

Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2005**Department of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)Open to Public  
Inspection

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

**A** For the 2005 calendar year, or tax year beginning

and ending

**B** Check if  
applicablePlease  
use IRS  
label or  
print or  
type or  
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☐ Other  
(specify) ▶

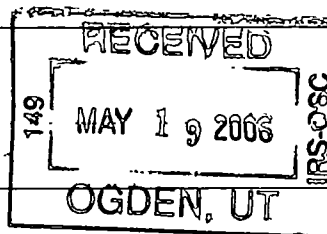
- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

• 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 ☒ NoH(b) If "Yes," enter number of affiliates ▶ **N/A**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 ☒ NoI Group Exemption Number ▶ **N/A**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 chooses to file a return, be  
sure to file a complete return. Some states require a complete return**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **173,611.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support	<b>1a</b>	<b>160,681.</b>		
	<b>b</b> Indirect public support	<b>1b</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>			
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>147,306.</b> noncash \$ <b>13,375.</b> )			<b>1d</b>	<b>160,681.</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)			<b>2</b>	<b>8,431.</b>
	<b>3</b> Membership dues and assessments			<b>3</b>	
	<b>4</b> Interest on savings and temporary cash investments			<b>4</b>	
	<b>5</b> Dividends and interest from securities			<b>5</b>	<b>676.</b>
	<b>6 a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less: rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)			<b>6c</b>	
<b>7</b> Other investment income (describe ▶ )			<b>7</b>		
Expenses	<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	<b>b</b> Less: cost or other basis and sales expenses	<b>8a</b>			
	<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>			
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>			
	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input checked="" type="checkbox"/>			<b>8d</b>	
	<b>a</b> Gross revenue (not including \$ <b>0.</b> of contributions reported on line 1a)	<b>9a</b>	<b>3,778.</b>		
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>	<b>2,389.</b>		
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)		<b>SEE STATEMENT 1</b>	<b>9c</b>	<b>1,389.</b>
	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
	<b>b</b> Less: cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			<b>10c</b>	
	<b>11</b> Other revenue (from Part VII, line 103)			<b>11</b>	<b>45.</b>
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			<b>12</b>	<b>171,222.</b>	
Net Assets	<b>13</b> Program services (from line 44, column (B))			<b>13</b>	<b>134,284.</b>
	<b>14</b> Management and general (from line 44, column (C))			<b>14</b>	<b>7,126.</b>
	<b>15</b> Fundraising (from line 44, column (D))			<b>15</b>	
	<b>16</b> Payments to affiliates (attach schedule)			<b>16</b>	
	<b>17</b> Total expenses (add lines 16 and 44, column (A))			<b>17</b>	<b>141,410.</b>
	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)			<b>18</b>	<b>29,812.</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))			<b>19</b>	<b>126,126.</b>
	<b>20</b> Other changes in net assets or fund balances (attach explanation)			<b>20</b>	<b>0.</b>
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)			<b>21</b>	<b>155,938.</b>



20

**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.

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 \$ <u>2,750.</u> noncash \$ <u>0.</u> If this amount includes foreign grants, check here <input type="checkbox"/>	22 2,750.	2,750.	STATEMENT 2	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 0.	0.		0.
26 Other salaries and wages	26 34,632.	34,632.		
27 Pension plan contributions	27 3,463.	3,463.		
28 Other employee benefits	28 797.	797.		
29 Payroll taxes	29 2,650.	2,650.		
30 Professional fundraising fees	30			
31 Accounting fees	31 7,126.		7,126.	
32 Legal fees	32			
33 Supplies	33 1,675.	1,675.		
34 Telephone	34 2,275.	2,275.		
35 Postage and shipping	35 3,189.	3,189.		
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38 4,137.	4,137.		
39 Travel	39 1,485.	1,485.		
40 Conferences, conventions, and meetings	40 358.	358.		
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 9,452.	9,452.		
43 Other expenses not covered above (itemize):				
a MISSIONS OF MERCY	43a			
b PROJECT EXPENSES	43b 58,934.	58,934.		
c TAXES, LICENSES & FEES	43c 1,892.	1,892.		
d INSURANCE	43d 1,464.	1,464.		
e MISCELLANEOUS	43e 71.	71.		
f GRANT WRITING FEES	43f 5,060.	5,060.		
g	43g			
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 141,410.	134,284.	7,126.	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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ; (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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**Part III** Statement of Program Service Accomplishments (See the instructions.)

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.

