,800.  14712538. section 501(c)(3)  15  16  17  18 than 33-1/3%, ar orted organization 6 is more than 33 sly supported organizations as even instructions. | 0. 137,708.  2,800.  0. 53,302,109.  90.30 % 93.75 %  0.26 % 0.27 %  and line 17 n    |

#### Part IV Supporting Organizations

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

#### **Section A. All Supporting Organizations**

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

| _  |  | The state of the s |        |         | . 3 |
|----|--|--|--------|---------|-----|
| Pa | art IV                                     | Supporting Organizations (continued)   |        | · ·     |     |
| 11 | Has tl                                     | he organization accepted a gift or contribution from any of the following persons?   |        | Yes     | No  |
| •  |  | son who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,   |        |         |     |
|    | the go                                     | overning body of a supported organization?   | 11a    |         |     |
|    | <b>b</b> A fam                             | nily member of a person described on line 11a above?   | 11b    |         |     |
|    | <b>c</b> 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    |         |     |
| Se | ction E                                    | B. Type I Supporting Organizations   |        |         |     |
| _  | D: 1 !!                                    |  |        | Yes     | No  |
| 1  | or mo<br>office<br>organ<br>than o<br>were | ne governing body, members of the governing body, officers acting in their official capacity, or membership of one one supported organizations have the power to regularly appoint or elect at least a majority of the organization's ors, directors, or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported nization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers  | 1      |         |     |
| 2  | Did the that of the benef                  | g the tax year.  The organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.  | 2      |         |     |
| Se | ction (                                    | C. Type II Supporting Organizations  |        |         |     |
|    | -  |  |        | Yes     | No  |
| 1  | of eac                                     | a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).  | 1      |         |     |
| Se | ction [                                    | D. All Type III Supporting Organizations   |        |         |     |
| -  | D: 1 !!                                    |  |        | Yes     | No  |
| 1  | organ<br>year,                             | ne organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided?  | 1      |         |     |
| _  |  |  |        |         |     |
| 2  | organ                                      | any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how rganization maintained a close and continuous working relationship with the supported organization(s).   | 2      |         |     |
| 3  | voice<br>all tim                           | ason of the relationship described on line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played is regard.  | 3      |         |     |
| Se |  | E. Type III Functionally Integrated Supporting Organizations   |        |         |     |
|    |  | 7  |        |         |     |
| 1  |  | k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |        |         |     |
|    | =  | he organization satisfied the Activities Test. Complete line 2 below.  |        |         |     |
|    | Ь ∐ Т                                      | he organization is the parent of each of its supported organizations. Complete line 3 below.   |        |         |     |
|    | c 🔲 TI                                     | he organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see  | instru | uctions | s). |
| 2  | . Activi                                   | ties Test. Answer lines 2a and 2b below.   |        | Yes     | No  |
|    | suppo<br><b>organ</b><br>respo             | substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported</b> **nizations and explain** how these activities directly furthered their exempt purposes, how the organization was ensive to those supported organizations, and how the organization determined that these activities constituted  |        |         |     |
|    | subst                                      | antially all of its activities.  | 2a     |         |     |
|    | more<br>reaso                              | ne activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the ons for the organization's position that its supported organization(s) would have engaged in these activities   |        |         |     |
|    | but fo                                     | or the organization's involvement.   | 2b     |         |     |
| 3  |  | nt of Supported Organizations. <i>Answer lines 3a and 3b below.</i>  |        |         |     |
|    | <b>a</b> Did the each                      | ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? If 'Yes' or 'No,' provide details in <b>Part VI.</b>  | 3a     |         |     |
|    | <b>b</b> Did the suppo                     | e organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.   | 3b     |         |     |

|     | , , , , , , , , , , , , , , , , , , ,  |       | , , , ,  |                                      |
|-----|--|-------|--|--------------------------------------|
| Pai | t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga   | niza  | tions  |                                      |
| 1   | Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization                               | on No | ov. 20, 1970 (explain ir<br>st complete Sections A | n Part VI). <b>See</b><br>through E. |
| Sec | tion A — Adjusted Net Income   |       | (A) Prior Year                                     | (B) Current Year<br>(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     |  |                                      |
| Sec | tion B — Minimum Asset Amount  |       | (A) Prior Year                                     | (B) Current Year<br>(optional)       |
| 1   | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  |       |  |                                      |
| a   | Average monthly value of securities  | 1a    |  |                                      |
| ŀ   | Average monthly cash balances  | 1b    |  |                                      |
|     | Fair market value of other non-exempt-use assets   | 1c    |  |                                      |
|     | Total (add lines 1a, 1b, and 1c)   | 1d    |  |                                      |
| •   | Discount claimed for blockage or other factors     (explain in detail in Part VI):   |       |  |                                      |
| 2   | Acquisition indebtedness applicable to non-exempt-use assets   | 2     |  |                                      |
| 3   | Subtract line 2 from line 1d.  | 3     |  |                                      |
| 4   | Cash deemed held for exempt use. Enter 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     |  |                                      |
| Sec | tion C — Distributable Amount  |       |  | Current Year                         |
| 1   | Adjusted net income for prior year (from Section A, line 8, column A)  | 1     |  |                                      |
| 2   | Enter 0.85 of line 1.  | 2     |  |                                      |
| 3   | Minimum asset amount for prior year (from Section B, line 8, column A)   | 3     |  |                                      |
| 4   | Enter greater of line 2 or line 3.   | 4     |  |                                      |
| 5   | Income tax imposed in prior year   | 5     |  |                                      |
| 6   | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  | 6     |  |                                      |

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

BAA Schedule A (Form 990) 2021 10 Line 8 amount divided by line 9 amount

10

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, 2 in excess of income from activity 3 **3** Administrative expenses paid to accomplish exempt purposes of supported organizations 4 4 Amounts paid to acquire exempt-use assets 5 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 6 Other distributions (describe in Part VI). See instructions. 6 7 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details 8 in Part VI). See instructions. 9 Distributable amount for 2021 from Section C, line 6 9

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

BAA Schedule A (Form 990) 2021

77-0311752

DIENTES COMMUNITY DENTAL CARE

Part VI

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

# Schedule B (Form 990)

# PUBLIC DISCLOSURE COPY PUBLIC DISCLOSURE COPY Schedule of Contributors

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

|            | ES COMMUNITY D   |  | 77-0311752                                    |  |  |  |
|------------|--|--|---|--|--|--|
| •          | tion type (check one):   |  |   |  |  |  |
| Filers of: |  | Section:   |   |  |  |  |
| Form 990   | or 990-EZ  | $\overline{X}$ 501(c)( 3 ) (enter number) organization   |   |  |  |  |
|            |  | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation   | non   |  |  |  |
|            |  | 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   |   |  |  |  |
| -          |  | ed by the <b>General Rule</b> or a <b>Special Rule.</b> (8), or (10) organization can check boxes for both the General Rule and a Sp   | pecial Rule. See instructions.                |  |  |  |
| General    | Rule   |  |   |  |  |  |
| X          | 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 F  | Rules  |  |   |  |  |  |
|            | regulations under secti<br>16b, and that receive   | escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, lir d from any one contributor, during the year, total contributions of the greater on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Par | ne 13, 16a, or<br>of ( <b>1</b> ) \$5,000; or |  |  |  |
|            | 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 <i>exclusively</i> 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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. |  |   |  |  |  |
| must ans   | wer 'No' on Part IV, line  | sn't covered by the General Rule and/or the Special Rules doesn't file Schedu<br>2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 99<br>t the filing requirements of Schedule B (Form 990).  |   |  |  |  |

| Name of organization |           |        |      |  |  |  |
|----------------------|-----------|--------|------|--|--|--|
| DIENTES              | COMMUNITY | DENTAL | CARE |  |  |  |

Employer identification number 77-0311752

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) Type of contribution (b) Name, address, and ZIP + 4 (c) Total contributions (a) No. Person Χ **Payroll** 450,000. Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (c) Total contributions (d) Type of contribution (a) No. Person 2\_ **Payroll** 11,124. Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (c)
Total contributions (d) Type of contribution (a) No. Person 3\_ **Payroll** 100,000. Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (d) Type of contribution (a) No. (c) Total contributions Person 4\_ **Payroll** 25,000. Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (a) No. (c) Total contributions (b) Name, address, and ZIP + 4 Person 5 **Payroll** 27,000. Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (a) No. (c) Total contributions (b) Name, address, and ZIP + 4 Person 6 **Payroll** 80,000. Noncash (Complete Part II for noncash contributions.)

