

COMPANY REGISTRATION NUMBER: 07871488
CHARITY REGISTRATION NUMBER: 1145872

Dental Mavericks Limited
Company Limited by Guarantee
Financial Statements
31st December 2025

Dental Mavericks Limited
Company Limited by
Guarantee Financial Statements
Year ended 31 December 2025

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Dental Mavericks



Impact Report

2025



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Oral care and hygiene for Moroccan children

1) Why it matters

Oral diseases are among the most common non-communicable conditions in children, which can lead to issues that extend beyond the mouth. They can cause persistent pain and sleep problems and impair school performance, nutrition, and overall well-being. In Morocco, evidence from multiple sources points to a high level of untreated tooth decay and notable gum disease in adolescents. cdn.who.int+1

2) Current burden in Morocco (best available national/international estimates) WHO/IHME (GBD 2019 estimates, published in WHO's Morocco oral health profile):

- Untreated decay in baby teeth (ages 1–9): 44.4%
- Untreated decay in permanent teeth (ages 5+): 36.0%
- Severe periodontal (gum) disease (ages 15+): 19.7% cdn.who.int

Older national survey signal (often cited in later research):

- A widely cited national survey conducted in 2012 reported periodontal disease in approximately 42.3% of 12-year-olds and nearly 59.7% of 15-year-olds. mdpi.com

Example of more recent local school data (Casablanca, 6–12 years; cross-sectional study):

- Reported caries prevalence of 57.7% in primary (temporary) dentition and 43% in permanent dentition, with DMFT \approx 2.44 and DMFT \approx 1.3.

Online Scientific Research (This is not national, but it aligns with a “high burden” picture.)

3) Key drivers and risk factors relevant to children

Sugar exposure:

- According to the WHO's Morocco profile, per-capita sugar availability was approximately 91.8 grams per day in 2019 - a level that may contribute to frequent sugar exposure among children, if diets include sweet drinks/snacks. cdn.who.int

Project Morocco



Access and affordability

- WHO notes Morocco's largest government health financing scheme covers, on average, 60% of the population, and includes routine and preventive oral health care. However, essential, advanced, and rehabilitative curative oral health services are not included in the benefit package, according to the 2021 snapshot. cdn.who.int
- Practical implication: prevention may be easier to access than treatment, so reducing new cavities is especially important.

Workforce capacity

- WHO's profile lists about 4,855 dentists (2017) and a density of 1.4 dentists on average per 10,000 population (2014–2019), and WHO's country indicator page also shows dentist density around this level and improving since 2014. cdn.who.int +1

4) Policies and system response relevant to prevention (as of the latest WHO reporting)

From WHO's Morocco oral health country profile (data from 2021 unless otherwise noted):

- Tax on sugar-sweetened beverages (SSB): "yes"
- National oral health policy/strategy/action plan: "yes"
- In public primary care facilities: oral health screening, urgent/emergency oral care and pain relief, and basic restorative dental procedures are marked as available. cdn.who.int
- Additional regional policy analysis also describes Morocco's SSB tax approach in the EMR context, and UNC's global tax mapping includes Morocco in 2025 updates. emro.who.int +1

5) What "good oral hygiene" should look like for Moroccan children in 2025

- Daily home care
- Brush twice a day for 2 minutes with fluoride toothpaste.
- Parent-supervised brushing is crucial up to at least age 7/8 (kids often miss back molars).
- Spit. Don't rinse heavily after brushing (helps fluoride stay on teeth).
- Diet habits that prevent cavities
- Keep sugary foods/drinks to mealtimes, avoid frequent snacking on sweets.

- School/community focus (high-impact)
- Toothbrushing routines in early primary years.
- Oral health education for parents and children (habits form early).
- Targeted prevention in rural/low-income areas where care is harder to access.

6) Data gaps and how to interpret this report

Morocco has strong international estimates and local studies, but many widely cited figures on child oral health, particularly those related to periodontal disease, still originate from a 2012 national survey, highlighting the need for more regularly updated national surveillance. mdpi.com

The WHO country profile provides a consistent baseline but relies on GBD 2019 modelled estimates rather than data from a recent, comprehensive national clinical survey.



Summary Morocco



2025 was a year of change and learning. Early in the year, the planned trip to Asni had to be cancelled due to delays in permit registration in Morocco. These delays are ongoing results of the earthquake and have significantly increased processing times for paperwork, as this is handled locally by partner associations. As a result, it was agreed that all documentation must now be submitted at least six months in advance. While this requires more forward planning, it is achievable once the Trustees of the Eve Branson Foundation confirm the annual trip dates.

Due to these constraints, only one trip to Asni could be scheduled in 2026, taking place in September. Similarly, Essaouira was limited to a single trip, as confirmation of dates for a second visit was received too late to allow adequate preparation. This issue has been resolved for 2026, with both Essaouira dates already confirmed.

