Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	2022 calend	ar year, or tax	year beginn	ning		, 2022,	and endii	ng		, 20
В	Check if a	applicable:	C Name of organ	nization TH	E DENTAL HEA	LTH THEATRE,	INC.			D Empl	loyer identification number
	Address o	change	Doing busines	s as HE	ALTHWORKS! K	IDS' MUSEUM S	T. LOUIS				75-3018876
	Name cha	ange	Number and s	treet (or P.O. box	x if mail is not delivered to	street address)		Room/suit	te	E Telep	hone number
	Initial retu	-	1100 M	ACKLIND	AVENUE						(314)241-7391
一		rn/terminated			country, and ZIP or foreig	an postal code				G Gros	s receipts
一	Amended			LOUIS, M		, ,				\$	301,446
一		n pending	F Name and add			нетту.			H(a) le this a gr		for subordinates? Yes X No
_	фрисало	portaining		S C ABOV					H(b) Are all s		
_	Tax-exem	nt status: X	501(c)(3)	501(c) () (insert no.)	4947(a)(1) or	527				st. See instructions
	Website:		I.HWSTL.OF) (Insert no.)		321		H(c) Group e		
			Corporation	1 -	ociation Other		L Year of format	tion: 197			gal domicile: MO
	rt I	Summar		11u3t 733	ociation other		L Tear of format	11011. 1 37	7 111 0	tate of leg	gai dornicile. 140
	1			ation's mission	on or most significar	nt activities: TO	בצרדד או	ND TNGI	סדסק אדו	א פר	TH THE KNOWLEDGE
_	-	•	•		ER LIVES.	<u>10</u>	EACTIE A	ND INDI	TKE KII)D WI	III IIIE KNOMBEDGE
Governance		1110 1001	<u> </u>	111111111111	ER EIVES.						
rna											
Š	2	Check this b	ox if the o	rganization d	iscontinued its opera	ations or disposed of	more than 25°	% of its ne	et assets.		
Ö	3										11
•ŏ თ	4		•	•	• • •	ody (Part VI, line 1b)				4	11
Activities &	5		•	•		(Part V, line 2a)				5	3
Ę	6		r of volunteers		•					6	100
ĕ				•	Part VIII, column (C)					7a	0
					. , ,	art I, line 11				7b	0
	+~	110t diliciato	a buomeoo taxe	abic income i	1, 1 0	art 1, 11110 11 - 1 - 1			Prior Year	1.2	Current Year
Revenue	8	Contributions	s and grants (P	Part VIII line	1h)					,304	251,957
	9		vice revenue (I		,					,304 ,162	36,396
	10	J	,		07)				121	30,390
ě	11		,	•	•	c, and 11e)				121	3,755
Œ	12		,	. ,		ŕ			212	E 0 7	292,108
	13	3 Grants and similar amounts paid (Part IX, column (A), lines 1-3)									292,108
	14										0
	15					olumn (A), lines 5-10			0.2	,808	
es	162	•	•		olumn (A), line 11e)	, , ,	•		02	,000	119,444
Expenses	h		-	•	umn (D), line 25)						0
Š	17				es 11a-11d, 11f-24e)	26,606		207	,828	266,926
ш		•	•		equal Part IX, colum	,	 			,636	386,370
				•	O from line 10					,030 ,049)	-
		TKCVCHGC 100	о схреносо. С	abtract line 1	o nom me 12 -			Bogin	nning of Curre		,
Net Assets or	20	Total assets	(Part X, line 16	3)				Begin	1,097		End of Year 992,268
\sse	21		s (Part X, line 2	,						,336 ,216	197,388
let /	22		•	,	ne 21 from line 20					,210 ,142	794,880
	rt II		re Block	o.	2				005	,	7517000
				amined this retur	n, including accompanying	g schedules and statement	s, and to the best	of my knowle	edge and belief	, it is	
true	correct, a	and complete. De	claration of prepare	er (other than offi	cer) is based on all inform	nation of which preparer has	s any knowledge.				
		BOBR	Y HEITZ								
Sig	n	Signature of officer								Da	ate
He	re	BOBB	Y HEITZ,	TREASURE	:R						
		Type or print nar									
		Print/Type pre	eparer's name		Preparer's signature		Date		Check	X if	PTIN
Pai	d	Teresa	M. Hutter	CPA	Teresa M. Hu	tter, CPA			self-emp		P01717100
	parer			Hutter C				Fi	irm's EIN	,	1 2 2 7 2 7 2 0 0
	Only				levue Ave				hone no.		
		, Timis addies			ouis MO 63143					314-	474-7998
May	the IRS	discuss this			own above? See inst						· · · X Yes No