Name of organization
DIENTES COMMUNITY DENTAL CARE

Employer identification number

| ганн       | Contributors (see instructions). Ose duplicate copies of Part I if additional s | pace is fleeded.           |  |
|------------|---|----------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 7          |   | \$64,106.                  | Person X Payroll Noncash  (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 8          |   | \$68,750.                  | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 9          |   | \$ <u>144,000</u> .        | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 10_        |   | \$75,000.                  | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 11_        |   | \$10,000.                  | Person X Payroll Noncash  (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 12_        |   | \$ <u>14,000.</u>          | Person X Payroll Noncash  (Complete Part II for noncash contributions.)  |

DIENTES COMMUNITY DENTAL CARE

Employer identification number

| Parti       | Contributors (see instructions). Use duplicate copies of Part 1 if additional s | pace is needed.            |  |
|-------------|---|----------------------------|--|
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| <u>13</u> _ |   | \$1,625,000.               | Person X Payroll   |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| <u>14</u> _ |   | \$ <u>54,977.</u>          | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| <u>15</u> _ |   | \$ <u>5,000</u> .          | Person X Payroll   |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| <u>16</u> _ |   | \$ <u>170,000</u> .        | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| <u>17</u> _ |   | \$25,000.                  | Person X Payroll Noncash  (Complete Part II for noncash contributions.)  |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 18_         |   | \$7,600.                   | Person X Payroll Noncash  (Complete Part II for noncash contributions.)  |

Schedule B (Form 990) (2021) Name of organization Employer identification number

DIENTES COMMUNITY DENTAL CARE

| Part I      | <b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional s | pace is needed.            |   |
|-------------|--|----------------------------|---|
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
| <u>19</u> _ |  | \$ <u>8,000</u> .          | Person X Payroll  Noncash  (Complete Part II for noncash contributions.)    |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 20_         |  | \$ <u>17,454.</u>          | Person X Payroll  Noncash  (Complete Part II for noncash contributions.)    |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 21_         |  | \$15,000.                  | Person X Payroll  Noncash  (Complete Part II for noncash contributions.)    |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 22_         |  | \$898,738.                 | Person X Payroll X Noncash X  (Complete Part II for noncash contributions.) |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
| <u>23</u> _ |  | \$60,000.                  | Person X Payroll Noncash  (Complete Part II for noncash contributions.)     |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 24_         |  | \$2,232,145.               | Person X Payroll Noncash  (Complete Part II for noncash contributions.)     |

DIENTES COMMUNITY DENTAL CARE

Employer identification number

| Part I      | Contributors (see instructions). Use duplicate copies of Part I if additional s | pace is needed.            |  |
|-------------|---|----------------------------|--|
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| <u>25</u> _ |   | \$14,800.                  | Person Payroll Noncash  (Complete Part II for noncash contributions.)      |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| <u>26</u> _ |   | \$ <u>11,284.</u>          | Person Payroll Noncash  (Complete Part II for noncash contributions.)      |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| <u>27</u> _ |   | \$50,000.                  | Person X  Payroll   Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 28_         |   | \$ <u>5,000.</u>           | Person X  Payroll   Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| <u>29</u> _ |   | \$ <u>19,518.</u>          | Person X  Payroll  Noncash  (Complete Part II for noncash contributions.)  |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| <u>30</u> _ |   | \$5,000.                   | Person X  Payroll   Noncash  (Complete Part II for noncash contributions.) |

Name of organization
DIENTES COMMUNITY DENTAL CARE

6 Employer identification number

| raiti       | Contributors (see instructions). Ose duplicate copies of Part Fill additional s | pace is fleeded.           |  |
|-------------|---|----------------------------|--|
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 31_         |   | \$ <u>8,753.</u>           | Person X Payroll   |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 32_         |   | \$ <u>10,000.</u>          | Person X Payroll   |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| <u>33</u> _ |   | \$ <u>5,000.</u>           | Person X Payroll   |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| <u>34</u> _ |   | \$20,000.                  | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| <u>35</u> _ |   | \$5,000.                   | Person X Payroll   |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| <u>36</u> _ |   | \$ <u>5,000.</u>           | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |

Name of organization Employer identification number 77-0311752 DIENTES COMMUNITY DENTAL CARE

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) Name, address, and ZIP + 4 (d) Type of contribution (c) Total contributions (a) No. Person Χ <u>37</u> **Payroll** 5,623. Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (c) Total contributions (d) Type of contribution (a) No. Person 38 **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (c)
Total contributions (d) Type of contribution (a) No. Person 39 **Payroll** 25,392. Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (d) Type of contribution (a) No. (c) Total contributions Person 40 **Payroll** 20,000. Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (a) No. (c) Total contributions (b) Name, address, and ZIP + 4 Person 41 **Payroll** 250,000. Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (a) No. (c) Total contributions (b) Name, address, and ZIP + 4 Person 42 **Payroll** 10,000. Noncash (Complete Part II for noncash contributions.)

| . 552.6 5.652656.12 66. 1     |                                | _      |
|-------------------------------|--------------------------------|--------|
| Schedule B (Form 990) (2021)  | 8 8                            | Page 2 |
| Name of organization          | Employer identification number |        |
| DIENTES COMMUNITY DENTAL CARE | 77-0311752                     |        |

| Part I      | <b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional specified in the contributors. | pace is needed.            |   |
|-------------|---|----------------------------|---|
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
| <u>43</u> _ |   | \$25,000.                  | Person X  Payroll   Noncash   (Complete Part II for noncash contributions.) |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 44_         |   | \$ <u>100,000</u> .        | Person X Payroll  Noncash  (Complete Part II for noncash contributions.)    |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|             |   | .\$                        | Person Payroll Noncash  (Complete Part II for noncash contributions.)       |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|             |   | \$                         | Person Payroll Noncash  (Complete Part II for noncash contributions.)       |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|             |   | \$<br>                     | Person Payroll Noncash  (Complete Part II for noncash contributions.)       |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|             | <br>  | \$                         | Person Payroll Complete Part II for noncash contributions.)                 |

Schedule B (Form 990) (2021)

Name of organization Employer identification number

DIENTES COMMUNITY DENTAL CARE

| Part II                   | Noncash Property (see instructions). Use duplicate copies of Part II if additional specified in the second | pace is needed.                                 |                      |
|---------------------------|---|---|----------------------|
| (a) No.<br>from<br>Part I | (b) Description of noncash property given   | (c) FMV (or estimate) (See instructions.)       | (d)<br>Date received |
| <u>22</u>                 | DENTAL SUPPLIES   | \$ 34,254.                                      | 5/04/22              |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given  | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| <u>25</u>                 | SENSORS   | \$14,800.                                       | 5/12/22              |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given  | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| <u>26</u>                 | BOOKS   | \$11,284.                                       | 10/11/21             |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given  | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                           |   | \$<br>-<br>-                                    |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given  | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                           |   | \$  |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given  | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                           |   | \$  |                      |
| DAA                       | TEE 077031 10/06/21   | Cala a desta                                    | D (Farm 000) (2021)  |

PUBLIC DISCLOSURE COPY Schedule B (Form 990) (2021) Page 4 Name of organization Employer identification number DIENTES COMMUNITY DENTAL CARE 77-0311752 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)........... Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I N/A (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