In the Rif Mountains, political and administrative changes have added further complexity. The governing body has relocated from Rabat to Tangier, which has changed established approval processes. We are currently working to build relationships with the relevant authorities and plan to meet with them this year to ensure appropriate documentation is in place and local support is re-established. The impact of these changes has been evident, with recent trips taking place without the support of a Moroccan dentist.

Despite these challenges, the November trip to the Rif Mountains was very positive. We worked in a new school, which, although logistically demanding, proved to be an excellent environment. The staff, teachers, and pupils were welcoming, and the decision to operate from only two sites instead of three significantly reduced the movement of equipment, which, as a result, improved efficiency and team well-being. We would welcome the opportunity to return to this school in the future.

A key operational strength in the Rif Mountains has been the development of a strong and reliable translator network. One of our translators is now a professor at the translation university in Tangier and has helped build a highly motivated group of student translators who share our values and approach.

We also expanded our work to include a centre in Chefchaouen for children on the autism spectrum. While the centre typically refers a small number of patients, and treatment options are limited, we are able to provide preventive care and referrals to the nearby hospital. This has proven to be a valuable and complementary addition to our school based work, and we are pleased to continue supporting children through this setting.

1) What 2025 sources say about the burden (Peru, and Cusco as a high-burden region)

National administrative morbidity data

A 2025 ecological analysis using Peru's REUNIS (the Ministry of Health's unified health information repository) analysed oral disease consultations recorded in Ministry of Health facilities for 2021–2022 and reported that:

- Children were the most affected age group for oral disease consultations overall, with 1,085,099 cases recorded in children (across oral conditions) over 2021–2022.
- Dental caries was the most prevalent condition across all age groups, and for children specifically caries accounted for 83.95% of recorded oral-disease cases.
- By department, Lima had the highest number of cases, and Cusco was next, with 156,752 dental caries cases recorded (MINSA facilities; 2021–2022).

*The same table segment indicates Cusco also had substantial volumes for other oral conditions (e.g., periodontal conditions, tooth loss, tooth wear), but note these are service-use counts, not population prevalence.

Interpretation for an impact report: Cusco appears consistently as a high-demand/high-burden department in Ministry of Health datasets. These data are not limited to children at department level in the table, but the same paper shows that children constitute the largest age group burden overall and that caries dominate children's recorded oral morbidity.

Access to dental care and oral-health information (children; national survey analysis published 2025)

A 2025 paper analysing Peru's Demographic and Family Health Survey (ENDES 2021 dataset) reported:

- Access to oral-health information: 44.66% of children under 12 (n=11,262) had access to oral-health information.
- Access to dental care: 55.77% (n=13,007).

- Time since last dental care: only 12.37% reported care within the last two years (as defined in that analysis).

Receiving oral-health information was associated with receiving dental care (adjusted prevalence ratio 1.72, 95% CI 1.59–1.86).

Interpretation: even where dental care is accessed, consistent preventive messaging/information does not appear universal, and the association suggests education/communication may be a lever for improving service uptake.

2) Clinically relevant disease pattern and risk factors (from 2025 peer-reviewed evidence)

Early Childhood Caries (ECC) clinical risk profile (Peru; 2025 clinical study)

A 2025 cross-sectional clinical study by a hospital in Ica discusses ECC as a multifactorial disease and summarises the risks relevant to Peru, including:

- Dietary exposures (frequency of fermentable carbohydrates/sugary snacks; nocturnal feeding practices)
- Oral-health behaviours (toothbrushing frequency; dental visits)
- Sociodemographic factors (e.g., parental education/occupation)
- Biological/nutritional factors (e.g., anaemia/iron deficiency; other nutrition linked risks discussed in ECC literature)

* While not Cusco-specific, this provides a credible clinical framework for explaining observed high caries morbidity and for structuring your needs assessment (behavioural + social determinants + nutrition-related risks).

Consequences that matter for child impact reporting

The same 2025 ECC paper describes progression and impacts that are appropriate including:

- pain/infection risk and potential downstream effects (e.g., abscesses)

- impacts on oral-health-related quality of life,
- potential contribution to malnutrition/growth deficits in severe/untreated cases.

For a general public-health framing that is widely used in reporting, the WHO/PAHO global oral-health reporting also highlights functional and quality-of-life impacts of untreated caries in children.

3) Cusco-specific child prevalence data: what exists near the timeframe (and what doesn't)

What is confirmed for Cusco from 2025-accessible sources:

Cusco is a top-burden department for dental caries consultations in the Ministry of Health dataset used in a 2025 publication (REUNIS; 2021–2022).

What is not reliably confirmed as “2025 clinical prevalence near Cusco”:

There appears to be no Cusco-only, 2025 field survey reporting child DMFT prevalence and incidence with a representative sampling frame. Some Cusco child oral-health studies exist slightly earlier (e.g., preschool oral conditions/quality-of-life work in 2023), but they are not relevant to 2025.