What is the organization's primary exempt purpose? ► <b>SEE STATEMENT 4</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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.)	
<b>a</b> <b>DONATED DENTAL SERVICES THROUGH THE EFFORTS OF VOLUNTEER DENTISTS &amp; PARTICIPATING DENTAL LABORATORIES. 245 PATIENTS WERE TREATED WITH VALUE OF SERVICE OF \$668,880.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>48,417.</b>
<b>b</b> <b>SEE STATEMENT 3</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>85,867.</b>
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule)	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b> <b>Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>	<b>134,284.</b>

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**Part IV Balance Sheets** (See the instructions.)**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
<b>Assets</b>	45 Cash - non-interest-bearing	56,931.	45	85,991.
	46 Savings and temporary cash investments	30,000.	46	29,676.
	47 a Accounts receivable	47a 13,457.		
	b Less: allowance for doubtful accounts	47b	11,510.	47c 13,457.
	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		17,155.	52 12,619.
	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 71,219.			
b Less: accumulated depreciation	57b 42,582.	33,757.	57c 28,637.	
58 Other assets (describe ► )			58	
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58		149,353.	59	170,380.
<b>Liabilities</b>	60 Accounts payable and accrued expenses	23,227.	60	14,442.
	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 <b>Total liabilities.</b> Add lines 60 through 65)		23,227.	66
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74</b>			
	67 Unrestricted	121,126.	67	104,707.
	68 Temporarily restricted	5,000.	68	51,231.
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74</b>			
	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 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	126,126.	73	155,938.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	149,353.	74	170,380.

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**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	545,015.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:			
<b>1</b>	Net unrealized gains on investments	<b>b1</b>		
<b>2</b>	Donated services and use of facilities	<b>b2</b>	371,404.	
<b>3</b>	Recoveries of prior year grants	<b>b3</b>		
<b>4</b>	Other (specify): <b>FUNDRAISING DIRECT EXPENSES</b>	<b>b4</b>	2,389.	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	373,793.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	171,222.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify):	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0.
<b>e</b>	Total revenue (Part I, line 12). Add lines <b>c</b> and <b>d</b>		<b>e</b>	171,222.

<b>Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>	
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<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	515,203.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17			
<b>1</b>	Donated services and use of facilities	<b>b1</b>	371,404.	
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>		
<b>4</b>	Other (specify). <b>FUNDRAISING DIRECT EXPENSES</b>	<b>b4</b>	2,389.	
	Add lines <b>b1</b> through <b>b4</b>			<b>b</b> 373,793.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>			<b>c</b> 141,410.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify) _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>			<b>d</b> 0.
<b>e</b>	Total expenses (Part I, line 17) Add lines <b>c</b> and <b>d</b>			<b>e</b> 141,410.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0- )	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
<div>-----</div> <div>SEE STATEMENT 5</div>		0.	0.	0.
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Yes	No
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13

75b

# X

75c

**x**

75d

**X**

**Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

<b>Part VI</b>	<b>Other Information</b> (See the instructions )	<b>Yes</b>	<b>No</b>
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76

**X**

77

**X**

78a

**X**

N/A

78b

79

**x**

80a

**X**

☒ exempt or ☐ nonexempt

**81a**

0.

81b

**X**

b Did the organization file Form 1120-POL for this year?

**Part VI Other Information** (continued)

		Yes	No
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?	82a	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	371,404.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations	85a	N/A
a	Were substantially all dues nondeductible by members?	85b	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.	85c	N/A
c	Dues, assessments, and similar amounts from members	85d	N/A
d	Section 162(e) lobbying and political expenditures	85e	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85f	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85g	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85h	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?	85h	N/A
86	501(c)(7) organizations. Enter:	86a	N/A
a	Initiation fees and capital contributions included on line 12	86b	N/A
b	Gross receipts, included on line 12, for public use of club facilities	87a	N/A
87	501(c)(12) organizations. Enter:	87b	N/A
a	Gross income from members or shareholders		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
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.	88	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.	89b	X
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	90b	0
b	Number of employees employed in the pay period that includes March 12, 2005		
91 a	The books are in care of ▶ LINDA GILLIAM Telephone no. ▶ (804) 261-1610		
	Located at ▶ 7525 STAPLES MILL ROAD, RICHMOND, VA ZIP + 4 ▶ 23228		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ N/A	91b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c	X
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

Form 990 (2005)

**Part VII Analysis of Income-Producing Activities** (See 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 <b>WEBMD PROGRAM</b>			15	8,431.	
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	676.	
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	1,389.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a <b>MISCELLANEOUS</b>					45.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		10,496.	45.
105 Total (add line 104, columns (B), (D), and (E))					10,541.

