

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2004Open to Public
Inspection**A** For the 2004 calendar year, or tax year beginning

and ending

B Check if
applicable

- ☐ Address
change
- ☐ Name
change
- ☐ Initial
return
- ☐ Final
return
- ☐ Amended
return
- ☐ Application
pending

Please
use IRS
label or
print or
type
See
Specific
Instruc-
tions**C** Name of organization**VIRGINIA DENTAL HEALTH FOUNDATION**

Number and street (or P.O. box if mail is not delivered to street address)

7525 STAPLES MILL ROAD

City or town, state or country, and ZIP + 4

RICHMOND, VA 23228**D** Employer identification number**54-1821602****E** Telephone number**804-261-1610****F** Accounting method ☐ Cash ☒ Accrual
(specify) ▶• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts
must attach a completed Schedule A (Form 990 or 990-EZ).**H** and **I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)**H(d)** Is this a separate return filed by an or-
ganization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**M** Check ☐ if the organization is not required to attach
Sch. B (Form 990, 990-EZ, or 990-PF).**G** Website: ▶ **WWW.VADENTAL.ORG****J** Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The
organization need not file a return with the IRS; but if the organization received a Form 990 Package
in the mail, it should file a return without financial data. Some states require a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶**149,476.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

1 Contributions, gifts, grants, and similar amounts received:					
a Direct public support	1a	139,806.			
b Indirect public support	1b				
c Government contributions (grants)	1c				
d Total (add lines 1a through 1c) (cash \$ 134,217. noncash \$ 5,589.)	1d			139,806.	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			8,112.	
3 Membership dues and assessments	3				
4 Interest on savings and temporary cash investments	4				
5 Dividends and interest from securities	5			85.	
6 a Gross rents	6a				
b Less: rental expenses	6b				
c Net rental income or (loss) (subtract line 6b from line 6a)	6c				
7 Other investment income (describe ▶)	7				
8 a Gross amount from sales of assets other than inventory	(A) Securities	8a	(B) Other		
b Less: cost or other basis and sales expenses		8b			
c Gain or (loss) (attach schedule)		8c			
d Net gain or (loss) (combine line 8c, columns (A) and (B))				8d	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	1,385.			
b Less: direct expenses other than fundraising expenses	9b				
c Net income or (loss) from special events (subtract line 9b from line 9a)		SEE STATEMENT 1		9c 1,385.	
10 a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				10c	
11 Other revenue (from Part VII, line 103)	11			88.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			149,476.	
13 Program services (from line 44, column (B))	13			149,738.	
14 Management and general (from line 44, column (C))	14			7,772.	
15 Fundraising (from line 44, column (D))	15				
16 Payments to affiliates (attach schedule)	16			1,000.	
17 Total expenses (add lines 16 and 44, column (A))	17			158,510.	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			<9,034.>	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			135,160.	
20 Other changes in net assets or fund balances (attach explanation)	20			0.	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			126,126.	

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LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2004)

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OGDEN, UT

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VIRGINIA DENTAL HEALTH FOUNDATION

54-1821602

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	(cash \$ 9,500. noncash \$)	9,500.	9,500.	STATEMENT 5	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	0.	0.	0.	0.
26	Other salaries and wages	51,934.	51,934.		
27	Pension plan contributions	5,193.	5,193.		
28	Other employee benefits	1,764.	1,764.		
29	Payroll taxes	3,974.	3,974.		
30	Professional fundraising fees				
31	Accounting fees	7,772.		7,772.	
32	Legal fees				
33	Supplies	772.	772.		
34	Telephone	2,435.	2,435.		
35	Postage and shipping	4,119.	4,119.		
36	Occupancy				
37	Equipment rental and maintenance				
38	Printing and publications	1,269.	1,269.		
39	Travel	168.	168.		
40	Conferences, conventions, and meetings	1,403.	1,403.		
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	11,246.	11,246.		
43	Other expenses not covered above (itemize):				
	a MISSIONS OF MERCY				
	b PROJECT EXPENSES				
	c TAXES, LICENSES & FEES				
	d INSURANCE				
	e MISCELLANEOUS				
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	157,510.	149,738.	7,772.	0.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? ▶ **SEE STATEMENT 3**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a	DONATED DENTAL SERVICES THROUGH THE EFFORTS OF VOLUNTEER DENTISTS & PARTICIPATING DENTAL LABORATORIES. 290 PATIENTS WERE TREATED.	69,593.
	(Grants and allocations \$)	
b	SEE STATEMENT 4	80,145.
	(Grants and allocations \$)	
c		
	(Grants and allocations \$)	
d		
	(Grants and allocations \$)	
e	Other program services (attach schedule)	(Grants and allocations \$)
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	149,738.