288,319

Part IV

75-3018876

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," x 2 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Х 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 х 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 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, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 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 10 or in quasi endowments? If "Yes," complete Schedule D, Part V х If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a Х b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 11b of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Х c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Х Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a Х b Was the organization included in consolidated, independent audited financial statements for the tax year? If 12b "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Х **14a** Did the organization maintain an office, employees, or agents outside of the United States? 14a х 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 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Х 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 **20 a** Did the organization operate one or more hospital facilities? *If* "Yes," *complete Schedule H* Х **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Form 990 (2022) THE DENTAL HEALTH THEATRE, INC.

Part IV Checklist of Required Schedules (continued)

	(OSIMINACO)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	140
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		
27	controlled entity or family member or any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		X
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			^
	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	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		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	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,	١		
25-	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 30		X
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	x	
Par				
- 41	Check if Schedule O contains a response or note to any line in this Part V			
	·		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	х	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a х b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a Х **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? х If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c С 6a 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? 6a Х If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b 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 7a Х If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was С 7с d е Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a а b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: а b Gross income from other sources (Do not net amounts due or paid to other sources 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 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. Enter the amount of reserves the organization is required to maintain by the states in which 13b the organization is licensed to issue qualified health plans 13c С 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a х 14b b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 Х If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.

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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 in Schedule O. See instructions.

	•	, ,	*				J				
	Check if Schedul	e O contains a r	esponse or note t	to any line in	this Part	VI .		 	 	 	 . x
Section A.	Governing B	ody and Ma	nagement								

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
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?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? • •	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c		_ X
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		_X
b	Other officers or key employees of the organization	15b		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	4-		
	with a taxable entity during the year?	16a		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	404		
Sec	organization's exempt status with respect to such arrangements?	16b		<u> </u>
17				
1 <i>7</i> 18	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
.0	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	In Specific inspection: Indicate now you made these available. Check all that apply. Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
_0	DR. KOURTENAY GREEN (314)241-7391, 1100 MACKLIND AVENUE, SAINT LOUIS, MO 63110			
	DR. ROUKIENAI GREEN (314)241-/391, IIUU MACKLIND AVENUE, SAINT LOUIS, MO 63110			

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

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any rela	ted organization	n com	pens	sated	d any	y curre	nt of	fficer, director, or tru	ustee.	
(A)	(B)	(40.1		Pos	(C) sition			(D)	(E)	(F)
Name and title	Average hours per week	box,	unles	ss per	rson is	nan one s both ar /trustee)		Reportable compensation from the organization (W-2/	Reportable compensation from related organizations (W-2/	Estimated amount of other compensation from the
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
(1) DR. KOURTENAY GREEN	40.00									
CO-EXECUTIVE DIRECTOR				Х				44,496	0	9,569
(2) ASHLEY ALLEN	40.00									
CO-EXECUTIVE DIRECTOR				Х				43,829	0	6,701
(3) ZORA HANKO	1.00									
DIRECTOR (RESIGNED)		х						0	0	0
(4) SHIRLEY KNIGHT	1.00									
DIRECTOR		х						0	0	0
(5) AMY TIEMEIER	1.00									
DIRECTOR		х						0	0	0
(6) THOMAS FLAVIN	1.00									
DIRECTOR (RESIGNED)		х						0	0	0
(7) AARON HARRIS	1.00									
DIRECTOR (RESIGNED)		х						0	0	0
(8) TRACY WILLIAMS	1.00									
DIRECTOR (RESIGNED)		х						0	0	0
(9) EDWARD ROTHWEIL	1.00									
DIRECTOR (RESIGNED)		х						0	0	0
(10)CHARLES POESCHL	1.00									
DIRECTOR		х						0	0	0
(11)STEVE WISNIEWSKI	1.00									
DIRECTOR		х						0	0	0
(12)MARY HELBLING	1.00									
DIRECTOR		х						0	0	0
(13)ALICIA MYLES-WARTTS	1.00									
DIRECTOR		x						0	o	0
(14)CARMEN BOESER	1.00									
DIRECTOR	-	х						0	0	0