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 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	<b>MISCELLANEOUS INCOME RELATED TO EXEMPT FUNCTION</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See 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 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)

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer <i>[Signature]</i>	Date <i>5-10-06</i> Type or print name and title. <i>Director Terry D. Dickinson</i>
Paid Preparer's Use Only	Preparer's signature <i>[Signature]</i>	Date <i>5/8/06</i>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>KEITER, STEPHENS, HURST, GARY &amp; SHREAVES, PC</b> <b>P.O. BOX 32066</b> <b>RICHMOND, VA 23294-2066</b>	Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN <i>P06421964</i> EIN <i>[Blank]</i> Phone no. <i>(804) 747-0000</i>



**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 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

**2005**

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
<b>NONE</b>				
Total number of other employees paid over \$50,000	<b>0</b>			

**Part II-A**

**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
<b>NONE</b>		
Total number of others receiving over \$50,000 for professional services	<b>0</b>	

**Part II-B**

**Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

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

**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. <b>\$</b> _____ <b>\$</b> _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
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?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		X
e	Transfer of any part of its income or assets?	2e		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.)	3a	X	
b	Do you have a section 403(b) annuity plan for your employees?	3b		X
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		X
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?	4a		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X

SEE STATEMENT 6

**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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

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

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
<b>16</b> Membership fees received					
<b>17</b> 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					
<b>18</b> 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					
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22	0.	0.	0.	0.	0.
<b>24</b> Line 23 minus line 17					
<b>25</b> Enter 1% of line 23					
<b>26</b> 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 2001 through 2004 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))					
<b>27</b> 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:					
(2004) (2003) (2002) (2001)					
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 11b, 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:					
(2004) (2003) (2002) (2001)					
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))					
<b>28</b> Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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
<b>29</b> 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?	<b>29</b>	
<b>30</b> 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?	<b>30</b>	
<b>31</b> 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.)	<b>31</b>	
<hr/>		
<hr/>		
<hr/>		
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?	<b>32d</b>	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<hr/>		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges?	<b>33a</b>	
<b>b</b> Admissions policies?	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff?	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance?	<b>33d</b>	
<b>e</b> Educational policies?	<b>33e</b>	
<b>f</b> Use of facilities?	<b>33f</b>	
<b>g</b> Athletic programs?	<b>33g</b>	
<b>h</b> Other extracurricular activities?	<b>33h</b>	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<hr/>		
<hr/>		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended?	<b>34b</b>	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
<b>35</b> 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	<b>35</b>	

Schedule A (Form 990 or 990-EZ) 2005

**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)

37 Total lobbying expenditures to influence a legislative body (direct lobbying)

38 Total lobbying expenditures (add lines 36 and 37)

39 Other exempt purpose expenditures

40 Total exempt purpose expenditures (add lines 38 and 39)

41 Lobbying nontaxable amount. Enter the amount from the following table -

If the amount on line 40 is -

The lobbying nontaxable amount is -

Not over \$500,000

20% of the amount on line 40

Over \$500,000 but not over \$1,000,000

\$100,000 plus 15% of the excess over \$500,000

Over \$1,000,000 but not over \$1,500,000

\$175,000 plus 10% of the excess over \$1,000,000

Over \$1,500,000 but not over \$17,000,000

\$225,000 plus 5% of the excess over \$1,500,000

Over \$17,000,000

\$1,000,000

42 Grassroots nontaxable amount (enter 25% of line 41)

43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36

44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38

**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.)

**Lobbying Expenditures During 4-Year Averaging Period**

N/A

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(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:

- 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.)

Yes	No	Amount
		0.