*Cusco-specific 2025 child prevalence estimates were not identified in accessible peer-reviewed/public datasets. The report therefore triangulates (i) Ministry of Health service-use morbidity data for Cusco (REUNIS; published 2025, covering 2021–2022), (ii) national child survey analyses published in 2025, and (iii) Peru-based clinical risk evidence published in 2025 to characterise the likely burden and service gaps.

4) What 2025 tells you about the response environment (programmes/health system signals)

National prevention and ‘closing gaps’ positioning (2025)

- Peru's Ministry of Health communications in 2025 describe national efforts focused on prevention and coverage improvement. Examples that may be useful as "response context" (not clinical outcomes):
- A Ministry of Health news item dated 6 October 2025 reports "more than 100,000 children" were protected against early childhood caries as part of preventive actions.
- A Ministry of Health news item dated 15 October 2025 describes strengthening competencies and "closing gaps" in oral-health services.

However, these are not peer-reviewed evaluations, and typically won't specify denominators, clinical endpoints, or independent verification, but they are still useful for describing the policy/programme context in 2025.

5) Practical clinical indicators

These are indicators commonly used in paediatric oral-health impact reporting; I'm listing them because 2025 sources I can cite support the rationale even when Cusco 2025 prevalence numbers are missing.

Caries burden / service demand

Use: REUNIS-derived caries consultation counts; Cusco ranking and magnitude; child share of oral morbidity.

Preventive access and health literacy

Use: percentage with oral-health information; percentage accessing dental care; association between info and care (ENDES analysis).

Clinical risk factor profile (for needs assessment and programme design)

Use: ECC risk domains (dietary sugars, oral hygiene behaviours, caregiver factors, nutrition-linked factors).

Child impact statement (quality of life, function, development)

Use: ECC consequences and broader global oral-health framing

Project Peru



Impact Summary

“Ministry of Health administrative morbidity data (REUNIS) published in 2025 indicate that children account for the largest share of recorded oral-disease consultations in Peru (1,085,099 cases across oral conditions in 2021–2022), with dental caries representing the majority of children’s oral morbidity (83.95%).

In department-level analyses, Cusco ranks among the highest burden areas, reporting 156,752 dental caries cases recorded in Ministry of Health facilities across 2021–2022, second only to Lima.

National survey analyses published in 2025 suggest persistent access gaps: only 44.66% of children under 12 had access to oral health information and 55.77% accessed dental care, with a significant association between receiving oral health information and service use.

Contemporary Peruvian clinical evidence (2025) reinforces that early childhood caries is driven by intersecting behavioural, dietary, biological and sociodemographic factors, and can affect pain, infection risk and oral health related quality of life.



Summary Peru



In 2025, a successful new international venture was delivered in Cusco, Peru, following an introduction by one of our dedicated returning volunteers. The trip was undertaken in partnership with Dental Project Peru, a charity founded by an English national. While the founder is currently inactive, a dentist closely associated with the organisation has taken responsibility for continuing and delivering the project.

Given the distance involved, this endeavour required a different operational model from our usual trips. The local associate led much of the on the ground organisation, including sourcing equipment, medicines, translators, transport, accommodation during treatment days, and coordination of school sites. Our team managed international travel logistics, accommodation outside treatment periods, transport timings, catering, and the supply of selected medical items. We identified that some medical supplies are more cost effective to source in Europe and will plan accordingly for future trips.

Clinical activity took place over six treatment days within a two week programme. The extended duration allowed volunteers time to acclimatise to the altitude and recover from jet lag. While some team members experienced altitude-related challenges, others adapted well. The longer stay also enabled visits to multiple sites, strengthening team cohesion and providing a well-rounded volunteer experience.

Local schools were highly supportive, and each town provided spacious and suitable facilities for treatment. Overall, the trip was a significant success and represented a valuable learning opportunity. Building on the strength of this partnership, we are now exploring the potential to expand this model into Colombia and other regions of South America in collaboration with our partners.



Clinical evidence for 2025: children's oral health in/around Bahir Dar, Ethiopia

Evidence availability note

In 2025, accessible peer reviewed sources, I did not find a new (data collected in 2025) prevalence survey specifically reporting caries experience (dmft/DMFT), periodontal indices, or enamel defects for children living in Bahir Dar. The most robust 2025 clinical evidence relevant to the report therefore comes from:

- Ethiopia studies published in 2025 (with fieldwork conducted earlier), and
- Ethiopia-wide syntheses that include Bahir Dar as one of the contributing study sites.

Where reference to older Bahir Dar primary data, it's labelled clearly as pre-2025 context.

1) What 2025 peer-reviewed evidence says about children's dental disease in Ethiopia

Early Childhood Caries (ECC) burden and determinants (published 2025)

A 2025 cross-sectional study of kindergarten children in Harar Town (Eastern Ethiopia) (data collected January 2023; n=507) reported:

- ECC prevalence: 64.7% (95% CI: 60.5–68.9).

Factors statistically associated with ECC included:

- higher sweet consumption (AOR 6.83),
- poor oral hygiene (AOR 4.95),
- bottle-feeding (AOR 2.88),
- not brushing teeth (AOR 1.82),
- maternal education level (primary education associated; AOR 4.21),
- kindergarten grade level (AOR ~2.0–2.5).