A Form **990** (2022)

THE DENTAL HEALTH THEATRE, INC. 75-3018876

Part	VII Section A. Officers, Directors, T					(C)	5, un	u .	Ingricot Comp		<u>p.c</u>	yccs	(COIII	iriueu)
	(A)	(B)				sition			(D)	(E)			(F)	
	Name and title	Average	,				nan one s both ar		Reportable	Reportabl	e	Estim	ated am	nount
		hours					/trustee)		compensation	compensati	on		of other	r
		per week (list any							from the organization (W-2/	from relate organizations			mpensat rom the	ion
		hours for	Indiv or di	Instit	Office	Key	High emp	Former	1099-MISC/ 1099-NEC)	1099-MIS0 1099-NEC		-	nization d organi:	
		related	Individual or director	tution	ğ	employee	est c loyee	her	1099-NEC)	1099-NEC	'	relatet	ı organı.	ZaliOHS
		organizations below	Individual trustee or director	nstitutional trustee		oyee	ompe							
		dotted line)	ee	stee			Highest compensated employee							
(15)cr	AIG HOLLANDER	1.00					<u> </u>							
	CHAIR		x		х				0		0			0
	RISTENA_CLAUSS	1.00												
CHAI			х		x				0		0			0
(17)BC	BBY HEITZ	1.00												
TREA	SURER		х		х				0		0			0
(18) <u>M</u> I	CHELLE WELTMAN	1.00												
	STARY		Х		х				0		0			0
<u>(19)</u>														
(20)_														
(21)														
(22)														
(23)_														
(24)														
(25)														
	Subtotal			Ш							_			
С	Total from continuation sheets to Part VII, Secti	on A .												
d	Total (add lines 1b and 1c)								88,325		0		16,	270
2	Total number of individuals (including but not limited	d to those list	ed abo	ove) י	who	rece	eived n	nore	than \$100,000 of					
	reportable compensation from the organization													0
_						_							Yes	No
3	Did the organization list any former officer, director,				or hi	ghes	st com	pens	sated			3		
4	employee on line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is the sum of re				ond (· ·	r comr	· ·	eation from the			3		X
•	organization and related organizations greater than													
	individual											4		х
5	Did any person listed on line 1a receive or accrue of	compensation	n from	any i	unre	late	d orgai	nizat	tion or individual					
	for services rendered to the organization? If "Yes," or	complete Sch	edule .	J for	such	ı pei	rson					5		х
Secti	on B. Independent Contractors													
1	Complete this table for your five highest compensa													
	compensation from the organization. Report compe	ensation for t	he cal	enda	r yea	ar er	nding w	vith c		zation's tax y	ear.			
	(A)								(B)			(C)		
	Name and business addres	S							Description of service	es		Compens	ation	
2	Total number of independent contractors (including received more than \$100,000 of compensation from			nose	liste	d ab	ove) w	vho						