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Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	77,798.	45	56,931.
	46 Savings and temporary cash investments	30,718.	46	30,000.
	47 a Accounts receivable	47a 11,510.		
	b Less: allowance for doubtful accounts	47b	47c	11,510.
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	17,155.
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation	55b	55c	
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	57a 66,886.			
b Less: accumulated depreciation	57b 33,129.	43,139.	57c	33,757.
58 Other assets (describe ►)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	163,974.	59	149,353.	
Liabilities	60 Accounts payable and accrued expenses	28,814.	60	23,227.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ►)		65	
66 Total liabilities (add lines 60 through 65)	28,814.	66	23,227.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	115,189.	67	121,126.
	68 Temporarily restricted	19,971.	68	5,000.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	135,160.	73	126,126.
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	163,974.	74	149,353.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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Part V	List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)
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Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	X	
b	If "Yes," enter the name of the organization ► VIRGINIA DENTAL ASSOCIATION and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a 0.		
b	Did the organization file Form 1120-POL for this year?		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b 481,942.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ► 0.		
90 a	List the states with which a copy of this return is filed ► NONE		
b	Number of employees employed in the pay period that includes March 12, 2004 90b 0		
91	The books are in care of ► LINDA GILLIAM Telephone no. ► (804) 261-1610		

Located at ► 7525 STAPLES MILL ROAD, RICHMOND, VA

ZIP + 4 ► 23228

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
and enter the amount of tax-exempt interest received or accrued during the tax year

92

N/A

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a WEBMD PROGRAM			15	8,112.	
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	85.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	1,385.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS					88.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		9,582.	88.
105 Total (add line 104, columns (B), (D), and (E))					9,670.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

103A MISCELLANEOUS INCOME RELATED TO EXEMPT FUNCTION

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

accompanying schedules and statements, and to the best of my knowledge and belief, it is true,
information of which preparer has any knowledge

5-23-05

Date

Terry Driscoll Ex-Director

Type or print name and title.

Date

Check if

Preparer's SSN or PTIN

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2004

Name of the organization

VIRGINIA DENTAL HEALTH FOUNDATION

Employer identification number

54 1821602

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		
b Do you have a section 403(b) annuity plan for your employees?		
SEE STATEMENT 7		
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☒ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above
	12

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.** **N/A**
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	0.	0.	0.	0.	0.
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					
c Total support for section 509(a)(1) test: Enter line 24, column (e)					
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					
e Public support (line 26c minus line 26d total)					
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2003) _____ (2002) _____ (2001) _____ (2000) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2003) _____ (2002) _____ (2001) _____ (2000) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					
d Add: Line 27a total _____ and line 27b total _____					
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) _____					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions.)**N/A****(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31	
<hr/>		
<hr/>		
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32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
<hr/>		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
<hr/>		
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34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2004

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☐ **a** if the organization belongs to an affiliated group. Check ☐ **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 The lobbying nontaxable amount is - 20% of the amount on line 40 \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

(i) Cash

(ii) Other assets

b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) **Purchases of assets from a noncharitable exempt organization**

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c	X	

[illegible]

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

► ☒ Yes ☐ No

b. If "Yes," complete the following schedule:

[illegible]

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	1
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
AUCTION - ANNUAL MEETING	1,385.		1,385.		1,385.
TO FM 990, PART I, LINE 9	1,385.		1,385.		1,385.

FORM 990	PAYMENTS TO AFFILIATES	STATEMENT	2
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AFFILIATE'S NAMEAFFILIATE'S ADDRESS

VIRGINIA DENTAL ASSOCIATION

7525 STAPLES MILL ROAD, RICHMOND, VA
23228PURPOSE OF PAYMENTAMOUNT

2004 AM/NORFOLK CE SPONSORSHIP

1,000.

TOTAL TO FORM 990, PART I, LINE 16

1,000.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	3
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EXPLANATION

TO PERFORM AND CARRY OUT THE PROMOTION AND SUPPORT OF PROGRAMS FOR THE IMPROVEMENT AND ENHANCEMENT OF THE QUALITY OF DENTAL AND HEALTH CARE EDUCATION AND PROGRAMS FOR THE CONTINUING PROFESSIONAL EDUCATION OF DENTISTS, DENTAL ASSISTANTS AND DENTAL HYGIENISTS WHO ARE MEMBERS OF THE VIRGINIA DENTAL ASSOCIATION.