Although not specific to Bahir Dar, this evidence provides current Ethiopia-based clinical effect sizes for modifiable behaviors, such as sugar consumption, toothbrushing habits, and feeding practices, that are commonly targeted in child oral health interventions.

2) What the best available evidence says about Bahir Dar Bahir Dar caries prevalence in schoolchildren (pre-2025 data)

A 2024 systematic review and meta-analysis of Ethiopian primary schoolchildren (published in BMC Oral Health) reported a pooled caries prevalence of 35% (95% CI: 27–43%).

It is noted:

- A Bahir Dar primary school study (2014) reported dental caries prevalence of 22%
- Treat the Bahir Dar figure as historical baseline context (2013–2014 era fieldwork), not as the “2025 state”.
- Use the meta-analysis pooled estimate (35%) to frame national-level burden in school-aged children, while keeping clear that Bahir Dar’s direct estimate is older.

3) Clinically relevant risk profile you can responsibly report for Bahir Dar in 2025 (based on Ethiopia evidence)

The strongest Ethiopia evidence supports the following clinically plausible drivers of paediatric caries burden:

- High free-sugar exposure (strong association with ECC in Ethiopian kindergarten children).
- Inadequate daily plaque control (not brushing/poor oral hygiene associated with ECC).
- Feeding practices in early years (bottle-feeding associated with ECC).
- Caregiver/household determinants (maternal education association reported).

In this impact report, these determinants supported by Ethiopian clinical data, not as Bahir Dar-specific exposures.

5) “2025-ready” indicators for a Bahir Dar The following align well with the 2025 Ethiopia evidence base:

Clinical indicators:

- ECC prevalence (under-6s) and/or DMFT (school-age), plus untreated decay proportion.
- Plaque/gingival indices (as a hygiene proxy).
- PUFA (clinical consequences: pulpal involvement/ulceration/fistula/abscess), if feasible. Behavioural/household indicators:
- Daily toothbrushing with fluoride toothpaste (yes/no; frequency).
- Daily sugary snack/SSB frequency.
- Bottle-feeding and night-time feeding practices (under-6s). Child-centred outcomes:
- OHRQoL using Amharic COHIP-SF19 (validated in 2025 for Ethiopian schoolchildren).

Summary

Please note: as the peer-reviewed 2025 sources did not offer a prevalence survey of children’s oral health conducted specifically in Bahir Dar, this report therefor triangulates (i) Ethiopia-based paediatric oral-health studies published in 2025 (with earlier fieldwork), (ii) Ethiopia-wide pooled estimates from a recent systematic review/meta-analysis that includes a historical Bahir Dar study, and (iii) validated 2025 measurement tools for child oral-health-related quality of life. Local programme monitoring data are recommended to establish an updated Bahir Dar baseline.

Summary Ethiopia



In 2025, Dental Mavericks undertook its first exploratory project in Ethiopia. This initiative was developed through RifCom, a long-standing partner in the Rif Mountains, whose associate was leading a project in Bahir Dar to set up a fully inclusive football tournament involving 160 students.

Alongside the tournament, an ophthalmologist provided eye testing for the children, while Dental Mavericks contributed oral health education and distributed toothbrushes and toothpaste to participants. As this was a new setting and not supported by an established local dental association, the primary aim was to assess feasibility and potential for future expansion.

During the visit, minor local disturbances occurred. While not serious, these highlighted that this specific region may not be suitable for volunteer led clinical schemes. As a result, alternative regions within Ethiopia are being explored to determine whether sustainable projects similar to those in Morocco and Peru can be developed.

In addition to providing oral health resources, Dental Mavericks supported fundraising efforts and collaborated on an application for a UEFA grant. Although the application was unsuccessful, this outcome was anticipated given the highly competitive nature of such funding streams.

Overall, this exploratory visit provided valuable insights and helped lay important groundwork for the future. We are encouraged by the potential for future development in Ethiopia and look forward to building on these early learnings in the coming year.



2025, trip summaries



ESSAOUIRA APRIL

The feedback from all the volunteers was very positive, many expressing what an amazing experience they had had and most have committed to returning. One of the dentists was even a little competitive and has signed up to Rif Mountains in November when Nav is coming. He specifically wanted a trip where high numbers of children were treated, I'm excited to see how we do on that trip!! The two younger nurses got a huge amount out of this experience, they were so professional and they can now appreciate just how accomplished they are. The other two nurses work specifically with special needs children, one not having travelled on a plane in 20 years. They were both very accomplished and highly able, joking that they would have less patience with their patients after experiencing the incredible bravery of all the children they saw during the trip.

It was a wonderful trip, both the school's support along with all their associations, Nora and Bob, the hospitals and all the authorities who facilitated our work were amazing. Bob and Nora were with us the whole week, doing registration, which freed up a translator for us! This is one of my most memorable experiences, because we travelled to the Berber region, the food, the people, their warmth and generosity and so much more. I hope we can go back there.