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		Check if Schedule O cor	ntains a response	or no	te to any line in this	Part VIII			[
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									sections 512-514
	1a	Federated campaigns •		1a					
န္ န	b	Membership dues		1b	319				
ran rut	С	Fundraising events	[1c	6,500				
, e	d	Related organizations •	[1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contri	ibutions)	1e					
B.S.	f	All other contributions, gift	s, grants,						
rior Si		and similar amounts not in	ncluded above	1f	245,138				
iba	g	Noncash contributions inc	luded in						
o de		lines 1a-1f		1g	\$				
ಕ ೮	h	Total. Add lines 1a-1f			'	251,957			
					Business Code				
Φ	2a	ATTENDANCE FEES			900099	36,396	36,396		
Š	b					,	,		
Ser	С								
Z Z	d								
Program Service Revenue	e								
õ		All other program service re	evenue	_					
_	g					36,396			
	3	Investment income (includii				30,330			
	٦	•	rig dividerias, inter						
	4	Income from investment of			ŀ				
	5	Royalties	•						+
		Noyalico I I I I I I I	(i) Real		(ii) Personal				
	6a	Gross rents			(II) Personal				
			6b						
		Less: rental expenses • •	 						
		Rental income or (loss)	6c						
		Net rental income or (loss)							
	7a	Gross amount from	(i) Securitie	S	(ii) Other				
		sales of assets	_						
		other than inventory	7a						
4)	b	Less: cost or other basis							
ž		and sales expenses	7b						
evenue		Gain or (loss)	7c						
8	d	Net gain or (loss)		·					
Other R	8a	Gross income from fundrais	sing						
ŏ		events (not including \$ _	6,500						
		of contributions reported or	n line						
		1c). See Part IV, line 18		8a	9,338				
	b	Less: direct expenses •		8b	9,338				
	С	Net income or (loss) from for	undraising events						
	9a	Gross income from gaming	J						
		activities, See Part IV, line	19	9a					
	b	Less: direct expenses •		9b					
	С	Net income or (loss) from g	gaming activities						
	10a	Gross sales of inventory, le	ess						
		returns and allowances •		10a	749				
	b	Less: cost of goods sold		10b					
		Net income or (loss) from s				749	749		
			•		Business Code				
ns	11a	MISCELLANEOUS			900099	3,006	3,006		
Miscellanous Revenue	b			_		2,230	2,230		
ella	С			_					
Re	_	All other revenue		_					1
Σ		Total. Add lines 11a-11d				3,006			
						292,108	40,151	0	0
							,		, ,

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Part IX Statement of Functional Expenses

 $\underline{\textbf{Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).}$

	Check if Schedule O contains a response or note to a	any line in this Part IX			
Do n	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	104,594	62,756	20,919	20,919
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	7,231	7,231		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	7,619	4,571	1,524	1,524
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	33,023	33,023		
12	Advertising and promotion	353	315		38
13	Office expenses	13,743	9,030	623	4,090
14	Information technology	1,040	1,005		35
15	Royalties	_			
16	Occupancy	84,151	82,464	1,687	
17	Travel	95	59	36	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,498	1,600	898	
20	Interest	27,520		27,520	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	85,107	85,107		
23	Insurance	16,625		16,625	
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.)				
а	LICENSES & PERMITS	640		640	
b	BANK FEES & CREDIT CARD PROC	2,131	1,158	973	
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	386,370	288,319	71,445	26,606
26	Joint costs. Complete this line only if the	223,2.0		,	
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

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Part X **Balance Sheet**

		Check if Schedule O contains a response or note to any line in this Part X		<u></u>	<u> </u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	83,384	1	73,351
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	6,200	3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	24,750	9	21,000
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,643,228			
	b	Less: accumulated depreciation 10b 760,311	960,524	10c	882,917
	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	22,500	14	15,000
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,097,358	16	992,268
	17	Accounts payable and accrued expenses	3,493	17	11,457
	18	Grants payable		18	
	19	Deferred revenue	9,770	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	194,953	23	185,931
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	208,216	26	197,388
		Organizations that follow FASB ASC 958, check here			
ces		and complete lines 27, 28, 32, and 33.			
an	27	Net assets without donor restrictions	814,239	27	739,996
Ba	28	Net assets with donor restrictions	74,903	28	54,884
nd		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
JO (29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Asŧ	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	889,142	32	794,880
	33	Total liabilities and net assets/fund balances	1,097,358	33	992,268
EEA					Form 990 (2022)