Transferee's name, address, and ZIP + 4

Transferee's name, address, and ZIP + 4

(a) No. from

Part I

(e) Transfer of gift

Relationship of transferor to transferee

Relationship of transferor to transferee

(b) Purpose of gift (c) Use of gift (d) Description of how gift is held

(e) Transfer of gift

(a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### PUBLIC DISCLOSURE COPY

# SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

DIENTES COMMUNITY DENTAL CARE

|     |   |   |                                       | 77-031   | 1752                      |                          |
|-----|---|---|---------------------------------------|--|---------------------------|--------------------------|
| Par | t   Organizations Maintaining Dono  | r Advised Funds or Other  | Similar Fund                          | s or Accounts.                                 |                           |                          |
|     | Complete if the organization answ   | vered 'Yes' on Form 990, F  | art IV, line 6                        | •  |                           |                          |
|     |   | (a) Donor advised fun   | ds                                    | (b) Funds and                                  | other accou               | unts                     |
| 1   | Total number at end of year   |   |                                       |  |                           |                          |
| 2   | Aggregate value of contributions to (during year)   |   |                                       |  |                           |                          |
| 3   | Aggregate value of grants from (during year)  |   |                                       |  |                           |                          |
| 4   | Aggregate value at end of year  |   |                                       |  |                           |                          |
| 5   | Did the organization inform all donors and don are the organization's property, subject to the  | or advisors in writing that the assorganization's exclusive legal cor   | sets held in dono                     | or advised funds                               | Yes                       | No                       |
| 6   | Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?                          | of the donor or donor advisor, or                                       | for any other p                       | urpose conferring                              | Yes                       | No                       |
| Par | t II Conservation Easements.  |   |                                       |  | =1                        |                          |
|     | Complete if the organization answ   | vered 'Yes' on Form 990, F  | Part IV, line 7                       |  |                           |                          |
| 1   | Purpose(s) of conservation easements held by  | the organization (check all that  | apply).                               |  |                           |                          |
|     | Preservation of land for public use (for examp  | ole, recreation or education)   | Preservation                          | of a historically imp                          | ortant land               | l area                   |
|     | Protection of natural habitat   |   | Preservation                          | of a certified histori                         | c structure               |                          |
|     | Preservation of open space  |   |                                       |  |                           |                          |
| 2   | Complete lines 2a through 2d if the organization h last day of the tax year.  | eld a qualified conservation contrib                                    | ution in the form                     |  |                           |                          |
|     |   |   |                                       | Held at the                                    | End of the                | Tax Year                 |
|     | a Total number of conservation easements  |   |                                       |  |                           |                          |
|     | Total acreage restricted by conservation easer  |   |                                       |  |                           |                          |
| •   | Number of conservation easements on a certif  | ied historic structure included in                                      | (a)                                   | 2 c  |                           |                          |
| (   | Number of conservation easements included in structure listed in the National Register  |   |                                       | 2 d  |                           |                          |
| 3   | Number of conservation easements modified, tran tax year ►  | sferred, released, extinguished, or t                                   | terminated by the                     | organization during th                         | e                         |                          |
| 4   | Number of states where property subject to conse  | rvation easement is located ►   |                                       |  |                           |                          |
| 5   | Does the organization have a written policy reg   |   |                                       |  | ٦                         |                          |
|     | and enforcement of the conservation easemen   |   |                                       | <u></u>  | Yes                       | No                       |
| 6   | Staff and volunteer hours devoted to monitoring, in   | nspecting, handling of violations, ar                                   | nd enforcing cons                     | ervation easements du                          | iring the yea             | ar                       |
| 7   | Amount of expenses incurred in monitoring, inspe  | cting, handling of violations, and er                                   | nforcing conservat                    | ion easements during                           | the year                  |                          |
| 8   | Does each conservation easement reported on   | line 2(d) above satisfy the requi                                       | rements of secti                      | on 170(h)(4)(B)(i)                             | 7v                        | □ N-                     |
|     | and section 170(h)(4)(B)(ii)?   |   |                                       | <u> </u>                                       | Yes                       | ∐ No                     |
| 9   | In Part XIII, describe how the organization rep include, if applicable, the text of the footnote t conservation easements.                              | orts conservation easements in it of the organization's financial state | ts revenue and e<br>tements that des  | expense statement as<br>scribes the organizati | nd balance<br>on's accou  | sheet, and<br>inting for |
| Par | Organizations Maintaining Collection Complete if the organization answ  | c <b>tions of Art, Historical Tro</b><br>vered 'Yes' on Form 990, F     | easures, or C<br>Part IV, line 8      | ther Similar Ass                               | ets.                      |                          |
| 1 a | If the organization elected, as permitted under historical treasures, or other similar assets hel Part XIII the text of the footnote to its financia    | ld for public exhibition, education                                     | . or research in                      | ement and balance s<br>furtherance of public   | heet works<br>service, pi | s of art,<br>rovide in   |
| I   | If the organization elected, as permitted under<br>historical treasures, or other similar assets held for<br>following amounts relating to these items: | FASB ASC 958, to report in its r public exhibition, education, or res   | revenue stateme<br>search in furthera | nt and balance shee<br>nce of public service,  | t works of a provide the  | art,                     |
|     | (i) Revenue included on Form 990, Part VIII,  | line 1  |                                       |  |                           |                          |
|     | (ii) Assets included in Form 990, Part X  |   |                                       | ▶\$  |                           |                          |
|     | If the organization received or held works of art, h amounts required to be reported under FASB   | ASC 958 relating to these items:  |                                       |  | owing                     |                          |
|     | a Revenue included on Form 990, Part VIII, line   |   |                                       |  |                           |                          |
| ı   | Assets included in Form 990, Part X   |   |                                       | ▶\$ <sup>¯</sup>                               |                           |                          |

