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Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2009**Department of the Treasury  
Internal Revenue Service

**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

**Open to Public Inspection****A For the 2009 calendar year, or tax year beginning , 2009, and ending ,****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**  
**MISSOURI DENTAL ASSOCIATION FOUNDATION**  
**3340 AMERICAN AVENUE**  
**JEFFERSON CITY, MO 65109**

**D** Employer identification number

43-1133855

**E** Telephone number

573-634-3436

**F** Group Exemption Number

• **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: ▶ N/A

**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**J** Tax-exempt status (check only one) — ☒ 501(c) ( 3 ) (insert no) 4947(a)(1) or 527

**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

▶ \$ 119,116.

**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	96,959.
	2	Program service revenue including government fees and contracts	2	6,193.
	3	Membership dues and assessments	3	
	4	Investment income	4	1,060.
	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	14,235.
	6b	Less direct expenses other than fundraising expenses	6b	5,329.
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	8,906.
	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 ▶ See Statement 1)	8	669.
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	113,787.
	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	
13		Professional fees and other payments to independent contractors	13	11,312.
14		Occupancy, rent, utilities, and maintenance	14	
15		Printing, publications, postage, and shipping	15	
16		Other expenses (describe ▶ See Statement 3)	16	16,178.
17		<b>Total expenses.</b> Add lines 10 through 16	17	188,251.
18		Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-74,464.
NET ASSETS OR FUND BALANCES		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
	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	165,778.

**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

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	239,659.	165,778.
23 Land and buildings		
24 Other assets (describe ▶ See Statement 4)	583.	
25 <b>Total assets</b>	240,242.	165,778.
26 <b>Total liabilities</b> (describe ▶ )	0.	0.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	240,242.	165,778.

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

Form 990-EZ (2009)

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**Part III Statement of Program Service Accomplishments** (See the instructions.)**Expenses**What is the organization's primary exempt purpose? See Statement 5

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others.)

<b>28</b>	<u>See Statement 6</u>		
	(Grants \$ <u>68,000.</u> ) If this amount includes foreign grants, check here. <input type="checkbox"/>	<b>28a</b>	<u>68,000.</u>
<b>29</b>	<u>See Statement 7</u>		
	(Grants \$ <u>          </u> ) If this amount includes foreign grants, check here. <input type="checkbox"/>	<b>29a</b>	<u>23,750.</u>
<b>30</b>	<u>See Statement 8</u>		
	(Grants \$ <u>11,984.</u> ) If this amount includes foreign grants, check here. <input type="checkbox"/>	<b>30a</b>	<u>1,414.</u>
<b>31</b>	Other program services (attach schedule)		
	(Grants \$ <u>          </u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>	<u>93,164.</u>

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instrs )

(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 and deferred compensation	(e) Expense account and other allowances
DR. CHARLES MCGINTY 3340 AMERICAN AVENUE JEFFERSON CITY, MO 65109	CHAIR 1.50	0.	0.	0.
DR. ELWOOD RICE 3340 AMERICAN AVENUE JEFFERSON CITY, MO 65109	Treasurer 1.50	0.	0.	0.
DR BRYAN POPE 3340 AMERICAN AVENUE JEFFERSON CITY, MO 65109	BOARD MEMBER 1.00	0.	0.	0.
DR. SHANON KIRCHHOFF 3340 AMERICAN AVENUE JEFFERSON CITY, MO 65109	BOARD MEMBER 1.00	0.	0.	0.
DR. GREG RUSSELL 3340 AMERICAN AVENUE JEFFERSON CITY, MO 65109	BOARD MEMBER 1.00	0.	0.	0.
VICKI WILBERS 3340 AMERICAN AVENUE JEFFERSON CITY, MO 65109	Executive Direc 1.00	0.	0.	0.
AL MARTINEZ 3340 AMERICAN AVENUE JEFFERSON CITY, MO 65109	BOARD MEMBER 1.00	0.	0.	0.
DR JOEL PRATT 3340 AMERICAN AVENUE JEFFERSON CITY, MO 65109	VICE CHAIR 1.50	0.	0.	0.
DR TOM STONE 3340 AMERICAN AVENUE JEFFERSON CITY, MO 65109	SECRETARY 1.00	0.	0.	0.
BARRY DANEMAN 3340 AMERICAN AVENUE JEFFERSON CITY, MO 65109	BOARD MEMBER 1.00	0.	0.	0.
DR EARL LARSON 3340 AMERICAN AVENUE JEFFERSON CITY, MO 65109	BOARD MEMBER 1.00	0.	0.	0.
PAM WITTMAYER, RDH 3340 AMERICAN AVENUE JEFFERSON CITY, MO 65109	BOARD MEMBER 1.00	0.	0.	0.

**Part V Other Information** (Note the statement requirements in the instrs for Part V.) See Statement 9

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b> Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
<b>35</b> 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		
<b>a</b> 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>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	X	
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> 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>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved <b>38b</b> N/A		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b> N/A		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b> N/A		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 <b>0.</b> , section 4912 <b>0.</b> ; section 4955 <b>0.</b>		
<b>b</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 <b>40b</b> X		
<b>c</b> 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 <b>0.</b>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <b>0.</b>		
<b>e</b> 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 <b>40e</b> X		
<b>41</b> List the states with which a copy of this return is filed <b>None</b>		

**42a** The organization's books are in care of **LISA PATTEN** Telephone no. **573-634-3436**  
 Located at **3340 AMERICAN AVENUE JEFFERSON CITY MO** ZIP + 4 **65109**

**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: \_\_\_\_\_

	Yes	No
<b>42b</b>		X
<b>42c</b>		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a 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 N/A

**44** Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **44** 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 **45** X

**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.

- |  | Yes | No                                  |
|--|-----|-------------------------------------|
| <b>46</b> 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 |     | <input checked="" type="checkbox"/> |
| <b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II   |     | <input checked="" type="checkbox"/> |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E   |     | <input checked="" type="checkbox"/> |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?   |     | <input checked="" type="checkbox"/> |
| <b>49b</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.'