Form	990 (2022) THE DENTAL HEALTH THEATRE, INC.	75-301887	6	Pa	age 1
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		292,	108
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		386,	370
3	Revenue less expenses. Subtract line 2 from line 1	. 3		(94,	262
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4		889,	142
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain on Schedule O)	. 9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	. 10		794,	880
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		\Box
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	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?		2b		х
	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				
С	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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				

EEA Form **990** (2022)

3а

3b

х

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

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

Schedule O.

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ.

Open to Public

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

Inspection Employer identification number

THE	DEI	NTAL HEALTH THEATRE, IN	C.		75-3018876										
Par	t I	Reason for Public Cha	rity Status. (Al	l organizations mus	t comple	ete this p	art.) See instruction	ons.							
The o	rgan	ization is not a private foundation be	cause it is: (For line	s 1 through 12, check on	ly one box.)									
1		A church, convention of churches, or	association of chur	ches described in section	170(b)(1)	(A)(i).									
2		A school described in section 170(b)(1)(A)(ii). (Attach S	Schedule E (Form 990).)											
3	П	A hospital or a cooperative hospital s	service organization	described in section 170	(b)(1)(A)(ii	i).									
4	Ī	A medical research organization ope	erated in conjunction	with a hospital described	in section	, 170(b)(1)(A)(iii). Enter the								
	_	hospital's name, city, and state:	,			- (- / / /	, , , , , , , , , , , , , , , , , , ,								
5		An organization operated for the ber	nefit of a college or i	iniversity owned or oners	ated by a d	overnment	al unit described in		_						
•		section 170(b)(1)(A)(iv). (Complete	_	ariiversity owned or opere	atou by a g	o v c i i i i i c i i i	ar arm accombca m								
6			*	it described in eastion 17	'0/b\/4\/ A\	(v.)									
	$\overline{}$		nent or governmental unit described in section 170(b)(1)(A)(v). ceives a substantial part of its support from a governmental unit or from the general public												
7	_	•													
•		described in section 170(b)(1)(A)(vi													
8	=	A community trust described in secti		• • •											
9		An agricultural research organization													
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or													
		university:													
10		An organization that normally receive													
		receipts from activities related to its support from gross investment incor													
	_	acquired by the organization after Ju-													
11		An organization organized and opera	ated exclusively to te	st for public safety. See s	ection 509	(a)(4).									
12		An organization organized and opera	ated exclusively for	the benefit of, to perform	the function	ns of, or to	carry out the purposes	of							
		one or more publicly supported organ	nizations described i	in section 509(a)(1) or s e	ection 509	a)(2). See	section 509(a)(3). Chec	ck							
		the box on lines 12a through 12d tha	at describes the type	e of supporting organizati	on and cor	nplete lines	s 12e, 12f, and 12g.								
а		Type I. A supporting organization	n operated, supervis	sed, or controlled by its su	pported or	ganization(s), typically by giving								
		the supported organization(s) th	e power to regularly	appoint or elect a major	ity of the di	rectors or t	trustees of the								
		supporting organization. You mu													
b		Type II. A supporting organization	•		its support	ed organiza	ation(s), by having								
		control or management of the si	•			•									
		organization(s). You must com					manago ano oappontoa								
С		Type III functionally integrated			action with	and function	anally integrated with								
·				·											
اء ما		its supported organization(s) (se	•	•											
d		Type III non-functionally integ	•												
		that is not functionally integrated	•	• •		•	it and an attentiveness								
		requirement (see instructions). Y	-												
е		Check this box if the organizatio				s a Type I,	Type II, Type III								
		functionally integrated, or Type I	•	ntegrated supporting orga	ınization.										
f		nter the number of supported organiz						• • •							
g	P	rovide the following information abou	t the supported org	anization(s).	1		T								
	(i) Na	me of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	-	(v) Amount of monetary	(vi) Amount of							
				(described on lines 1-10 above (see instructions))	docum	r governing ent?	support (see instructions)	other support (see instructions)							
				(**************************************			,	,							
					Yes	No									
(A)															
(B)															
رد)															
(C)															
(C)															
'D\															
(D)															
·-\									_						
(E)															
Total									_						