| Part III Organizations Maintaining C  | Collections of Art, Histo            | rical Treasures, or             | Other Similar Ass            | ets (continue    | ∍d)       |
|---|--------------------------------------|---------------------------------|------------------------------|------------------|-----------|
| <b>3</b> Using the organization's acquisition, accessi items (check all that apply):      | on, and other records, check ar      | ny of the following that m      | ake significant use of its   | collection       |           |
| a Public exhibition   | <b>d</b> Loan o                      | or exchange program             |                              |                  |           |
| <b>b</b> Scholarly research   | e Other                              |                                 |                              |                  |           |
| c Preservation for future generations   | _                                    |                                 |                              |                  |           |
| 4 Provide a description of the organization's contract XIII.                              | ollections and explain how they      | further the organization's      | s exempt purpose in          |                  |           |
| 5 During the year, did the organization solid to be sold to raise funds rather than to be |                                      |                                 |                              | Yes              | No        |
| Part IV   Escrow and Custodial Arran line 9, or reported an amoun                         |                                      |                                 | swered 'Yes' on Fo           | rm 990, Part     | IV,       |
| 1 a Is the organization an agent, trustee, cus on Form 990, Part X?                       | todian or other intermediary         | for contributions or othe       | er assets not included       | Yes              | No        |
| <b>b</b> If 'Yes,' explain the arrangement in Part  |                                      |                                 |                              |                  | J         |
|   |                                      |                                 |                              | Amount           |           |
| <b>c</b> Beginning balance  |                                      |                                 | 1с                           |                  |           |
| <b>d</b> Additions during the year  |                                      |                                 | 1 d                          |                  |           |
| e Distributions during the year   |                                      |                                 |                              |                  |           |
| f Ending balance  |                                      |                                 |                              |                  |           |
| 2a Did the organization include an amount of  |                                      |                                 | -                            |                  | No        |
| <b>b</b> If 'Yes,' explain the arrangement in Part  | XIII. Check here if the explan       | ation has been provide          | d on Part XIII               |                  |           |
| Day I I I I I I I I I I I I I I I I I I I   |                                      | 10/ 1 5                         | 000 D 1 1 1 1 1 1            |                  |           |
| Part V Endowment Funds. Complet   |                                      |                                 |                              |                  | la a a la |
| 1 a Beginning of year balance   | urrent year (b) Prior year           | (c) Two years back              | (d) Three years back         | (e) Four years   | раск      |
| <b>b</b> Contributions  |                                      |                                 |                              | +                |           |
|   |                                      |                                 |                              | +                |           |
| c Net investment earnings, gains, and losses  |                                      |                                 |                              |                  |           |
| d Grants or scholarships  |                                      |                                 |                              | +                |           |
| e Other expenditures for facilities   |                                      |                                 |                              | +                |           |
| and programs  |                                      |                                 |                              |                  |           |
| f Administrative expenses   |                                      |                                 |                              |                  |           |
| <b>g</b> End of year balance  |                                      |                                 |                              |                  |           |
| <b>2</b> Provide the estimated percentage of the  | current year end balance (lin        | e 1g, column (a)) held          | as:                          |                  |           |
| a Board designated or quasi-endowment ►   | <u> </u>                             |                                 |                              |                  |           |
| <b>b</b> Permanent endowment ►  | <u> </u>                             |                                 |                              |                  |           |
| c Term endowment ► %  |                                      |                                 |                              |                  |           |
| The percentages on lines 2a, 2b, and 2c sho   | ould equal 100%.                     |                                 |                              |                  |           |
| 3 a Are there endowment funds not in the posse  | ssion of the organization that a     | re held and administered        | for the                      |                  |           |
| organization by:  |                                      |                                 |                              | Yes              | No        |
| (i) Unrelated organizations   |                                      |                                 |                              | 3a(i)            |           |
| <b>b</b> If 'Yes' on line 3a(ii), are the related organizations                           |                                      |                                 |                              | _ ` '            |           |
| 4 Describe in Part XIII the intended uses or  | · ·                                  |                                 |                              | . 30             |           |
| Part VI Land, Buildings, and Equipr   |                                      | in tunus.                       |                              |                  |           |
| Complete if the organization  |                                      | n 990, Part IV, line            | 11a. See Form 99             | 0, Part X, Iin   | e 10.     |
| Description of property   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book val     | ue        |
| <b>1 a</b> Land   |                                      | 807,500.                        |                              | 807,             | 500.      |
| <b>b</b> Buildings  |                                      |                                 |                              |                  |           |
| c Leasehold improvements  |                                      | 3,854,434.                      | 1,216,862.                   | 2,637,           | 572.      |
| <b>d</b> Equipment  |                                      | 939,193.                        | 709,367.                     | 229,             | 826.      |
| <b>e</b> Other  |                                      | 201,049.                        | 181,633.                     | 19,              | 416.      |
| Total. Add lines 1a through 1e. (Column (d) mi  | ust equal Form 990, Part X, o        | column (B), line 10c.)          |                              | 3,694,           |           |
| BAA   |                                      |                                 | Sched                        | ule D (Form 990) | 2021      |

| Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12 (c) Bearing of searthy or stategy (including name of searthy)  (b) Book value  (c) Method of valuation: Cost or end-d-year market value  (d) Sook value  (e) Method of valuation: Cost or end-d-year market value  (d) Costoly held equally interests.  (e) Costoly held equally interests.  (f) Costoly held equally interests.  (g) Costoly held equally interests.  (h) Costoly held equally interests.  (g) Costoly held equally interests.  (h) Book value   | <b>Part VII</b> |                          | - Other Securities.               |                           | N/A                                   |   |
|--|-----------------|--------------------------|-----------------------------------|---------------------------|---------------------------------------|---|
| (2) Closely held equally interests. (3) Other (4) (5) (7) (7) (8) (9) (9) (9) (10) Total. (Column (2) must equal from 290, Part X, column (8) fine 15). (9) (10) (10) (10) (10) (10) (10) (10) (10   |                 |                          |                                   |                           |                                       |   |
| (2) Closely held equity interests.  (3) Other (4) (6) (7) (9) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10   |                 | <u> </u>                 |                                   | * *                       | (c) Method of valuation: Cost or e    | end-of-year market value                |
| (3) Other (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B   |                 |                          |                                   |                           |                                       |   |
| (6) (7) (8) (9) Description of investment (9) Book value (9) Method of valuation: Cost or end-of-year market value (1) (9) Description of investment (9) Book value (1) Book value (1) Book value (2) Method of valuation: Cost or end-of-year market value (3) (4) (5) (6) (7) (8) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1   |                 | y held equity interes    | sts                               |                           |                                       |   |
| (C) (E) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G   | ` '             |                          |                                   |                           |                                       |   |
| (C) (E) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G   | (A)             |                          |                                   | _                         |                                       |   |
| (C)  |                 |                          |                                   | _                         |                                       |   |
| (C) (G) (F) (F) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F   | (C)             |                          |                                   | -                         |                                       |   |
| (G)  | (F) — — —       |                          |                                   | _                         |                                       |   |
| (G) (F) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I   |                 |                          |                                   |                           |                                       |   |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   |                 |                          |                                   | _                         |                                       |   |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 12.      Part VIII   Investments - Program Related.  |                 |                          |                                   | -                         |                                       |   |
| Total. (Column (b) must equal Form 930, Part X, column (B) line 12).  Part VIII   Investments — Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g   |                 |                          |                                   |                           |                                       |   |
| Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   (a) Description of investment   (b) Book value   (c) Method of valuation: Cost or end-of-year market value     (2)   |                 | mn (b) must equal Form 9 | 990. Part X. column (B) line 12.) | -                         |                                       |   |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) (3) (4) (5) (6) (7) (8) (9) (10) Iotal. (Column (b) must equal Form 990, Part X, column (B) line 13.)    Part X   |                 | I Investments -          | - Program Related.                |                           | N/A                                   |   |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13). ► Part X Other Liabilities.  (2) CONSTRUCTION IN PROGRESS (5) (6) (7) (8) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) line 15. (a) Description (b) Book value (c) EMPLOYEE ADVANCES (6) 346, 898. (7) (8) (9) (10) (10) EMPLOYEE ADVANCES (7) (8) (9) (10) (10) EMPLOYEE ADVANCES (8) (9) (10) (10) EMPLOYEE (10) EMPLOY | · urc viii      | Complete if the          | e organization answere            |                           |                                       |   |
| (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.).   Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) BENEFICIAL INT IN ASSETS - HELD BY C.F. (a) Description (2) CONSTRUCTION IN PROGRESS (3) DEPOSIT (4) EMPLOYEE ADVANCES (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.).  (a) Description of liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (2) DEPOSITS (2) DEPOSITS (2) DEPOSITS (3) (4)  |                 | (a) Description of       | investment                        | (b) Book value            | (c) Method of valuation: Cost or      | end-of-year market value                |
| (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). P  Part IX Other Assets.  (a) Description (b) BENEFICIAL INT IN ASSETS - HELD BY C.F. 500, 000. (2) CONSTRUCTION IN PROGRESS 6, 346, 898. (3) DEPOSIT 49, 378. (4) EMPLOYEE ADVANCES 5, 49, 371, 196. (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.). Potal. (Column (b) must equal Form 990, Part X, column (B) line 15.). Potal. (Column (b) must equal Form 990, Part X, column (b) line 15.). Potal. (Column (c) must equal Form 990, Part X, column (b) line 15.). Potal. (Column (c) must equal Form 990, Part X, column (B) line 15.). Potal. (Column (c) must equal Form 990, Part X, column (d) line 15.). Potal. (Column (d) must equal Form 990, Part X, column (d) line 15.). Potal. (column (d) must equal Form 990, Part X, column (d) line 15.). Potal. (column (d) must equal Form 990, Part X, column (d) line 15.). Potal. (d) Description of liability (d) Book value (e) DEPOSITS |                 |                          |                                   |                           |                                       |   |
| (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) BENEFICIAL INT IN ASSETS – HELD BY C.F. (2) Description (b) Book value (1) BENEFICIAL INT IN PROGRESS (6, 346, 898. (3) DEPOSIT (4) EMPLOYEE ADVANCES (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)   |                 |                          |                                   |                           |                                       |   |
| (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  (a) Description (b) Beok value (1) BENEFICIAL INT IN ASSETS – HELD BY C.F. (2) CONSTRUCTION IN PROGRESS (3) DEPOSIT (4) EMPLOYEE ADVANCES (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description (b) Book value (c) Book value (d) EMPLOYEE ADVANCES (e) (f) (f) (g) (g) (g) (g) (g) (h) Federal income taxes (g) DEPOSITS (g) D       |                 |                          |                                   |                           |                                       |   |
| (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (c) CONSTRUCTION IN PROGRESS (d) DEPOSIT (e) EMPLOYEE ADVANCES (3) DEPOSIT (4) EMPLOYEE ADVANCES (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)  |                 |                          |                                   |                           |                                       |   |
| (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) BOOK value (1) BENEFICIAL INT IN ASSETS – HELD BY C.F. 500,000. (2) CONSTRUCTION IN PROGRESS 6,346,898. (3) DEPOSIT 49,378. (4) EMPLOYEE ADVANCES 377,196. (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.). 6,933,472.  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) DEPOSITS 2,500. (3) (4)   |                 |                          |                                   |                           |                                       |   |
| (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.).  Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (b) Book value (c) CONSTRUCTION IN PROGRESS (6, 346, 898. (d) DEPOSIT (4, 200, 200, 200, 200, 200, 200, 200, 20   |                 |                          |                                   |                           |                                       |   |
| (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13).    Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) BENEFICIAL INT IN ASSETS – HELD BY C.F. 500, 000. (2) CONSTRUCTION IN PROGRESS 6,346,898. (3) DEPOSIT 49,378. (4) EMPLOYEE ADVANCES 377,196. (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.).    (6) Form 990, Part X, line 25.  Total (Column (b) must equal Form 990, Part X, column (B) line 15.).    (6) Form 990, Part X, line 25.  (7) Federal income taxes (2) DEPOSITS (2,500. (4)   |                 |                          |                                   |                           |                                       |   |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13). Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) BENEFICIAL INT IN ASSETS - HELD BY C.F. 500, 000. (2) CONSTRUCTION IN PROGRESS 6, 346, 898. (3) DEPOSIT 49, 378. (4) EMPLOYEE ADVANCES 37, 196. (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 15.) 6, 933, 472.  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) DEPOSITS 2, 500. (3) (4)   |                 |                          |                                   |                           |                                       |   |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.).    Part IX   |                 |                          |                                   |                           |                                       |   |
| Part IX  |                 | mn (h) must equal Form 9 | 190 Part X column (B) line 13 )   | <b>&gt;</b>               |                                       |   |
| (a) Description (b) Book value  (1) BENEFICIAL INT IN ASSETS - HELD BY C.F.  (2) CONSTRUCTION IN PROGRESS (3) DEPOSIT (4) EMPLOYEE ADVANCES (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 15.).  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (c) DEPOSITS (3) (4)   |                 | Other Assets.            |                                   |                           |                                       |   |
| (1) BENEFICIAL INT IN ASSETS - HELD BY C.F. 500,000.  (2) CONSTRUCTION IN PROGRESS 6,346,898.  (3) DEPOSIT 49,378.  (4) EMPLOYEE ADVANCES 37,196.  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 15.). 6,933,472.  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) DEPOSITS 2,500.  (3)  (4)  |                 | Complete if the          |                                   |                           | 0, Part IV, line 11d. See Ford        |   |
| (2) CONSTRUCTION IN PROGRESS (3) DEPOSIT (4) EMPLOYEE ADVANCES (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 15.).   | (1) DEB         | IDDICTAL TAIM            |                                   |                           |                                       |   |
| (3) DEPOSIT (4) EMPLOYEE ADVANCES (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 15.).  |                 |                          |                                   | SI C.F.                   |                                       |   |
| (4) EMPLOYEE ADVANCES       37,196.         (5)       (6)         (7)       (8)         (9)       (10)         Total. (Column (b) must equal Form 990, Part X, column (B) line 15.).       6,933,472.         Part X       Other Liabilities.         Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability       (b) Book value         (1) Federal income taxes       2,500.         (2) DEPOSITS       2,500.         (3)       (4)   |                 |                          | FROGRESS                          |                           |                                       |   |
| (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 15.).    Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) DEPOSITS (2, 500. (3) (4)  |                 |                          | ES                                |                           |                                       |   |
| (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 15.) 6, 933, 472.  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) DEPOSITS 2, 500. (3) (4)   |                 |                          | -                                 |                           |                                       | , |
| (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)   |                 |                          |                                   |                           |                                       |   |
| (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)   |                 |                          |                                   |                           |                                       |   |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 15.).  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) DEPOSITS (3) (4)  | (8)             |                          |                                   |                           |                                       |   |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 15.).  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) DEPOSITS (3) (4)  |                 |                          |                                   |                           |                                       |   |
| Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) DEPOSITS 2,500. (3) (4)   |                 | aluma (h) must agus      | al Form 990 Part Y column         | (P) line 15 )             |                                       | ► 6 022 472                             |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) DEPOSITS 2,500.  (3) (4)   |                 |                          |                                   | ( <i>D)</i> IIIIe 13.)    |                                       | 0,933,472.                              |
| 1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) DEPOSITS 2,500.  (3) (4)  | ΓαιιΛ           | Complete if the or       | ganization answered 'Yes' on      | Form 990, Part IV, line 1 | 1e or 11f. See Form 990, Part X, line | e 25.                                   |
| (2) DEPOSITS 2,500. (3) (4)  | 1.              |                          |                                   |                           | , ,                                   |   |
| (3)<br>(4)   |                 |                          |                                   |                           |                                       |   |
| (4)  |                 | POSITS                   |                                   |                           |                                       | 2,500.                                  |
|  |                 |                          |                                   |                           |                                       |   |
| (5)  |                 |                          |                                   |                           |                                       |   |
| (6)  |                 |                          |                                   |                           |                                       |   |
| (7)  |                 |                          |                                   |                           |                                       |   |
| (8)  |                 |                          |                                   |                           |                                       |   |
| (9)  | (9)             |                          |                                   |                           |                                       |   |
| (10)   |                 |                          |                                   |                           |                                       |   |
| (11)   |                 |                          |                                   |                           |                                       |   |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25.).   2,500.   | Total. (Colu    | mn (h) must squal Form ( | 200 Part V salumn (P) line 25)    |                           |                                       | 2 500                                   |
| 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.   |                 |                          |                                   |                           |                                       |   |

| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re   | tuiii. |                        |
|--|--------|------------------------|
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  |        |                        |
| 1 Total revenue, gains, and other support per audited financial statements   | 1      | 14,624,176.            |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:  |        |                        |
| a Net unrealized gains (losses) on investments   |        |                        |
| <b>b</b> Donated services and use of facilities  |        |                        |
| c Recoveries of prior year grants  |        |                        |
| d Other (Describe in Part XIII.)   |        |                        |
| e Add lines 2a through 2d.   | 2 e    | -81,144.               |
| 3 Subtract line 2e from line 1.  | 3      | 14,705,320.            |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:   |        |                        |
| a Investment expenses not included on Form 990, Part VIII, line 7b   |        |                        |
| b Other (Describe in Part XIII.) SEE PART XIII 4b 7,218.   |        |                        |
| c Add lines 4a and 4b  | 4 c    | 7,218.                 |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).   | 5      | 14,712,538.            |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per   | Retur  | n.                     |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  |        |                        |
| 4. Total company and leave non-colling Company to take many  | 1      | 10 651 010             |
| 1 Total expenses and losses per audited financial statements   |        | 10,651,342.            |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  |        | 10,651,342.            |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  | 1      | 10,651,342.            |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  | 1      | 10,651,342.            |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities   | -      | 10,651,342.            |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities 2a 24,900. b Prior year adjustments 2b   |        | 10,651,342.            |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.   | 2 e    |                        |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  |        | 24,900.<br>10,626,442. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  | 2 e    | 24,900.                |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  | 2e     | 24,900.                |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities 2a 24,900.  b Prior year adjustments 2b 2c d Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b. 4a  b Other (Describe in Part XIII.) SEE PART XIII 4b 7,218. | 2 e 3  | 24,900.<br>10,626,442. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  | 2e     | 24,900.                |

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

#### **PART X - FASB ASC 740 FOOTNOTE**

Part XIII Supplemental Information.

MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE POSITIONS
TAKEN IN ITS FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY THAN
NOT TO BE SUSTAINED UPON EXAMINATION. THE ORGANIZATION'S RETURNS ARE SUBJECT TO
EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES, GENERALLY FOR THREE YEAR AND
FOUR YEARS, RESPECTIVELY, AFTER THEY ARE FILED.

BAA Schedule D (Form 990) 2021

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 4B OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

ADVISORY FEES INCLUDED IN REVENUE.....

**SCHEDULE D, PART XII, LINE 4B** OTHER EXPENSES INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

ADVISORY FEES INCLUDED IN REVENUE.....

#### PUBLIC DISCLOSURE COPY

#### **SCHEDULE J** (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990.

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number DIENTES COMMUNITY DENTAL CARE 77-0311752

#### Part I **Questions Regarding Compensation** Yes No 1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.... 1 b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?...... 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/ Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: **4** a Χ **b** Participate in or receive payment from a supplemental nonqualified retirement plan?..... 4 b Χ c Participate in or receive payment from an equity-based compensation arrangement?..... 4 c Χ If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?..... 5 a Χ 5 h Χ If 'Yes' on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6 a a The organization?..... Χ **b** Any related organization? 6 b Χ If 'Yes' on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If 'Yes,' describe in Part III. 7 Χ Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III..... Χ If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?.....

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021

## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

|                    | (    | B) Breakdown of W-2 a | nd/or 1099-MISC and/or              | r 1099-NEC compensation             |  | (D) Nontaxable | (E) Total of columns(B)(i)-(D) | (F) Compensation  |
|--------------------|------|-----------------------|-------------------------------------|-------------------------------------|--|----------------|--------------------------------|---|
| (A) Name and Title |      | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | (C) Retirement and other deferred compensation | benefits       | columns(B)(i)-(D)              | in column (B)<br>reported as<br>deferred on prior<br>Form 990 |
| LAURA MARCUS       | (i)  | 231,851.              | 0.                                  | 0.                                  | 0.   | 8,211.         | 240,062.                       | 0.  |
|                    | (ii) | 0.                    | $\frac{0}{0}$ .                     | <u>0</u> .                          | † <u>ö</u> :                                   | 0.             | $\frac{1}{0}$                  | 0.  |
|                    | (i)  | 166,850.              | 0.                                  | 0.                                  | 0.   | 5,018.         | 171,868.                       | 0.  |
|                    | (ii) | 0.                    | 0.                                  | 0.                                  | $\frac{1}{0}$ .                                | 0.             |                                | 0.  |
| CATHERINE MODJESKI | (i)  | 168,243.              | 0.                                  | 0.                                  | 0.   | 17,495.        | 185,738.                       | 0.  |
|                    | (ii) | 0.                    | 0.                                  | 0.                                  | $\overline{0}$ .                               | 0.             | 0.                             | 0.  |
| DAVID WISTROM      | (i)  | 171,091.              | 0.                                  | 0.                                  | 0.   | 30,272.        | 201,363.                       | 0.  |
| 4 DENTIST          | (ii) | 0.                    | 0.                                  | 0.                                  | $\overline{0}$ .                               | 0.             | $\overline{0}$ .               | 0.  |
|                    | (i)  | 259,131.              | 0.                                  | 0.                                  | 0.   | 8,037.         | 267,168.                       | 0.  |
|                    | (ii) | 0.                    | 0.                                  | 0.                                  | 0.   | 0.             | 0.                             | 0.  |
|                    | (i)  | 175,829.              | 0.                                  | 0.                                  | 0.   | 5,331.         | 181,160.                       | 0.  |
| 6 DENTIST          | (ii) | 0.                    | 0.                                  | 0.                                  | 0.   | 0.             | 0.                             | 0.  |
|                    | (i)  |                       |                                     |                                     | L  |                | L                              |   |
|                    | (ii) |                       |                                     |                                     |  |                |                                |   |
|                    | (i)  |                       |                                     |                                     |  |                | L                              |   |
|                    | (ii) |                       |                                     |                                     |  |                |                                |   |
|                    | (i)  |                       |                                     |                                     |  |                | L                              |   |
|                    | (ii) |                       |                                     |                                     |  |                |                                |   |
|                    | (i)  |                       |                                     |                                     |  |                | L                              |   |
|                    | (ii) |                       |                                     |                                     |  |                |                                |   |
|                    | (i)  |                       |                                     |                                     | <u> </u>                                       |                | L                              |   |
|                    | (ii) |                       |                                     |                                     |  |                |                                |   |
|                    | (i)  |                       |                                     |                                     | <u> </u>                                       |                | L                              |   |
|                    | (ii) |                       |                                     |                                     |  |                |                                |   |
|                    | (i)  |                       |                                     |                                     | <b> </b>                                       |                | <b>_</b>                       |   |
|                    | (ii) |                       |                                     |                                     |  |                |                                |   |
|                    | (i)  |                       |                                     |                                     | <b> </b>                                       |                | <b>_</b>                       |   |
|                    | (ii) |                       |                                     |                                     |  |                |                                |   |
|                    | (i)  |                       |                                     |                                     | L  |                | <b></b>                        |   |
|                    | (ii) |                       |                                     |                                     |  |                |                                |   |
|                    | (i)  |                       | - – – – – – –                       |                                     | <b> </b>                                       |                | <b></b>                        |   |
| 16                 | (ii) |                       |                                     |                                     |  |                |                                |   |

BAA

TEEA4102L 10/27/21

Schedule J (Form 990) 2021

### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

#### PUBLIC DISCLOSURE COPY

### **SCHEDULE M** (Form 990)

#### **Noncash Contributions**

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

(c) Noncash contribution

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

(a) Check if

► Attach to Form 990.

**Open to Public** Inspection

Name of the organization Employer identification number DIENTES COMMUNITY DENTAL CARE 77-0311752 Part I Types of Property