RIF MAY

This was a very interesting trip. We had a student dentist who is now asking her university if we can work together in the future as the experience was so valuable and she wants more students to share in it. We also went to the Autistic center, this is a very interesting new branch for us, there is still a lot to discuss and organise, however, it's a very different project, extremely worthwhile and all the volunteers who were there were so happy to have been able to participate in it. And of course, through all the trials, the volunteers and translators were amazing and deeply appreciative of having been able to join and contribute to this trip. I am forever grateful to these amazing people who give so freely of themselves on these trips and that I can share it with them.

PERU AUGUST

Due to the fact that the trip was much longer than our others, everyone felt real comradery with the extended time they had to bond, making it feel almost like a school trip. We all experienced a gauntlet of things on this trip, huge amounts of history and sightseeing, Machu Picchu being the absolute pinnacle, wonderful food, lots of great shopping, and we got to help 816 people in our clinics. Everyone was really appreciative of the huge efforts made by Yesenia and her team and we are so excited to make this a yearly trip for Dental Mavericks. Not only that, it has enthused us to research if we can go to Colombia too.

2025, trip summaries



ASNI OCTOBER

The feedback from all the volunteers was very positive, with all of them expressing what an amazing experience they had had and many have committed to returning. We are very excited about coming, continuing the work and our relationship with this great association and place.

ETHIOPIA NOVEMBER

This initiative has demonstrated the transformative power of combining sport and health to elevate children's wellbeing, confidence, and opportunity. Working alongside committed local partners, we have laid the foundations for a sustainable programme that can continue to strengthen resilience and community connection for years to come. To build on this momentum, we are seeking continued partnership and investment in the following priorities:

1. Annual Football for Change tournament and expanded inter-school league
2. Scaling oral-health education across PiEE partner schools
3. Emergency support to replace the hospital dental chair (£5,015)

Together, we can ensure children in Bahir Dar not only remain healthy — but thrive with hope, inclusion, and a strong sense of what they can achieve. We deeply appreciate your ongoing commitment, and we look forward to shaping the next phase of progress with you.

RIF NOVEMBER

This group bonded exceptionally well—many arrived on Friday rather than Saturday, and Nav kindly looked after them until I arrived. The team commented frequently on how close they felt to one another and how smoothly they worked together. Their observations were accurate: the cohesion, adaptability, and energy displayed throughout the week were outstanding. We welcomed several new translators from the university, who adjusted quickly to our unique style of translating in an active clinical environment—quite different from conference translation. They were enthusiastic, capable, and an excellent addition to the team.

We also celebrated Michelle's birthday on Friday, adding a joyful moment to an already memorable week. Everyone expressed strong enthusiasm about returning on future trips and recommending the programme to colleagues and friends. This was a wonderful final trip of 2025—full of meaningful work, great humour, teamwork, and memorable moments.



Patients treated



PROJECT	NO. OF VOLUNTEERS	NO. TREATED
Essaouira April	10	713
Rif Mountains May	7	637
Peru August	16	819
Asni October	13	301
Rif Mountains November	15	713
Totals	61	3183



Conclusion



2025 was a year defined by adaptation, resilience, and strategic growth for Dental Mavericks. Across all programmes, we responded to changing operational environments with flexibility and determination, strengthening our planning processes and reinforcing the importance of strong local partnerships. While administrative delays and political changes presented challenges, particularly in Morocco, they also prompted improvements in long term planning and risk management that will benefit future programmes.

At the same time, the year demonstrated our ability to evolve and expand responsibly. The successful delivery of new programmes in Peru and Ethiopia reflected a thoughtful, exploratory approach to international growth, prioritising learning, feasibility, and sustainability. These initiatives provided valuable insights into alternative operational models, logistical planning over longer timeframes, and the importance of assessing local context before committing to volunteer led clinical work.

Across all locations, the commitment of our volunteers, partners, and volunteers remained central to our impact. Strong collaboration, growing translator networks, and the introduction of complementary initiatives such as work with autistic centres and inclusive community projects, have broadened the reach and depth of our work.

As we move into 2026, Dental Mavericks is well positioned to build on the lessons of 2025. With confirmed dates, strengthened partnerships, and a clear focus on sustainable expansion, we remain committed to delivering meaningful oral health care while continuing to learn, adapt, and grow alongside the communities we serve.



Trustees' Annual Report (Incorporating the Director's Report)

Year ended 31st December 2025

The trustees, who are also the directors for the purposes of company law, present their report and the financial statements of the charity for the year ended 31st December 2025

Reference and administrative details:-

Registered charity name	Dental Mavericks
Charity registration number	1145872
Company registration number	07871488
Principal office and registered office	33 Frank Parkinson Court Guiseley Leeds England LS20 9EY
The trustees	Ms C Walker Ms Frances Claire Robinson Mr Gautam Sharma Mrs Gill Bird
Independent examiner	Paul F Pattison. B.Sc. (Econ.) FCMA CGMA Independent Finance Professional. Finca Los Madroños, Apdo 202. Correos. Coin. Malaga. Spain. 29100

Dental Mavericks

Company Limited by Guarantee

Trustees' Annual Report (Incorporating the Director's Report) *(continued)*

Year ended 31st December 2025

Structure, governance and management

The charity is a company limited by guarantee, incorporated on 5 December 2011 and registered as a charity on 13 February 2012, it is governed by its memorandum and articles of association.