ALSO, TO PERFORM AND CARRY OUT THE PROMOTION AND SUPPORT OF PROGRAMS FOR THE PROVISION OF DENTAL SERVICES BY MEMBERS OF THE VIRGINIA DENTAL ASSOCIATION TO THE DISABLED, THE ELDERLY OR THE CHRONICALLY ILL INDIVIDUALS IN THE COMMONWEALTH OF VIRGINIA. THE FOUNDATION DETERMINES THE ELIGIBILITY OF THE PATIENT, MATCHES THE PATIENT WITH A DENTIST, AND EVALUATES THE SERVICES PERFORMED.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	4
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DESCRIPTION OF PROGRAM SERVICE TWO

MISSIONS OF MERCY PROJECTS IN WISE COUNTY AND ON THE EASTERN SHORE OF VIRGINIA. THESE PROJECTS ARE CONDUCTED IN IDENTIFIED, UNDERSERVED AREAS OF THE STATE WHERE THERE ARE NOT ENOUGH DENTAL PRACTITIONERS TO ADEQUATELY ADDRESS THE ORAL HEALTH NEEDS OF THE COMMUNITY. ANY INDIVIDUAL WHO IS ABLE TO SHOW UP ON SITE IS CONSIDERED ELIBIBLE. INCLUDED 4,492 VOLUNTEER HOURS AND DENTAL CARE IN THE AMOUNT OF \$481,942.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B		80,145.

FORM 990	CASH GRANTS AND ALLOCATIONS	STATEMENT	5
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CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
GRANT PAID	LIONS OF 24F/RAM	P. O. BOX 1121, NORTON, VA 24273	NONE	5,000.
GRANT PAID	REMOTE AREA MEDICAL FOUNDATION	1834 BEECH STREET, KNOXVILLE, TN 37920	NONE	2,500.
GRANT PAID	VIRGINIA HEALTH CARE FOUNDATION	1001 EAST BROAD STREET, RICHMOND, VA 23219	NONE	2,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				9,500.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 6

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DR. RALPH L. HOWELL, JR. SUFFOLK, VA	PRESIDENT 1	0.	0.	0.
DR. ANNE C. ADAMS GLEN ALLEN, VA	DIRECTOR 1	0.	0.	0.
THOMAS CHILDREY RICHMOND, VA	DIRECTOR 1	0.	0.	0.
DR. PETER J. MCDONALD CHRISTIANSBURG, VA	DIRECTOR 1	0.	0.	0.
JOCELYN LANCE RICHMOND, VA	DIRECTOR 1	0.	0.	0.
DR. BRUCE HUTCHISON CENTREVILLE, VA	EX-OFFICIO 1	0.	0.	0.
DR. MIKE MCMUNN RICHMOND, VA	DIRECTOR 1	0.	0.	0.
DR. C. SHARONE WARD CHESTER, VA	SECRETARY 1	0.	0.	0.
DR. EDWARD J. WEISBERG NORFOLK, VA	TREASURER 1	0.	0.	0.
DR. AL STENGER RICHMOND, VA	VICE PRESIDENT 1	0.	0.	0.
DR. MARK CRABTREE MARTINSVILLE, VA	EX-OFFICIO 1	0.	0.	0.

DR KAREN R. COLE	DIRECTOR			
	1	0.	0.	0.
WILLIAMSBURG, VA				
DR. DAN GRABEEL	DIRECTOR			
	1	0.	0.	0.
LYNCHBURG, VA				
TOTALS INCLUDED ON FORM 990, PART V		0.	0.	0.

SCHEDULE A	EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS	STATEMENT	7
	PART III, LINE 3		

FOR DONATED DENTAL SERVICES PROGRAM - THE FOUNDATION RECEIVES REQUESTS FROM HEALTH AND SOCIAL SERVICES AGENCIES. THE PROSPECTIVE PATIENT MUST MEET ALL THREE ELIGIBILITY REQUIREMENTS...

1. THE PATIENT MUST BE DISABLED, CHRONICALLY ILL OR ELDERLY. THE CONDITION MUST BE PERMANENT AND MUST PROHIBIT OR SIGNIFICANTLY LIMIT LIMIT EMPLOYMENT
2. THE PATIENT MUST BE UNABLE TO PAY FOR THEIR OWN DENTAL TREATMENT. FURTHER, THEY MUST HAVE NO OTHER SOURCES FOR ASSISTANCE.
3. THE PATIENT MUST NEED EXTENSIVE DENTAL TREATMENT - MORE THAN A CLEANING AND A CHECK-UP.