Schedule A (Form 990) 2022 Page 2 THE DENTAL HEALTH THEATRE, INC. 75-3018876 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 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 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 . Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Gross income from interest, dividends, 8 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 11 **Total support.** Add lines 7 through 10 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage % Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14

15 Public support percentage from 2021 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported П 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

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THE DENTAL HEALTH THEATRE, INC. Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	431,401	422,701	362,768	290,304	251,957	1,759,131
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	76,705	72,767	14,641	13,162	37,145	214,420
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	508,106	495,468	377,409	303,466	289,102	1,973,551
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .					3,712	3,712
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						
С	Add lines 7a and 7b					3,712	3,712
8	Public support. (Subtract line 7c from						
01	line 6.)						1,969,839
	on B. Total Support	1	# \ 0040			() 0000	(n =)
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	508,106	495,468	377,409	303,466	289,102	1,973,551
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
L.	royalties, and income from similar sources	488		483	121		1,092
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
с 11	Add lines 10a and 10b	488		483	121		1,092
"	Net income from unrelated business						
	activities not included on line 10b, whether						
12	or not the business is regularly carried on Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)	18,555	1 154	E2 04E		3 006	75,660
13	Total support. (Add lines 9, 10c, 11,	10,555	1,154	52,945		3,006	75,660
	and 12.)	527,149	496,622	430,837	303,587	292,108	2,050,303
14	First 5 years. If the Form 990 is for the org						
	organization, check this box and stop her	•			-		·
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2022 (line 8			3, column (f))		15	96.08 %
16	Public support percentage from 2021 Sch		•			16	94.38 %
	on D. Computation of Investment In					l	
17	Investment income percentage for 2022 (li			line 13, colum	n (f))	17	0.00 %
18	Investment income percentage from 2021					18	0.00 %
19a	33 1/3% support tests - 2022. If the organ			on line 14, and	line 15 is more	e than 33 1/3%	
	17 is not more than 33 1/3%, check this bo						
b	33 1/3% support tests - 2021. If the organization	-	_	· · · · · · · · · · · · · · · · · · ·	•		_
	line 18 is not more than 33 1/3%, check this box a						
20	Private foundation. If the organization did	•		•			ons \square

Schedule A (Form 990) 2022 EEA

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported
- organization was described in section 509(a)(1) or (2).

 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
 - **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
 - **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- **c** Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, 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).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," provide detail in **Part VI**.
 - **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI**.
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI**.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	ı		
	2		
d	3a		
	3b		
В)			
	3c		
	4a		
	4b		
	בּ		
	4c		
	5a		
	5b 5c		
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	8		
	9a		
	9b		
	9с		
	10a		
	10b		
nedu	le A (Fo	orm 99	0) 2022

EEA Schedule A (Form 990) 2022

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI .	11c		
Section	on B. Type I Supporting Organizations			
	71 11 0 0		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
	<u>, , , , , , , , , , , , , , , , , , , </u>		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
3	a significant voice in the organization's investment policies and in directing the use of the organization's			
	·			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Casti	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstruc	ctions) .
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
~	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	or to deposition organizations. If 100, addition in the transition played by the organization in this regard.	1 5.5	ı I	

Part	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
1	Check here if the organization satisfied the Integral Part Test as a qualifying t			
	instructions. All other Type III non-functionally integrated supporting organiz	.สแด	ns must complete Section	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly ir	tegrated Type III support	ting organization
	(see instructions).			