The Trustees, who are also directors for the purpose of company law, and who served during the year were:

Ms C Walker

Ms Frances Claire Robinson

Mr Gautam Sharma

Mrs Gill Bird

Trustees are chosen for the help and service to move forward projects for Dental Mavericks.

They have general understanding of dentistry as a whole and will have visited Morocco at least once with Dental Mavericks.

They are chosen and supported by the existing Trustees of the charity.

None of the Trustees has any beneficial interest in the company. All of the Trustees are members of the company and guarantee to contribute GBP 1 in the event of winding up.

Indemnity insurance has not been taken out in the year, each of the volunteers arranges their own insurance.

Objectives and activities

The Charity's objects are to promote, encourage, organise and develop good dental health and education thereof, including the direct provision of dentistry, to third world populations with particular direction towards children in North Africa and Lebanon.

The Trustees have paid due regard to guidance issued by the Charity Commission in deciding what activities the Charity should undertake.

Dental Mavericks Limited

Company Limited by Guarantee

Trustees' Annual Report (Incorporating the Director's Report) *(continued)*

Year ended 31st December 2025

Public Benefit

Section 4 of the Charities Act 2006 requires the Trustee Board to comply with their duty to have due regard to the public benefit guidance published by the Charity Commission in exercising their powers or duties.

The Trustee Board has reviewed the organisation's vision, mission and key objectives in the context of its charitable purposes and considers that they meet the two key principles of public benefit as identified by the Charity Commission:

- there must be an identifiable benefit or benefits
- benefit must be to the public, or section of the public

The Trustee Board reviews all work undertaken by Dental Mavericks to ensure that it is in line with the key objectives and hence it is deemed to be for the public benefit according to the Charity Commission guidance.

Financial review

Income for the year amounted to GBP 85,943 (2024— GBP 79,730), with expenditure of GBP 79,137 (2024— GBP 53,780), leaving a net surplus for the year of GBP 6,806 (2024: surplus of GBP 25,950).

Reserves Policy

The Trustees have a reserve policy to set aside reserves equal to 10% of all income. Reserves are held to ensure continuation of the services provided until further funds can be raised. Reserves at 31 December 2025 stood at GBP 96,482 (2024 GBP 89,676) which is in excess of this target.

The Trustees have assessed the major risks to which the Charity is exposed and are satisfied that systems are in place to mitigate exposure to them.

Dental Mavericks

Company Limited by Guarantee

Trustees' Annual Report (Incorporating the Director's Report)

Year ended 31 December 2025

Trustees' responsibilities statement

The trustees, who are also directors for the purposes of company law, are responsible for preparing the trustees' report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company Law requires the charity trustees to prepare financial statements for each year which give a true and fair view of the state of affairs of the charitable company and the incoming resources and application of resources, including the income and expenditure, for that period.

In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently.
- observe the methods and principles in the applicable Charities SORP.
- make judgments and accounting estimates that are reasonable and prudent.
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in business.

The trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charity's transactions and disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Small company provisions

This report has been prepared in accordance with the provisions applicable to companies entitled to the small company's exemption.

The trustees' annual report was approved on 10th March 2025 and signed on behalf of the board of trustees by:



Ms C Walker

Independent Examiner's Report to the Trustees of

Dental Mavericks Year ended 31 December 2025

I report to the charity trustees on my examination of the accounts of the company for the year ended 31 December 2025 which are set out on pages 6 to 12.

This report is made solely to the charitable company's trustees, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and the charitable company's trustees as a body in accordance with section 154 of the Charities Act 2011. My independent examiner's work has been undertaken so that I might state to the charitable company's trustees those matters I am required to state to them in an independent examiner's report and for no other purpose. To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the charitable company, the charitable company's members as a body and the charitable company's trustees as a body for my independent examiner's work, for this report, or for the opinions I have formed.

Responsibilities and basis of report

As the charity's trustees of the Company (and also its directors for the purposes of company law) you are responsible for the preparation of the accounts in accordance with the requirements of the Companies Act 2006 ('the 2006 Act').

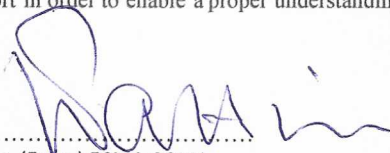
Having satisfied myself that the accounts of the Company are not required to be audited under Part 16 of the 2006 Act and are eligible for independent examination, I report in respect of my examination of your charity's accounts as carried out under section 145 of the Charities Act 2011 ('the 2011 Act'). In carrying out my examination I have followed the Directions given by the Charity Commission under section 145(5) (b) of the 2011 Act.

