

Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
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)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No 1545-1150

2009

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning

and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization		D Employer identification number
		VIRGINIA DENTAL HEALTH FOUNDATION		54-1821602
		Number and street (or P.O. box, if mail is not delivered to street address)		E Telephone number
		7525 STAPLES MILL ROAD		804-261-1610
City or town, state or country, and ZIP + 4		F Group Exemption Number		
RICHMOND, VA 23228				

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☐ Cash ☒ Accrual
Other (specify) ►

I Website: ► WWW.VADENTAL.ORG**J** Tax-exempt status (check only one) — ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 452,483.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	447,958.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	1,155.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	770.
	6b	Less: direct expenses other than fundraising expenses	6b	773.
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	<3.>	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ► MISCELLANEOUS)	8	2,600.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	451,710.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	55,598.
	13	Professional fees and other payments to independent contractors	13	8,051.
	14	Occupancy, rent, utilities, and maintenance	14	6,515.
	15	Printing, publications, postage, and shipping	15	5,701.
	16	Other expenses (describe ► SEE STATEMENT 1)	16	147,468.
	17	Total expenses. Add lines 10 through 16	17	223,333.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	228,377.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	323,166.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	551,543.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	203,892.	381,610.
23	Land and buildings		
24	Other assets (describe ► SEE STATEMENT 2)	135,789.	189,847.
25	Total assets	339,681.	571,457.
26	Total liabilities (describe ► ACCOUNTS PAYABLE)	16,515.	19,914.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	323,166.	551,543.

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 0.		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved N/A		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 N/A		
b	Gross receipts, included on line 9, for public use of club facilities N/A		
40a	Section 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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. NONE		
42a	The organization's 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)?	Yes	No
	If "Yes," enter the name of the foreign country: _____		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 U.S.?		X
	If "Yes," enter the name of the foreign country: _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here [] and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Form 990-EZ (2009)

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		X
47		X
48		X
49a		X
49b		

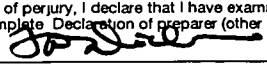
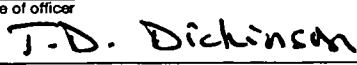

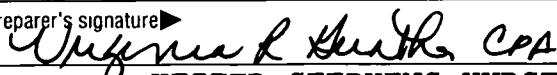
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

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		5-13-10 Date
Paid Preparer's Use Only	 T.D. Dickinson Type or print name and title		 S. Director
	Preparer's signature  Virginia R. Keith CPA	Date 5-13-10	Check if self-employed <input type="checkbox"/>
Firm's name (or yours if self-employed), address, and ZIP + 4 KEITER, STEPHENS, HURST, GARY & SHREAVES, PC P.O. BOX 32066 RICHMOND, VA 23294-2066		EIN Phone no. (804) 747-0000	

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Form 990-EZ (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

VIRGINIA DENTAL HEALTH FOUNDATION

Employer identification number

54-1821602

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ 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 exempt 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). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☒ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		<input checked="" type="checkbox"/>
11g(ii)		<input checked="" type="checkbox"/>
11g(iii)		<input checked="" type="checkbox"/>

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
VIRGINIA DENTAL ASSOC	54-0697647	12	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Total									0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