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

2005.05050 VIRGINIA DENTAL HEALTH FOUN 25777511

VIRGINIA DENTAL HEALTH FOUNDATION [257775002]  
Depreciation Expense

Federal

01/01/2005 - 12/31/2005

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
<b>Computer</b>												
15		Computer & M	3/5/2002	M / HY	5.0000	1,438.24	100.0000	0.00	0.00	1,024.03	165.68	1,189.71
16		Computer & M	3/5/2002	M / HY	5.0000	1,438.24	100.0000	0.00	0.00	1,024.03	165.68	1,189.71
Subtotal: Computer												
Less dispositions and exchanges:												
Net for: Computer												
<b>Dental Equipment</b>												
1		Autoclave-Stat	12/11/2002	M / HY	7.0000	2,455.75	100.0000	0.00	0.00	1,381.81	306.84	1,688.65
2		Ultrasonic Clei	6/17/2002	M / HY	7.0000	783.74	100.0000	0.00	0.00	441.00	97.93	538.93
3		Coltene Biosor	6/12/2002	M / HY	7.0000	323.98	100.0000	0.00	0.00	182.29	40.48	222.77
4		Ultrasonic Clei	6/12/2002	M / HY	7.0000	491.74	100.0000	0.00	0.00	276.70	61.44	338.14
5		Ultrasonic Clei	6/12/2002	M / HY	7.0000	491.73	100.0000	0.00	0.00	276.69	61.44	338.13
6		Light-(10) Direc	2/20/2002	M / HY	7.0000	6,609.20	100.0000	0.00	0.00	3,718.88	825.81	4,544.69
7		Autoclave-Stat	2/12/2002	M / HY	7.0000	2,455.75	100.0000	0.00	0.00	1,381.81	306.84	1,688.65
8		X-Ray-Mini Por	2/7/2002	M / HY	7.0000	4,338.97	100.0000	0.00	0.00	2,441.46	542.15	2,983.61
9		Light-(10) Direc	2/7/2002	M / HY	7.0000	636.00	100.0000	0.00	0.00	357.86	79.47	437.33
10		Aseptilight Poi	2/7/2002	M / HY	7.0000	556.00	100.0000	0.00	0.00	312.85	69.47	382.32
11		Portable Dent	1/8/2002	M / HY	7.0000	12,000.00	100.0000	0.00	0.00	6,752.19	1,499.37	8,251.56
12		Portable Dent	1/8/2002	M / HY	7.0000	7,896.00	100.0000	0.00	0.00	4,442.94	986.59	5,429.53
13		Bags for Porta	1/8/2002	M / HY	7.0000	780.00	100.0000	0.00	0.00	438.89	97.46	536.35
14		Handpiece Sei	1/8/2002	M / HY	7.0000	4,200.00	100.0000	0.00	0.00	2,363.26	524.78	2,888.04
17		Light Direct-A-i	6/24/2003	SL / N/A	7.0000	5,379.20	100.0000	0.00	0.00	1,152.69	768.46	1,921.15
18		Portable Dent	2/24/2003	SL / N/A	7.0000	4,090.00	100.0000	0.00	0.00	1,071.19	584.29	1,655.48
19		Portable 3460	6/6/2003	SL / N/A	7.0000	2,987.00	100.0000	0.00	0.00	675.63	426.71	1,102.34
23		Aseptico Inc (	3/3/2004	SL / N/A	7.0000	1,862.42	100.0000	0.00	0.00	221.72	266.06	487.78
Subtotal: Dental Equipment												
Less dispositions and exchanges:												
Net for: Dental Equipment												
<b>Dental Equipment - MOM</b>												
24		(5) Direct A Be	5/15/2005	M / HY	5.0000	3,326.67	100.0000	0.00	0.00	0.00	665.33	665.33
25		Surge motor #	8/15/2005	M / HY	5.0000	1,006.47	100.0000	0.00	0.00	0.00	201.29	201.29
Subtotal: Dental Equipment - MOM												
Less dispositions and exchanges:												
Net for: Dental Equipment - MOM												
<b>Vehicles</b>												
20		Trailer - 2002 T	3/13/2002	M / HY	7.0000	2,973.38	100.0000	0.00	0.00	1,673.07	371.52	2,044.59
21		Trailer Letterin	7/11/2002	M / HY	7.0000	407.55	100.0000	0.00	0.00	229.32	50.92	280.24
22		Trailer - 2002 F	7/10/2002	M / HY	7.0000	2,291.00	100.0000	0.00	0.00	1,289.11	286.25	1,575.36

VIRGINIA DENTAL HEALTH FOUNDATION [257775002]  
Depreciation Expense

54-1821602  
01/01/2005 - 12/31/2005  
Sorted: General - Group

Federal

01/01/2005 - 12/31/2005

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
Subtotal Vehicles												
						5,671.93	A	0.00	0.00	3,191.50	708.69	3,900.19
						0.00		0.00	0.00	0.00	0.00	0.00
Less dispositions and exchanges:												
						5,671.93		0.00	0.00	3,191.50	708.69	3,900.19
Net for: Vehicles												
Subtotal:												
						71,219.03		0.00	0.00	33,129.42	9,452.26	42,581.68
						0.00		0.00	0.00	0.00	0.00	0.00
Less dispositions and exchanges:												
						71,219.03		0.00	0.00	33,129.42	9,452.26	42,581.68
Grand Totals:												

PY TB

Sum of A = 68,342.55 TB

Sum of B = 40,202.26 TB



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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
RAFFLE	2,330.		2,330.	643.	1,687.
LOGO SHOP SALES	1,448.		1,448.	1,746.	<298.>
TO FM 990, PART I, LINE 9	3,778.		3,778.	2,389.	1,389.