(b) Number of

|     |   | Check if applicable contributiems co |                           | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of de<br>noncash contribu | etermining |
|-----|---|--------------------------------------|---------------------------|---|---|------------|
| 1   | Art — Works of art  |                                      |                           |   |   |            |
| 2   | Art — Historical treasures  |                                      |                           |   |   |            |
| 3   | Art — Fractional interests  |                                      |                           |   |   | _          |
| 4   | Books and publications  | Х                                    |                           | 11,284.   | FMV                                     |            |
| 5   | Clothing and household goods  |                                      |                           | ,   |   |            |
| 6   | Cars and other vehicles   |                                      |                           |   |   |            |
| 7   | Boats and planes  |                                      |                           |   |   |            |
| 8   | Intellectual property   |                                      |                           |   |   |            |
| 9   | Securities – Publicly traded  |                                      |                           |   |   | _          |
| 10  | Securities – Closely held stock   |                                      |                           |   |   | _          |
| 11  | Securities – Partnership, LLC, or trust interests.                        |                                      |                           |   |   |            |
| 12  | Securities – Miscellaneous  |                                      |                           |   |   |            |
| 13  | Qualified conservation contribution — Historic structures                 |                                      |                           |   |   |            |
| 14  | Qualified conservation contribution — Other                               |                                      |                           |   |   |            |
| 15  | Real estate – Residential   |                                      |                           |   |   |            |
| 16  | Real estate – Commercial  |                                      |                           |   |   |            |
| 17  | Real estate – Other.  |                                      |                           |   |   | _          |
| 18  | Collectibles  |                                      |                           |   |   |            |
| 19  | Food inventory  |                                      |                           |   |   |            |
| 20  | Drugs and medical supplies  |                                      |                           |   |   | _          |
| 21  | Taxidermy   |                                      |                           |   |   | _          |
| 22  | Historical artifacts  |                                      |                           |   |   |            |
| 23  | Scientific specimens  |                                      |                           |   |   |            |
| 24  | Archeological artifacts   |                                      |                           |   |   |            |
| 25  | Other ► (COVID TESTS, OUTREAC )   | Χ                                    | 1                         | 34,254.   | FMV                                     |            |
| 26  | Other ► (VARIOUS DENTAL SUPPL )   | Χ                                    | 1                         | 14,800.   |   |            |
| 27  | Other ► (DENTAL SUPPLIES)   | Χ                                    | 5                         |   |   |            |
| 28  | Other► ( )  |                                      |                           |   |   |            |
| 29  | Number of Forms 8283 received by the organization di                      |                                      |                           |   |   | _          |
|     | organization completed Form 8283, Part V, Donee                           | Acknowled                            | gement                    |   | 29                                      |            |
|     |   |                                      |                           |   |   | Yes No     |
| 30a | During the year, did the organization receive by contril                  | bution any pr                        | operty reported in Part I | . lines 1 through 28, that  |   |            |
|     | it must hold for at least three years from the date                       | of the initial                       | contribution, and which   | ch isn't required to be u   | sed                                     |            |
|     | for exempt purposes for the entire holding period?                        |                                      |                           |   | 30 a                                    | X          |
| b   | If 'Yes,' describe the arrangement in Part II.                            |                                      |                           |   |   |            |
| 31  | Does the organization have a gift acceptance police                       | cy that requi                        | res the review of any r   | nonstandard contributio   | ns? <b>31</b>                           | X          |
| 32a | Does the organization hire or use third parties or r contributions?       |                                      |                           |   | 32 a                                    | X          |
| b   | If 'Yes,' describe in Part II.  |                                      |                           |   |   |            |
|     | If the organization didn't report an amount in colur describe in Part II. | mn (c) for a                         | type of property for wh   | nich column (a) is chec   | ked,                                    |            |
|     |   |                                      |                           |   |   |            |

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2021

77-0311752

Page 2

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

BAA TEEA4602L 11/4/21 Schedule M (Form 990) 2021

#### PUBLIC DISCLOSURE COPY

#### 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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

DIENTES COMMUNITY DENTAL CARE

Employer identification number

77-0311752

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

MANAGEMENT AND THE BOARD OF DIRECTORS RECEIVE A COPY OF THE 990 FOR REVIEW BEFORE FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

GOVERNANCE COMMITTEE MONITORS AND ENFORCES COMPLIANCE WITH THE POLICY.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

ANNUAL REVIEW IS COMPLETED BY THE EXECUTIVE COMMITTEE USING MARKET BASED DATA FOR COMPARABLE HEALTHCARE ORGANIZATIONS (E.G. GEOGRAPHY, BUDGET, FTES.)

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

ANNUAL REVIEW IS COMPLETED BY THE EXECUTIVE DIRECTOR USING MARKET BASED DATA FOR OTHER HEALTHCARE ORGANIZATIONS (E.G. GEOGRAPHY, BUDGET, FTES.)

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION'S FOUNDING DOCUMENTS AND COPIES OF RETURNS AND FINANCIAL STATEMENTS CAN BE REQUESTED AT THE ORGANIZATION'S BUSINESS OFFICE.

#### PUBLIC DISCLOSURE COPY

#### SCHEDULE R (Form 990)

**Related Organizations and Unrelated Partnerships** 

Part I Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

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

2021

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

DIENTES COMMUNITY DENTAL CARE

Open to Public Inspection

Employer identification number

| Name, address, and EIN (if applicable) of disregarded ent  | (a) Name, address, and EIN (if applicable) of disregarded entity |                               | <b>(b)</b><br>Primary activity                |           | (c) Legal domicile (state or foreign country) |  | ( <b>d)</b><br>otal income En |                              | <b>(e)</b><br>End-of-year assets |                                     | (f) Direct controlling entity |    |
|--|--|-------------------------------|---|-----------|---|--|-------------------------------|------------------------------|----------------------------------|-------------------------------------|-------------------------------|----|
| (1) DIENTES CAPITOLA ROAD, LLC  1830 COMMERCIAL WAY  SANTA CRUZ, CA 95065  85-4214710              |  | REAL PROPERTY OWNERSHIP       |   | CA        |   | 0.   |                               | 337,500.                     |                                  | DIENTES<br>COMMUNITY<br>DENTAL CARE |                               | TY |
| (2)  | -  |                               |   |           |   |  |                               |                              |                                  |                                     |                               |    |
| (3)  | <br>   |                               |   |           |   |  |                               |                              |                                  |                                     |                               |    |
| Part II Identification of Related Tax-Exempt Organization of more related tax-exempt organization. | ganization<br>nization   | ons. Complete s during the ta | if the org                                    | anization | answere                                       | d 'Yes'  | on Form 990                   | 0, Part                      | IV, line 34,                     | becau                               | se it                         |    |
| (a) Name, address, and EIN of related organization   | <b>(b)</b><br>Primary activity                                   |                               | (c) Legal domicile (state or foreign country) |           | (d)<br>Exempt (<br>section                    | (d) npt Code ection  (e) Public charity (if section 501) |                               | status Direct control entity |                                  | controlled enti                     |                               |    |
| <u>(1)</u>   |  |                               |   |           |   |  |                               |                              |                                  |                                     | Yes                           | No |
| (2)<br>  |  |                               |   |           |   |  |                               |                              |                                  |                                     |                               |    |
| <u>(3)</u>   |  |                               |   |           |   |  |                               |                              |                                  |                                     |                               |    |
| (4)  |  |                               |   |           |   |  |                               |                              |                                  |                                     |                               |    |

| Part III | <b>Identification of Related Organizations Taxable as a Partnership.</b> because it had one or more related organizations treated as a partnership. | Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, |
|----------|---|--|
|          | because it had one or more related organizations treated as a par   | thership during the tax year.  |