Schedule A (Form 990) 2022 EEA

d Excess from 2021

Excess from 2022

. . . .

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	ion D - Distributions				Current Year	
1_	Amounts paid to supported organizations to accomplish ex			1		
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed			
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpo	izations	3			
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required) -	provide details in Part \	/I)	5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which	the organization is resp	onsive			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	าร	(iii) Distributable Amount for 2022	
1_	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022					
	(reasonable cause required - explain in Part VI). See					
	instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
С	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
ī	Carryover from 2017 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from					
	Section D, line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
c	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result					
	greater than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
-	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
-	and 4c.					
8	Breakdown of line 7:					
— a	Excess from 2018					
<u>b</u>	Excess from 2019					
	Excess from 2020					

EEA Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Page 8

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

lines 2, 5, and 6	. Also complete	tillo partifor a	iriy additioriai	illioilliation. (13.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

2022

Open to Public Inspection

THE DENTAL HEALTH THEATRE, INC. 75-3018876 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 4 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Par	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)								
3	Using the organization's acquisition, accession	n, and other records	, check a	ny of the foll	lowing that ma	ıke signi	ficant use of its		
	collection items (check all that apply):								
а	Public exhibition		d	Loan o	r exchange pro	ogram			
b	Scholarly research		е	Other					
С	Preservation for future generations								
4	Provide a description of the organization's coll	lections and explain	how they	further the	organization's	exempt	purpose in Part		
	XIII.								
5									
Daw	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Par		•	on For	m 000 D	ort IV/ line (0 0 0 7 7	operted on am	ount on	Form
	Complete if the organization a 990, Part X, line 21.	alisweled les	OH FOI	III 990, F	ait iv, iiile	9, 01 1	eponeu an am	iourit ori	FOIIII
		n or other internedi		ntributions o		not			
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?							. Ye	s \square No
b	If "Yes," explain the arrangement in Part XIII a							. 🗆 16	S 140
D	ii res, explain the arrangement iiii art Ain a	ind complete the follo	owing tab	iic.			Δm	nount	
С	Beginning balance					. 1c	+	iount	
d	Additions during the year						+		
е							+		
f	Ending balance					. 1f			
2a	Did the organization include an amount on Fo					liability's	?	. Ye	s No
b	If "Yes," explain the arrangement in Part XIII.								. 🗖
Par	Part V Endowment Funds.								
	Complete if the organization a	answered "Yes"	on For	m 990, P	art IV, line	10.			
		(a) Current year	(b) P	rior year	(c) Two years I	back	(d) Three years back	(e) Fou	r years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
_	programs								
t	Administrative expenses							-	
g	End of year balance		//: 4 :	1 (- \)	Lalda.				
2	Provide the estimated percentage of the curre		(line 1g,	column (a))	neid as:				
a h	Board designated or quasi-endowment Permanent endowment %	%							
b C	Term endowment %								
ŭ	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%							
3a	Are there endowment funds not in the possess		ion that a	re held and	administered f	for the			
	organization by:	o.o oo o.gaa.							Yes No
	(i) Unrelated organizations							. 3a(i)	
	(ii) Related organizations							. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizat	tions listed as require	ed on Sch	nedule R?				. 3b	
4	Describe in Part XIII the intended uses of the	organization's endov	wment fur	nds.					
Par	VI Land, Buildings, and Equip	ment.							
	Complete if the organization a	answered "Yes"	on For	m 990, P	art IV, line	11a. S	ee Form 990,	Part X,	ine 10.
	Description of property	(a) Cost or other		1 ' '	r other basis	. ,	Accumulated	(d) Boo	k value
		(investme	ent)	(other)	de	epreciation		
1a	Land	•							
b	Buildings	•		+					
C	Leasehold improvements	•			347,479		472,269		875,210
d	Equipment	•		+	295,749		288,042		7,707
e Total	Other		column /F) lino 10c \					202 215
rotal.	Add lines 1a through 1e. (Column (d) must equa	ai FOIIII 990, Part X, (colultiti (E), IIII U 100.)					882,917