Independent examiner's statement

I have completed my examination. I confirm that no matters have come to my attention in connection with the examination giving me cause to believe:

1. accounting records were not kept in respect of the Company as required by section 386 of the 2006 Act; or
2. the accounts do not accord with those records; or
3. the accounts do not comply with the accounting requirements of section 396 of the 2006 Act other than any requirement that the accounts give a 'true and fair view which is not a matter considered as part of an independent examination; or
4. the accounts have not been prepared in accordance with the methods and principles of the Statement of Recommended Practice for accounting and reporting by charities applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102).

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.



Paul F Pattison B.Sc. (Econ.) FCMA CGMA
Independent Finance Professional
Finca Los Madroños, Apdo 202,
Correos. Coin. Malaga. 29100
Spain.

Dated: 10th March 2026

PAUL F PATTISON B.SC(ECON) FCMA CGMA
CHARTERED MANAGEMENT ACCOUNTANT
APDO. 202. CORREOS. COIN. 29100 MALAGA.
SPAIN
CIMA REGISTRATION NUMBER: 1-JWO

Dental Mavericks Company Limited by Guarantee

Statement of Financial Activities
(including income and expenditure account)

		2025		2024	
	Note:	Unrestricted Funds	Total Funds	Unrestricted Funds	Total Funds
		GBP	GBP	GBP	
Income and Endowments					
Donations and Legacies	5	85,943	85,943	79,730	79,730
Income from Charitable Activities	6				
Other Trading Activities	7				
Investment Income	8				
		85,943	85,943	79,730	79,730
Expenditure					
Raising Funds	9				
Expenditure on Charitable Activities	10,11	79,137	79,137	53,780	53,780
Total Expenditure		79,137	79,137	53,780	53,780
Net Expenditure and net movement on funds					
		6,806	6,806	25,950	25,950
Reconciliation of Funds					
Total Funds Brought Forward		89,676	89,676	63,726	63,726
Total Funds Carried Forward		96,482	96,482	89,676	89,676

The statement of financial activities includes all gains and losses recognised in the year.
All income and expenditure derive from continuing activities.

STATEMENT OF FINANCIAL POSITION as at 31st December 2025

	Note:	2025	2024
CURRENT ASSETS.			
Cash at bank		97,982	91,176
Creditors: Amounts falling due within one year	15	-1,500	-1,500
Net Current assets		96,482	89,676
Net Assets		<u>96,482</u>	<u>89,676</u>
FUNDS OF THE CHARITY			
Unrestricted Funds		96,482	89,676
Total Charity Funds		<u>96,482</u>	<u>89,676</u>

For the year ending 31 December 2025 the Charity was entitled to exemption from audit under section 477 of the Companies Act 2006 relating to small companies.

Directors' Responsibilities:

* The members have not required the company to obtain an audit of its financial statements for the year in question in accordance with section 476.

* The directors acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and the preparation of financial statements.

These financial statements have been prepared in accordance with the provisions applicable to companies subject to the small companies' regime.

These financial statements were approved by the board of trustees and authorised for issue on 10th March 2026 and are signed on behalf of the board by:

Ms C Walker

Company Registration Number 07871488

The Notes on Pages 8 to 12 form part of these financial statements.



Notes to the Financial Statements Year ended 31 December 2025

1. General information

The charity is a private limited company by guarantee (no. 07871488), registered in England and Wales and a registered charity in England and Wales (no. 1145872). The address of the registered office is 33 Frank Parkinson Court, Guisley, Leeds, England, LS20 9EY.

2. Statement of compliance

These financial statements have been prepared in compliance with FRS102, 'The Financial Reporting Standard applicable in the UK and the Republic of Ireland', the Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS102) (Charities SORP (FRS102)) and the Companies Act 2006.

3. Accounting policies

Basis of preparation

The financial statements have been prepared on the historical cost basis, as modified by the revaluation of certain financial assets and liabilities and investment properties measured at fair value through income or expenditure.

The financial statements are prepared in sterling, which is the functional currency of the entity.

Dental Mavericks meets the definition of a public benefit entity under FRS 102.

Going concern

There are no material uncertainties about the charity's ability to continue.

Judgment and key sources of estimation uncertainty

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the amounts reported for assets and liabilities as at the date of the statement of financial position and the amounts reported for revenues and expenses during the year. However, the nature of estimation means that actual outcomes could differ from those estimates. Details of these judgements are set out in the accounting policies

Fund accounting

Unrestricted funds are available for use at the discretion of the trustees to further any of the charity's purposes.

Designated funds are unrestricted funds earmarked by the trustees for particular future projects or commitments.

Restricted funds are subjected to restrictions on their expenditure declared by the donor or through the terms of an appeal and fall into one of two sub-classes: restricted income funds or endowment funds.