VIRGINIA DENTAL HEALTH FOUNDATION [257775002]
Depreciation Expense

Federal

01/01/2009 - 12/31/2009

4/27/2010
1:26:58PM

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus. / Inv. %	Sec. 179 / Bonus	Salvage / Basis Adj.	Bag. Accum. Depreciation	Current Depreciation	Total Depreciation
Computer												
15		Computer & Mo	3/5/2002 M / HY		5.0000	1,438.24	100.0000	0.00	0.00	1,438.24	0.00	1,438.24
16		Computer & Mo	3/5/2002 M / HY		5.0000	1,438.24	100.0000	0.00	0.00	1,438.24	0.00	1,438.24
Subtotal: Computer												
						2,876.48		0.00	0.00	2,876.48	0.00	2,876.48
Less dispositions and exchanges:												
						0.00		0.00	0.00	0.00	0.00	0.00
Net for: Computer												
						2,876.48		0.00	0.00	2,876.48	0.00	2,876.48
Computer - DDS												
31		Dell Bus. Online	3/11/2008 SL / N/A		5.0000	4,102.11	100.0000	0.00	0.00	683.68	820.42	1,504.10
Subtotal: Computer - DDS												
						4,102.11		0.00	0.00	683.68	820.42	1,504.10
Less dispositions and exchanges:												
						0.00		0.00	0.00	0.00	0.00	0.00
Net for: Computer - DDS												
						4,102.11		0.00	0.00	683.68	820.42	1,504.10
Dental Equipment												
1		Autoclave-Statir	12/1/2002 M / HY		7.0000	2,455.75	100.0000	0.00	0.00	2,346.16	109.59	2,455.75
2		Ultrasonic Clear	6/17/2002 M / HY		7.0000	783.74	100.0000	0.00	0.00	748.77	34.97	783.74
3		Cottone Biosoni	6/12/2002 M / HY		7.0000	323.98	100.0000	0.00	0.00	309.52	14.46	323.98
4		Ultrasonic Clear	6/12/2002 M / HY		7.0000	491.74	100.0000	0.00	0.00	469.80	21.94	491.74
5		Ultrasonic Clear	6/12/2002 M / HY		7.0000	491.73	100.0000	0.00	0.00	469.79	21.94	491.73
6		Light(10) Direct	2/20/2002 M / HY		7.0000	6,609.20	100.0000	0.00	0.00	6,314.27	294.93	6,609.20
7		Autoclave-Statir	2/12/2002 M / HY		7.0000	2,455.75	100.0000	0.00	0.00	2,346.16	109.59	2,455.75
8		X-Ray-Mini Ports	2/7/2002 M / HY		7.0000	4,338.97	100.0000	0.00	0.00	4,145.35	193.62	4,338.97
9		Light(10) Direct	2/7/2002 M / HY		7.0000	636.00	100.0000	0.00	0.00	607.62	28.38	636.00
10		Aseptilight Porti	2/7/2002 M / HY		7.0000	556.00	100.0000	0.00	0.00	531.19	24.81	556.00
11		Portable Dental	1/8/2002 M / HY		7.0000	12,000.00	100.0000	0.00	0.00	11,464.51	535.49	12,000.00
12		Portable Dental	1/8/2002 M / HY		7.0000	7,896.00	100.0000	0.00	0.00	7,543.65	352.35	7,896.00
13		Bags for Portab	1/8/2002 M / HY		7.0000	780.00	100.0000	0.00	0.00	745.19	34.81	780.00
14		Handpiece Sets	1/8/2002 M / HY		7.0000	4,200.00	100.0000	0.00	0.00	4,012.58	187.42	4,200.00
17		Light Direct-A-Bi	6/24/2003 SL / N/A		7.0000	5,379.20	100.0000	0.00	0.00	4,226.53	768.46	4,994.99
18		Portable Dental	2/24/2003 SL / N/A		7.0000	4,090.00	100.0000	0.00	0.00	3,408.35	584.29	3,992.64
19		Portable 3460 C	6/6/2003 SL / N/A		7.0000	2,987.00	100.0000	0.00	0.00	2,382.47	426.71	2,809.18
23		Asseptico Inc. (2)	3/3/2004 SL / N/A		7.0000	1,862.42	100.0000	0.00	0.00	1,285.96	266.06	1,552.02
Subtotal: Dental Equipment												
						58,337.48		0.00	0.00	53,357.87	4,009.82	57,367.69
Less dispositions and exchanges:												
						0.00		0.00	0.00	0.00	0.00	0.00
Net for: Dental Equipment												
						58,337.48		0.00	0.00	53,357.87	4,009.82	57,367.69
Dental Equipment - WOV												
14		(5) Direct A Beal	5/15/2005 M / HY		5.0000	3,326.67	100.0000	0.00	0.00	2,751.82	383.23	3,135.05
15		Surge motor # 2	8/15/2005 M / HY		5.0000	1,006.47	100.0000	0.00	0.00	832.55	115.95	948.50
16		Portable Dental	7/20/2006 M / HY		5.0000	2,875.00	100.0000	0.00	0.00	2,047.00	331.20	2,378.20
17		3 Turbo sensor :	4/24/2007 M / HY		5.0000	1,666.98	100.0000	0.00	0.00	866.83	320.06	1,186.89
18		4 Dental chairs,	7/2/2007 M / HY		5.0000	11,000.00	100.0000	0.00	0.00	5,720.00	2,112.00	7,832.00
19		2 dental units, 5	12/3/2007 M / HY		5.0000	5,900.00	100.0000	0.00	0.00	3,068.00	1,132.80	4,200.80
2		LaserJet P2015	2/19/2008 SL / N/A		5.0000	367.48	100.0000	0.00	0.00	61.25	73.50	134.75
3		Portable Light C	4/22/2008 SL / N/A		5.0000	3,261.20	100.0000	0.00	0.00	434.83	652.24	1,087.07