| (a) Name, address, and EIN of related organization | (b)<br>Primary activity | (c) Legal domicile (state or foreign country) | (d)<br>Direct<br>controlling<br>entity | (e) Predominant income (related, unrelated, excluded from tax under sections | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | l tior | h)<br>ropor-<br>nate<br>ations? | amount in box<br>20 of Schedule<br>K-1 (Form | Gene<br>mana<br>part | i)<br>eral or<br>aging<br>ner? | (k)<br>Percentage<br>ownership |
|--|-------------------------|---|--|--|---------------------------------|--|--------|---------------------------------|--|----------------------|--------------------------------|--------------------------------|
|  |                         | country)                                      |  | 512-514)   |                                 |  | Yes    | No                              | 1065)  | Yes                  | No                             |                                |
| (1)  |                         |   |  |  |                                 |  |        |                                 |  |                      |                                |                                |
|  |                         |   |  |  |                                 |  |        |                                 |  |                      |                                |                                |
|  |                         |   |  |  |                                 |  |        |                                 |  |                      |                                |                                |
|  |                         |   |  |  |                                 |  |        |                                 |  |                      |                                |                                |
| (2)  |                         |   |  |  |                                 |  |        |                                 |  |                      |                                |                                |
|  |                         |   |  |  |                                 |  |        |                                 |  |                      |                                |                                |
|  |                         |   |  |  |                                 |  |        |                                 |  |                      |                                |                                |
|  |                         |   |  |  |                                 |  |        |                                 |  |                      |                                |                                |
| (3)  |                         |   |  |  |                                 |  |        |                                 |  |                      |                                |                                |
|  |                         |   |  |  |                                 |  |        |                                 |  |                      |                                |                                |
|  | 1                       |   |  |  |                                 |  |        |                                 |  |                      |                                |                                |
|  | 1                       |   |  |  |                                 |  |        |                                 |  |                      |                                |                                |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | <b>(b)</b><br>Primary activity | (c) Legal domicile (state or foreign country) | (d)<br>Direct<br>controlling<br>entity | (e) Type of entity (C corp, S corp, or trust) | (f)<br>Share of<br>total income | (g)<br>Share of end-of-<br>year assets | (h)<br>Percentage<br>ownership | Sec 512<br>controlled | )<br>(b)(13)<br>d entity? |
|--|--------------------------------|---|--|---|---------------------------------|--|--------------------------------|-----------------------|---------------------------|
|  |                                | country)                                      | Critity                                | or trusty                                     |                                 |  |                                | Yes                   | No                        |
| (1)  |                                |   |  |   |                                 |  |                                |                       |                           |
|  |                                |   |  |   |                                 |  |                                |                       |                           |
|  | •                              |   |  |   |                                 |  |                                |                       |                           |
|  | •                              |   |  |   |                                 |  |                                |                       |                           |
| (2)  |                                |   |  |   |                                 |  |                                |                       |                           |
| <u></u>  | •                              |   |  |   |                                 |  |                                |                       |                           |
|  | •                              |   |  |   |                                 |  |                                |                       |                           |
|  |                                |   |  |   |                                 |  |                                |                       |                           |
| (D)  |                                |   |  |   |                                 |  |                                |                       |                           |
| (3)  |                                |   |  |   |                                 |  |                                |                       |                           |
|  |                                |   |  |   |                                 |  |                                |                       |                           |
|  |                                |   |  |   |                                 |  |                                |                       |                           |
|  |                                |   |  |   |                                 |  |                                |                       |                           |

**BAA** TEEA5002L 09/21/21 Schedule **R** (Form 990) 2021

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

### Part V Transactions With Related Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity                            |             |                           | 1 a                          |           | Х        |
|--|-------------|---------------------------|------------------------------|-----------|----------|
| <b>b</b> Gift, grant, or capital contribution to related organization(s)   |             |                           | 1 b                          |           | Х        |
| c Gift, grant, or capital contribution from related organization(s)  |             |                           | 1 c                          |           | Х        |
| d Loans or loan guarantees to or for related organization(s)   |             |                           | 1 d                          |           | Χ        |
| e Loans or loan guarantees by related organization(s)  |             |                           | 1 e                          |           | Χ        |
|  |             |                           |                              |           |          |
| f Dividends from related organization(s)   |             |                           |                              |           | Χ        |
| g Sale of assets to related organization(s)  |             |                           |                              |           | Χ        |
| h Purchase of assets from related organization(s)  |             |                           | 1 h                          |           | Χ        |
| i Exchange of assets with related organization(s)  |             |                           | 1i                           |           | Χ        |
| j Lease of facilities, equipment, or other assets to related organization(s)   |             |                           | 1 j                          |           | X        |
|  |             |                           |                              |           | .,       |
| k Lease of facilities, equipment, or other assets from related organization(s).  |             |                           |                              |           | <u>X</u> |
| Performance of services or membership or fundraising solicitations for related organization(s)                               |             |                           |                              |           | X        |
| m Performance of services or membership or fundraising solicitations by related organization(s)                              |             |                           |                              |           | X        |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)                              |             |                           |                              |           | X        |
| o Sharing of paid employees with related organization(s)   |             |                           | 10                           |           | X        |
|  |             |                           |                              |           |          |
| p Reimbursement paid to related organization(s) for expenses   |             |                           | <del></del>                  |           | X        |
| q Reimbursement paid by related organization(s) for expenses.  |             |                           | 1 q                          |           | X        |
| r Other transfer of cash or property to related organization(s)  |             |                           | 1r                           |           | Х        |
| s Other transfer of cash or property from related organization(s)  |             |                           |                              |           | X        |
| 2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including |             |                           | 1.31                         | ļ         | 71       |
|  | (b)         |                           | (d                           | l)        |          |
| (a) Name of related organization   | Transaction | (c)<br>Amount involved Me | (d)<br>thod of c<br>amount i | feterm    | ining    |
|  | type (a-s)  |                           | annount                      | IIIVOIVE  | eu       |
| 1)   |             |                           |                              |           |          |
| 1)   |             |                           |                              |           |          |
| 21   |             |                           |                              |           |          |
| 2)   |             | +                         |                              |           |          |
| 3)   |             |                           |                              |           |          |
| <b>9</b>   |             |                           |                              |           |          |
| 4)   |             |                           |                              |           |          |
| <b>7</b>   |             | +                         |                              |           |          |
| 5)   |             |                           |                              |           |          |
| <i>∨</i> ,   |             |                           |                              |           |          |
|  |             |                           |                              |           |          |
| 6) TEEA5003L 09/21/21  |             | Schedule                  | R (Form                      | 1 9901    | 2021     |
| TEEA3003L 09/21/21   |             | Juliedule                 | (1 0111                      | , ,,,,,,, | ا عاب    |

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a)<br>Name, address, and EIN of entity | <b>(b)</b><br>Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unre- lated, excluded from tax under | (e) Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h) Disproportionate allocations? |    | Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1<br>(Form 1065) | General or managing partner? |    | <b>(k)</b><br>Percentage<br>ownership |
|---|--------------------------------|---|---|---|----|---------------------------------|--|-----------------------------------|----|---|------------------------------|----|---------------------------------------|
|   |                                |   | from tax under<br>sections 512-514)                                   | Yes   | No |                                 |  | Yes                               | No | (, 0,,,,  | Yes                          | No | †                                     |
| <u>(1)</u>                              |                                |   |   |   |    |                                 |  |                                   |    |   |                              |    |                                       |
|   |                                |   |   |   |    |                                 |  |                                   |    |   |                              |    |                                       |
| <u>(2)</u>                              |                                |   |   |   |    |                                 |  |                                   |    |   |                              |    |                                       |
|   |                                |   |   |   |    |                                 |  |                                   |    |   |                              |    |                                       |
| (3)                                     |                                |   |   |   |    |                                 |  |                                   |    |   |                              |    |                                       |
|   |                                |   |   |   |    |                                 |  |                                   |    |   |                              |    |                                       |
| <u>(4)</u>                              |                                |   |   |   |    |                                 |  |                                   |    |   |                              |    |                                       |
|   |                                |   |   |   |    |                                 |  |                                   |    |   |                              |    |                                       |
| (5)                                     |                                |   |   |   |    |                                 |  |                                   |    |   |                              |    |                                       |
|   |                                |   |   |   |    |                                 |  |                                   |    |   |                              |    |                                       |
| <u>(6)</u>                              |                                |   |   |   |    |                                 |  |                                   |    |   |                              |    |                                       |
|   |                                |   |   |   |    |                                 |  |                                   |    |   |                              |    |                                       |
| <u></u>                                 |                                |   |   |   |    |                                 |  |                                   |    |   |                              |    |                                       |
|   |                                |   |   |   |    |                                 |  |                                   |    |   |                              |    |                                       |
| <u>(8)</u>                              |                                |   |   |   |    |                                 |  |                                   |    |   |                              |    |                                       |
|   |                                |   |   |   |    |                                 |  |                                   |    |   |                              |    |                                       |

**BAA** TEEA5004L 09/21/21 Schedule **R** (Form 990) 2021

# Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.