Schedule D (Form 990) 2022 THE DENTAL HEALTH THEATRE, 1 Part VII Investments - Other Securities.	INC.	75-3018876 Pag
Complete if the organization answered "Yes" on For	rm 990, Part IV, lin	e 11b. See Form 990, Part X, line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related. Complete if the organization answered "Yes" on For	rm 990, Part IV, lin	e 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

<u> </u>		<u>, </u>
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total, (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
_ (2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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	· ·	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
C	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part		er Keturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	-
b	Other losses	-
c C	Other (Describe in Part XIII.)	-
d e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
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.)	-
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	5
Part		
Provide	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part	t X, line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public

Inspection

Internal Revenue Service

Department of the Treasury

Employer identification number

anie of the Organization						Employer identifica	Employer identification number	
HE :	HE DENTAL HEALTH THEATRE, INC.						75-3018876	
Part	I Fundraising Activities.	Complete if th	e organiz	ation answ	ered "Yes" on F	orm 990, Part IV,	line 17.	
Form 990-EZ filers are not required to complete this part.								
1	Indicate whether the organization raise	ed funds through a	nv of the follo	wing activitie	s. Check all that app	lv.		
а		Wail solicitations • Solicitation of non-government grants						
	Internet and email solicitations							
b	=		g					
С	Phone solicitations		g Special fundraising events					
d	In-person solicitations							
2a	Did the organization have a written or oral agreement with any individual (including officers, directors, trustees,							
	or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?							
b								
	compensated at least \$5,000 by the organization.							
	compensated at least 40,000 by the o	rgariization.						
	(v) Amount poid to							
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by)	(vi) Amount paid to	
						fundraiser listed in organization (or retained by)	(or retained by)	
			COILLI	outions:		col. (i)	organization	
			Yes	No				
1								
2								
3								
3								
4								
5								
6								
7								
8								
9								
10								
Total								
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from								
registration or licensing.								
	0							

Part II

THE DENTAL HEALTH THEATRE, INC.

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through GALA NONE col. (c)) (event type) (event type) (total number) Revenue Gross receipts 15,838 15,838 2 Less: Contributions 6,500 6,500 3 Gross income (line 1 minus 9,338 9,338 4 Cash prizes Noncash prizes Rent/facility costs Direct Expenses Food and beverages 8,159 8,159 675 675 Other direct expenses 504 504 10 Direct expense summary. Add lines 4 through 9 in column (d) 9,338 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue Cash prizes Direct Expenses Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 No Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? If "Yes," explain:

EEA Schedule G (Form 990) 2022

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

THE DENTAL HEALTH THEATRE, INC. 75-3018876 01. Form 990 governing body review (Part VI, line 11) THE FEDERAL FORM 990 IS REVIEWED BY THE BOARD CHAIR, CEO, AND TREASURER PRIOR TO FILING OF RETURN. 02. Conflict of interest policy compliance (Part VI, line 12c) EACH BOARD MEMBER IS REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT AND CONFIDENTIALITY AGREEMENT. ANY CONFLICTS ARE ADDRESSED IMMEDIATELY OR BOARD MEMBERS ABSTAIN FROM VOTING IF THERE APPEARS TO BE A CONFLICT ON A CERTAIN ISSUE. 03. Other officer or key employee compensation (Part VI, line 15b THE COMPENSATION OF THE CO-EXECUTIVE DIRECTORS IS REVIEWED ANNUALLY. THIS REVIEW WAS PERFORMED BY THE EXECUTIVE COMMITTEE AND BOARD OF DIRECTORS. COMPENSATION SURVEYS ARE UTILIZED DURING THE REVIEW PROCESSES. 04. Governing documents, etc, available to public (Part VI, line 19) AVAILABLE UPON REQUEST