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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 \$1,000,000 and total assets less than \$2,500,000 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

2008

Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization		D Employer identification number
		SECOND DISTRICT DENTAL ASSOCIATION OF PA		23-6461726
		Number and street (or P.O. box, if mail is not delivered to street address)		E Telephone number
		5055 ROUTE 313, BOX 346		215-345-6882
City or town, state or country, and ZIP + 4		F Group Exemption Number		
FOUNTAINVILLE, PA 18923				

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

I Website: WWW.VFDC.ORG	G Accounting method: ☒ Cash ☐ Accrual Other (specify) _____
J Organization type (check only one) — ☒ 501(c) (6) ◀ (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 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ. \$ 537,129.

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	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	89,299.
	4	Investment income	4	3,917.
	5a	Gross amount from sale of assets other than inventory	5a	51,232.
	b	Less: cost or other basis and sales expenses	5b	75,471.
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	-24,239.
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ☐		
	a	Gross revenue (not including reported on line 1)	6a	384,907.
	b	Less: direct expenses other than fundraising expenses	6b	417,662.
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-32,755.	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe SEE STATEMENT 4)	8	7,774.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	43,996.	
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	38,624.
	13	Professional fees and other payments to independent contractors	13	5,175.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	18,342.
	16	Other expenses (describe SEE STATEMENT 1)	16	67,420.
	17	Total expenses. Add lines 10 through 16	17	129,561.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-85,565.
	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	339,229.
	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	253,664.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	224,716.	22 148,977.
23 Land and buildings		23
24 Other assets (describe SEE STATEMENT 2)	145,583.	24 104,687.
25 Total assets	370,299.	25 253,664.
26 Total liabilities (describe SEE STATEMENT 3)	31,070.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	339,229.	27 253,664.

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12-17-08

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

Form 990-EZ (2008)

SCANNED JUL 01 2010

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

- 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
- 34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes
- 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 your reason for not reporting the income on Form 990-T.

a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?

b If "Yes," has it filed a tax return on Form 990-T for this year?

- 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.

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

- 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 unpaid at the start of the period covered by this return?

b If "Yes," complete Schedule L, Part II and enter the total amount involved

- 39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

- 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 N/A; section 4912 N/A; section 4955 N/A

b Section 501(c)(3) and (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," complete Schedule L, Part I

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

d Enter amount of tax on line 40c reimbursed by the organization

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

- 41 List the states with which a copy of this return is filed. NONE

42a The books are in care of DR. CLAIRE SHAW

Telephone no. 215-345-6882

Located at 5055 ROUTE 313, BOX 346, FOUNTAINVILLE, PA ZIP + 4 18923

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:

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.?

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

- 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

	Yes	No
33		X
34		X
35a		X
35b	N/A	
36		X
37a		0.
37b		X
38a		X
38b		N/A
39a		N/A
39b		N/A
40b		N/A
40c		0.
40d		0.
40e		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 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 operating 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(s) a section 527 organization?
- 50 Complete this table for the 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."

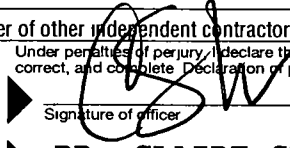
	Yes	No
46		
47		
48		
49a		
49b		

(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
N/A				
Total number of other employees paid over \$100,000				

- 51 Complete this table for the 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
N/A		
Total number of other independent contractors each receiving over \$100,000		

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.

Sign Here:  Signature of officer

Date: 5-13-10

DR. CLAIRE SHAW, TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature:  Date: 5/12/10

Check if self-employed: ☐

Preparer's Identifying Number (See instr.):

Firm's name (or yours if self-employed), address, and ZIP + 4: LARSON ALLEN LLP
18 SENTRY PARK WEST, SUITE 300
BLUE BELL, PA 19422-2240

EIN:
Phone no.: 215-643-3900

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
OFFICE EXPENSES		3,651.	
TRAVEL		55.	
CONFERENCES, CONVENTIONS, MEETINGS		25,245.	
INSURANCE		1,825.	
COMMITTEE & BOARD EXPENSES		27,271.	
MISCELLANEOUS		9,373.	
TOTAL TO FORM 990-EZ, LINE 16		67,420.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
DEFERRED EXPENSES - VF DENTAL CONFERENCE	18,956.	0.	
INVESTMENTS - PUBLICLY TRADED SECURITIES	126,627.	104,687.	
TOTAL TO FORM 990-EZ, LINE 24	145,583.	104,687.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
DEFERRED REVENUE - VF DENTAL CONFERENCE	31,070.	0.	
TOTAL TO FORM 990-EZ, LINE 26	31,070.	0.	