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FORM 990	CASH GRANTS AND ALLOCATIONS	STATEMENT	2
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CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
GRANT PAID	WORLD DENTAL RELIEF	P. O. BOX 747, BROKEN ARROW, OK 74013-0747	NONE	750.
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				2,750.

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FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	3
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DESCRIPTION OF PROGRAM SERVICE TWO

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MISSIONS OF MERCY PROJECTS IN WISE COUNTY AND ON THE EASTERN SHORE OF VIRGINIA. THESE PROJECTS ARE CONDUCTED IN INDENTIFIED, UNDERSERVED AREAS OF THE STATE WHERE THERE ARE AMOUNT OF \$371,404.

ORAL HEALTH NEEDS OF THE COMMUNITY. ANY INDIVIDUAL WHO IS ABLE TO SHOW UP ON SITE IS CONSIDERED ELIBIBLE. INCLUDED 3,513 VOLUNTEER HOURS, 3,397 PATIENTS AND DENTAL CARE IN THE AMOUNT OF \$481,942.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B		85,867.

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FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	4
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EXPLANATION

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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

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

STATEMENT 5

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DR. RALPH L. HOWELL, JR. SUFFOLK, VA	PRESIDENT 1.00	0.	0.	0.
DR. ANNE C. ADAMS GLEN ALLEN, VA	DIRECTOR 1.00	0.	0.	0.
THOMAS CHILDREY RICHMOND, VA	DIRECTOR 1.00	0.	0.	0.
JOCELYN LANCE RICHMOND, VA	DIRECTOR 1.00	0.	0.	0.
DR. ROBERT A. LEVINE FAIRFAX, VA	EX-OFFICIO 1.00	0.	0.	0.
DR. MIKE MCMUNN RICHMOND, VA	DIRECTOR 1.00	0.	0.	0.
DR. C. SHARONE WARD CHESTER, VA	SECRETARY 1.00	0.	0.	0.
DR. EDWARD J. WEISBERG NORFOLK, VA	TREASURER 1.00	0.	0.	0.
DR. AL STENGER RICHMOND, VA	VICE PRESIDENT 1.00	0.	0.	0.
DR. MARK CRABTREE MARTINSVILLE, VA	EX-OFFICIO 1.00	0.	0.	0.
DR KAREN R. COLE DAMERON SUFFOLK, VA	DIRECTOR 1.00	0.	0.	0.

VIRGINIA DENTAL HEALTH FOUNDATION

54-1821602

DR. DANIEL GRABEEL	DIRECTOR			
	1.00	0.	0.	0.
LYNCHBURG, VA				
DR. ROBERT WALKER	DIRECTOR			
	1.00	0.	0.	0.
GLEN ALLEN, VA				
TOTALS INCLUDED ON FORM 990, PART V		<u>0.</u>	<u>0.</u>	<u>0.</u>

SCHEDULE A	EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS	STATEMENT	6
	PART III, LINE 3A		

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.

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SCHEDULE A	INVOLVEMENT WITH NONCHARITABLE ORGANIZATIONS	STATEMENT	7
	PART VII, LINE 51, COLUMN (D)		

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NAME OF NONCHARITABLE EXEMPT ORGANIZATION

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VIRGINIA DENTAL ASSOCIATION

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DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

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SHARED SPACE AND ADMINISTRATIVE (CLERICAL &amp; ADMIN) EMPLOYEES WITH VIRGINIA DENTAL ASSOCIATION AND REIMBURSES ASSOCIATION FOR SALARY EXPENSE.

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SCHEDULE A	AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS	STATEMENT	8
	PART VII, LINE 52, COLUMN (C)		

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NAME OF AFFILIATED OR RELATED ORGANIZATION

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VA DENTAL ASSOCIATION

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DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

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PROVIDES FUNDING FOR EDUCATION AND PROGRAMS OF THE VA DENTAL HEALTH FOUNDATION.