Notes to the Financial Statements *(continued)*

Year ended 31 December 2025

3. Accounting policies *(continued)*

Incoming resources

All income is included in the statement of financial activities when entitlement has passed to the charity, it is probable that the economic benefits associated with the transaction will flow to the charity and the amount can be reliably measured. The following specific policies are applied to particular categories of income:

- income from donations or grants is recognised when there is evidence of entitlement to the gift, receipt is probable, and its amount can be measured reliably.

- income from donated goods is measured at the fair value of the goods unless this is impractical to measure reliably, in which case the value is derived from the cost to the donor or the estimated resale value. Donated facilities and services are recognised in the accounts when received if the value can be reliably measured.

Resources expended

All resources expended are included in the statement of financial activities on an accruals basis and include attributable VAT which cannot be recovered.

Costs of raising funds are those costs incurred in relation directly in the pursuit fundraising activities.

Costs of charitable activities comprise all costs directly attributable to and in support of the charitable objects.

Tangible assets

Individual asset costing GBP 5,000 or more are capitalised at historical cost. Items below this level are consumables and are expensed in the period incurred.

Financial instruments

A financial asset or a financial liability is recognised only when the entity becomes a party to the contractual provisions of the instrument.

Basic financial instruments are initially recognised at the amount receivable or payable including any related transaction costs, unless the arrangement constitutes a financing transaction, where it is recognised at the present value of the future payments discounted at a market rate of interest for a similar debt instrument.

Current assets and current liabilities are subsequently measured at the cash or other consideration expected to be paid or received and not discounted.

4. Limited by guarantee

The company is limited by guarantee to a value not exceeding GBP 1 per member.

Dental Mavericks Limited
Company Limited by Guarantee
Notes to the Financial Statements
(continued) Year ended 31 December 2025

	2025		2024	
	Unrestricted Funds	Total Funds	Unrestricted Funds	Total Funds
	GBP		GBP	
5. Donations and Legacies	85,943	85,943	79,730	79,730
Totals	85,943	85,943	79,730	79,730
6. Charitable Activities	0	0	0	0
	0	0	0	0
7. Other Trading Income	0	0	0	0
	0	0	0	0
8. Investment Income	0	0	0	0
	0	0	0	0
9. Expenditure on Raising Funds	0	0	0	0
	0	0	0	0

Dental Mavericks Limited
Company Limited by Guarantee
Notes to the Financial Statements
(continued) Year ended 31 December 2025

		2025		2024	
		Unrestricted Funds	Total Funds	Unrestricted Funds	Total Funds
		GBP		GBP	
10. Charitable Activities					
	Staff Costs	36,726	36,726	33,453	33,453
	Dental/Medical Equipment	30,531	30,531	2,075	2,075
	Travel Expenses	7,664	7,664	15,473	15,473
	Computer Costs	199	199	-	-
	Printing Postage and Stationery	1,012	1,012	772	772
	Bank Charges	511	511	507	507
	Independent Examiner's fee	1,500	1,500	1,500	1,500
	Administration Expenses	994	994	-	-
	Total Charitable Expenses	79,137	79,137	53,780	53,780

11 Expenditure on Charitable activities by activity type

	2025		2024
	Activities	Support Costs	
Staff Costs	36,726		33,453
Dental/Medical Equipment	30,531		2,075
Travel Expenses	7,664		15,473
Computer Costs		199	772
Printing Postage and Stationery		1,012	
Bank Charges		511	507
Independent Examiner's fee		1,500	1,500
Administration Expenses		994	
Total	74,921	4,216	53,780

12 Analysis of support Costs

	Support Costs	Total 2025	2024
Governance Costs			
Independent Examiner's fee	1,500	1,500	1,500
Bookkeeping fees			
Other accountancy Fees			
Other support Costs	2,716		1,279
	4,216	2,779	2,779

13 Staff Costs.

No salaries or wages have been paid to members of the committee during the year.
The average head count of employees during the year was 1 (2024: 1).
Staff Costs include all associated overheads.
No employee received employee benefits of more than £60,000 during the year (2024: £60,000).

14. Key management personnel and Trustee remuneration and expenses.

No remuneration was paid to trustees during the year or previous year.

15. Creditors: amounts falling due within one year

	2025	2024
Accruals	1.500	1.500
Total	<u>1.500</u>	<u>1.500</u>

16. Analysis of Charitable Funds

Unrestricted Funds

	At January 1, 2025	Income	Expenditure	At 31 December, 2025
	GBP	GBP	GBP	GBP
Unrestricted Funds	89,676	85,943	(79,137)	96,482
Total	<u>89,676</u>	<u>85,943</u>	<u>(79,137)</u>	<u>96,482</u>

All funds in 2025 were unrestricted

17. Analysis of net assets	2025	2024
	GBP	GBP
Current assets	97,982	91,176
Creditors less than 1 year	-1.500	-1.500
Net Assets	<u>96,482</u>	<u>89,676</u>

18. Related parties

The charity was under the control of the trustees throughout the current and previous year.

There were no transactions with related parties during the year (2024 - Nil).