VIRGINIA DENTAL HEALTH FOUNDATION [257775002] Depreciation Expense

Federal

01/01/2009 - 12/31/2009

4/27/2010
1:26:56PM

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
Dental Equipment - MOM												
34		(4) Light Direct /	5/28/2008	SL / N/A	5.0000	3,096.08	100.0000	0.00	0.00	361.21	619.22	980.43
36		10 Portable Der	10/23/2008	SL / N/A	7.0000	16,000.00	100.0000	0.00	0.00	380.95	2,285.71	2,666.66
37		10 Portable Der	10/23/2008	SL / N/A	7.0000	11,000.00	100.0000	0.00	0.00	261.91	1,571.43	1,833.34
38		10 Bags/Portabl	10/23/2008	SL / N/A	7.0000	1,500.00	100.0000	0.00	0.00	35.72	214.29	250.01
39		(5) Light Direct /	2/2/2009	SL / N/A	5.0000	3,580.00	100.0000	0.00	0.00	0.00	656.33	656.33
40		(5) Light Direct /	2/2/2009	SL / N/A	5.0000	3,726.35	100.0000	0.00	0.00	0.00	683.16	683.16
41		5 Light Direct A	9/2/2009	SL / N/A	5.0000	4,357.03	100.0000	0.00	0.00	0.00	290.47	290.47
42		(10) Portable De	6/1/2009	SL / N/A	5.0000	17,000.00	100.0000	0.00	0.00	0.00	1,983.33	1,983.33
43		(10) Portable De	6/1/2009	SL / N/A	5.0000	12,000.00	100.0000	0.00	0.00	0.00	1,400.00	1,400.00
44		(10) Bags for Po	6/1/2009	SL / N/A	5.0000	1,500.00	100.0000	0.00	0.00	0.00	175.00	175.00
Subtotal: Dental Equipment - MOM						103,163.26				16,822.07	14,999.92	31,821.99
Less dispositions and exchanges:						0.00				0.00	0.00	0.00
Net for: Dental Equipment - MOM						103,163.26				16,822.07	14,999.92	31,821.99
Unassigned												
30		/			0.0000	0.00	100.0000	0.00	0.00	0.00	0.00	0.00
Subtotal: Unassigned						0.00				0.00	0.00	0.00
Less dispositions and exchanges:						0.00				0.00	0.00	0.00
Net for: Unassigned						0.00				0.00	0.00	0.00
Vehicles												
20		Trailer - 2002 TV	3/13/2002	M / HY	7.0000	2,973.38	100.0000	0.00	0.00	2,840.70	132.68	2,973.38
21		Trailer Lettering	7/11/2002	M / HY	7.0000	407.55	100.0000	0.00	0.00	389.36	18.19	407.55
22		Trailer - 2002 Pa	7/10/2002	M / HY	7.0000	2,291.00	100.0000	0.00	0.00	2,188.77	102.23	2,291.00
35		Freightliner 241	7/16/2008	SL / N/A	5.0000	61,585.00	100.0000	0.00	0.00	6,158.50	12,317.00	18,475.50
Subtotal: Vehicles						67,256.93				11,577.33	12,570.10	24,147.43
Less dispositions and exchanges:						0.00				0.00	0.00	0.00
Net for: Vehicles						67,256.93				11,577.33	12,570.10	24,147.43
Grand Totals												
Subtotal						235,786.28				85,317.43	92,400.26	177,717.69
Less dispositions and exchanges:						0.00				0.00	0.00	0.00
Grand Totals						235,786.28				85,317.43	92,400.26	177,717.69

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
PAYROLL TAXES		1,320.	
MEETINGS & CONFERENCES		2,819.	
TRAVEL		2,398.	
MISSIONS OF MERCY PROJECT EXPENSES		69,493.	
TAXES & LICENSES		3,288.	
SUPPLIES		4,124.	
INSURANCE		10,090.	
DEPRECIATION		32,400.	
MISCELLANEOUS		851.	
VA DEPT OF HEALTH PROJECT		20,610.	
AWARDS		75.	
TOTAL TO FORM 990-EZ, LINE 16		147,468.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS RECEIVABLE	10,450.	51,856.	
INVENTORY	17,083.	19,973.	
OTHER DEPRECIABLE ASSETS	108,256.	118,018.	
TOTAL TO FORM 990-EZ, LINE 24	135,789.	189,847.	

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 3

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

990-EZ PG 2

STATEMENT 4

MISSIONS OF MERCY PROJECTS IN WISE COUNTY, THE EASTERN SHORE OF VIRGINIA, NORTHERN VIRGINIA, ROANOKE, GRUNDY AND EMPORIA. THESE PROJECTS ARE CONDUCTED IN INDENTIFIED, UNDERSERVED AREAS OF THE STATE WHERE THERE ARE ORAL HEALTH NEEDS OF THE COMMUNITY. ANY INDIVIDUAL WHO IS ABLE TO SHOW UP ON SITE IS CONSIDERED ELIGIBLE. INCLUDED 12,562 VOLUNTEER HOURS, 4,309 PATIENTS AND DENTAL CARE IN THE AMOUNT OF \$985,552.

THE MISSION OF THE VIRGINIA DENTAL HEALTH FOUNDATION IS TO PROVIDE DENTAL CARE TO UNDERSERVED VIRGINIANS INCLUDING, BUT NOT LIMITED TO, THE ELDERLY, DISABLED, UNINSURED, UNDERINSURED AND CHILDREN. THIS OBJECTIVE IS ACHIEVED THROUGH THE MISSION OF MERCY, DONATED DENTAL SERVICES AND GIVE KIDS A SMILE PROGRAM.