01/01/2004 - 12/31/2004

System No.	S	Description	Date in Service	Method / Conv.	Life	Cost / Other Basis	Bus. / Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
DDS												
15		Computer & M	3/5/2002	M / HY	5.0000	1,438.24	100.0000	0.00	0.00	747.89	276.14	1,024.03
16		Computer & M	3/5/2002	M / HY	5.0000	1,438.24	100.0000	0.00	0.00	747.89	276.14	1,024.03
Subtotal. DDS						2,876.48		0.00	0.00	1,495.78	552.28	2,048.06
Less dispositions and exchanges:						0.00				0.00	0.00	0.00
Net for: DDS						2,876.48		0.00	0.00	1,495.78	552.28	2,048.06
MOM Project												
1		Autoclave-Stat	12/1/2002	M / HY	7.0000	2,455.75	100.0000	0.00	0.00	952.23	429.58	1,381.81
2		Ultrasonic Clei	6/17/2002	M / HY	7.0000	783.74	100.0000	0.00	0.00	303.90	137.10	441.00
3		Coltene Biosol	6/12/2002	M / HY	7.0000	323.98	100.0000	0.00	0.00	125.62	56.67	182.29
4		Ultrasonic Clei	6/12/2002	M / HY	7.0000	491.74	100.0000	0.00	0.00	190.68	86.02	276.70
5		Ultrasonic Clei	6/12/2002	M / HY	7.0000	491.73	100.0000	0.00	0.00	190.67	86.02	276.69
6		Light-(10) Direx	2/20/2002	M / HY	7.0000	6,609.20	100.0000	0.00	0.00	2,562.75	1,156.13	3,718.88
7		Autoclave-Stat	2/12/2002	M / HY	7.0000	2,455.75	100.0000	0.00	0.00	952.23	429.58	1,381.81
8		X-Ray-Mini Por	2/7/2002	M / HY	7.0000	4,338.97	100.0000	0.00	0.00	1,692.46	759.00	2,441.46
9		Light-(10) Direx	2/7/2002	M / HY	7.0000	636.00	100.0000	0.00	0.00	246.61	111.25	357.86
10		Aseptlight Por	2/7/2002	M / HY	7.0000	556.00	100.0000	0.00	0.00	215.59	97.26	312.85
11		Portable Denti	1/8/2002	M / HY	7.0000	12,000.00	100.0000	0.00	0.00	4,653.06	2,099.13	6,752.19
12		Portable Denti	1/8/2002	M / HY	7.0000	7,896.00	100.0000	0.00	0.00	3,061.71	1,381.23	4,442.94
13		Bags for Porta	1/8/2002	M / HY	7.0000	780.00	100.0000	0.00	0.00	302.45	136.44	438.89
14		Handpiece Sel	1/8/2002	M / HY	7.0000	4,200.00	100.0000	0.00	0.00	1,628.57	734.69	2,363.26
17		Light Direct-A-I	6/24/2003	SL / N/A	7.0000	5,379.20	100.0000	0.00	0.00	384.23	768.46	1,152.69
18		Portable Denti	2/24/2003	SL / N/A	7.0000	4,090.00	100.0000	0.00	0.00	486.90	584.29	1,071.19
19		Portable 3460	6/6/2003	SL / N/A	7.0000	2,987.00	100.0000	0.00	0.00	248.92	426.71	675.63
20		Trailer - 2002 T	3/13/2002	M / HY	7.0000	2,973.38	100.0000	0.00	0.00	1,152.94	520.13	1,673.07
21		Trailer Letterin	7/11/2002	M / HY	7.0000	407.55	100.0000	0.00	0.00	158.03	71.29	229.32
22		Trailer - 2002 F	7/10/2002	M / HY	7.0000	2,291.00	100.0000	0.00	0.00	888.35	400.76	1,289.11
23		Aseptico Inc. (3/3/2004	SL / N/A	7.0000	1,862.42	100.0000	0.00	0.00	0.00	221.72	221.72
Subtotal: MOM Project						64,009.41		0.00	0.00	20,387.90	10,693.46	31,081.36
Less dispositions and exchanges:						0.00				0.00	0.00	0.00
Net for: MOM Project						64,009.41		0.00	0.00	20,387.90	10,693.46	31,081.36
Grand Totals:												
Subtotal.						66,885.89		0.00	0.00	21,883.68	11,245.74	33,129.42
Less dispositions and exchanges:						0.00				0.00	0.00	0.00
Grand Totals:						66,885.89		0.00	0.00	21,883.68	11,245.74	33,129.42