FORM 990-EZ	OTHER REVENUE	STATEMENT	4
DESCRIPTION		AMOUNT	
JOURNAL AD INCOME		6,289.	
MISCELLANEOUS		1,485.	
TOTAL TO FORM 990-EZ, LINE 8		7,774.	

FORM 990-EZ	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	5
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	51,232.	75,471.	0.	-24,239.
TO FORM 990-EZ, LINE 5	51,232.	75,471.	0.	-24,239.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 6

- 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

FORM 990-EZ

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

STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DR. ROBERT BRILLMAN	PRESIDENT 5.00	0.	0.	0.
DR. BERNARD DISHLER	IMMEDIATE PAST PRESIDENT, PDA 5.00	0.	0.	0.
DR. JOHN MECI	PRESIDENT-ELECT 5.00	0.	0.	0.
DR. GEORGE BULLOCK	VICE PRESIDENT 5.00	0.	0.	0.
DR. BRUCE TERRY	EDITOR, DIRECTOR 5.00	0.	0.	0.
DR. EUGENE MCGUIRE	PARLIAMENTATIAN 5.00	0.	0.	0.
MS. BETTY DENCLER	EXECUTIVE SECRETARY 5.00	38,624.	0.	0.
DR. KARIN BRIAN	SECRETARY 5.00	0.	0.	0.
DR. CLAIRE SHAW	TREASURER 5.00	0.	0.	0.
DR. ELLIOTT MASER	VFDC STEERING CHAIR 5.00	0.	0.	0.
DR. LAURENE GRABILL	DIRECTOR 5.00	0.	0.	0.
DR. TAMI BRADY	DIRECTOR, COPONENT SOCIETY PR 5.00	0.	0.	0.
DR. RONALD HEIER	DIRECTOR 5.00	0.	0.	0.
DR. J. BRIAN STRAKA	DIRECTOR 5.00	0.	0.	0.

SECOND DISTRICT DENTAL ASSOCIATION OF PA

23-6461726

DR. RONALD HERSH	DIRECTOR			
	5.00	0.	0.	0.
DR. CARY LIMBERAKIS	DIRECTOR			
	5.00	0.	0.	0.
DR. LAURENCE STONE	DIRECTOR			
	5.00	0.	0.	0.
DR. LAWRENCE MONTGOMERY	DIRECTOR			
	5.00	0.	0.	0.
DR. NANCY ROSENTHAL	DIRECTOR			
	5.00	0.	0.	0.
DR. RUSS BERGMAN	COPONENT SOCIETY PRESIDEN			
	5.00	0.	0.	0.
DR. CHRISTINA GREGORY	COPONENT SOCIETY PRESIDEN			
	5.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		38,624.	0.	0.

990-EZ PG 2

STATEMENT 8

SPONSORSHIP OF VALLEY FORGE DENTAL CONFERENCE & DENTAL SOCIETY OF THE STATE
OF PENNSYLVANIA

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	SECOND DISTRICT DENTAL ASSOCIATION OF PA	23-6461726
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
	5055 ROUTE 313, BOX 346	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	FOUNTAINVILLE, PA 18923	

Check type of return to be filed (File a separate application for each return):

- | | | | | | |
|--------------------------------------|---|---|--------------------------------------|------------------------------------|------------------------------------|
| ☐ Form 990 | ☒ Form 990-EZ | ☐ Form 990-T (sec. 401(a) or 408(a) trust) | ☐ Form 1041-A | ☐ Form 5227 | ☐ Form 8870 |
| ☐ Form 990-BL | ☐ Form 990-PF | ☐ Form 990-T (trust other than above) | ☐ Form 4720 | ☐ Form 6069 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

DR. CLAIRE SHAW

- The books are in the care of ☒ 5055 ROUTE 313, BOX 346 - FOUNTAINVILLE, PA 18923

Telephone No. ☒ 215-345-6882

FAX No ☐

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until MAY 15, 2010

5 For calendar year 2008, or other tax year beginning JUL 1, 2008, and ending JUN 30, 2009

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ☒

Title ☒ TREASURER

Date ☒