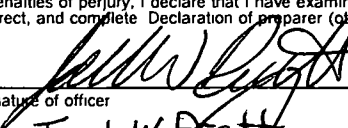
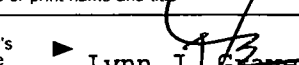
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				

**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 ▶

<b>Sign Here</b>	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  Date <u>8/5/10</u>		
	Type or print name and title <u>Joel W. Pratt</u> <u>Board chair</u>		
<b>Paid Preparer's Use Only</b>	Preparer's signature 	Date <u>8/28/10</u>	Check if self-employed <input checked="" type="checkbox"/> <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4	Preparer's Identifying Number (See instructions)	
	<u>Lynn J. Graves, CPA</u> <u>Graves &amp; Associates, CPAs, LLC</u> <u>3702 West Truman Blvd. Suite 213</u> <u>Jefferson City, MO 65109-6156</u>	<u>N/A</u> EIN <u>N/A</u> Phone no. <u>(573) 893-7700</u>	

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

☒ Yes ☐ No

BAA

Form 990-EZ (2009)

**SCHEDULE A**  
(Form 990 or 990-EZ)

## 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.**

# 2009

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

MISSOURI DENTAL ASSOCIATION FOUNDATION

43-1133855

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part.) See instructions
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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 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 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 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
11 g (i)		
11 g (ii)		
11 g (iii)		

#### **h** Provide the following information about the supported organizations

(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	
Total	- -	8 6 7 0 0 0 0 0 0	1	1	1	0	1		

**BAA** 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
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						
<b>3</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>4 Total.</b> Add lines 1-through 3						
<b>5</b> 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).						
<b>6 Public support.</b> 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
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on.						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> 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**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33-1/3 support test – 2009.</b> If the organization did not check the box on line 13, and the 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>b 33-1/3 support test – 2008.</b> 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"/>		
<b>17a 10%-facts-and-circumstances test – 2009</b> 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>b 10%-facts-and-circumstances test – 2008.</b> 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"/>		
<b>18 Private foundation.</b> 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"/>		

BAA

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 yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")	68,902.	73,825.	40,517.	101,108.	96,958.	381,310.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	92,966.	78,338.	92,173.	115,135.	6,193.	384,805.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						0.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						0.
<b>6 Total.</b> Add lines 1 through 5	161,868.	152,163.	132,690.	216,243.	103,151.	766,115.
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
<b>c</b> Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						766,115.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	161,868.	152,163.	132,690.	216,243.	103,151.	766,115.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,993.	2,814.	3,840.	2,337.	1,060.	12,044.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
<b>c</b> Add lines 10a and 10b	1,993.	2,814.	3,840.	2,337.	1,060.	12,044.
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						0.
<b>13 Total support.</b> (add lines 9, 10c, 11, and 12.)						778,159.
<b>14 First five years.</b> 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**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	98.5 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	98.5 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2009</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	1.6 %
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17	<b>18</b>	1.6 %

**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. ▶ ☒

**b 33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 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. ▶ ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ ☐



**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

[illegible]



**Part I Liquidation, Termination, or Dissolution (continued)**

**Note.** If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-.

**3** Did the organization distribute its assets in accordance with its governing instrument(s)? If 'No,' describe in Part III

**4a** Did the organization request or receive a determination letter from the IRS that the organization's exempt status was terminated? .....

**b** If 'Yes,' provide the date of the letter. Attach a copy of the letter and, if applicable, the organization's request for the letter.

**5a** Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?

**b** If 'Yes,' did the organization provide such notice?

**6** Did the organization discharge or pay all liabilities in accordance with state laws?

**7a** Did the organization have any tax-exempt bonds outstanding during the year?

**b** Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?

**c** If 'Yes,' describe in Part III how the organization defeased or otherwise settled these liabilities. If 'No,' explain in Part III

**Part II Sale, Exchange, Disposition, or Other Transfer of More than 25% of the Organization's Assets.** Complete this part if the organization answered 'Yes' to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC Code section of recipient(s) (if tax-exempt) or type of entity
	CASH	10/30/09	65,428.	CASH VALUE	26-2449505	MISSOURI DENTAL WELL BEING FOUNDATI 3340 AMERICAN AVENUE JEFFERSON CITY, MO 65109	501 (C) (3)
	COMPUTER	10/30/09	583.	BOOK VALUE	26-2449505	MISSOURI DENTAL WELL BEING FOUNDATI 3340 AMERICAN AVENUE JEFFERSON CITY, MO 65109	501 (C) (3)

**2** Did or will any officer, director, trustee, or key employee of the organization:

**a** Become a director or trustee of a successor or transferee organization?

**b** Become an employee of, or independent contractor for, a successor or transferee organization?

**c** Become a direct or indirect owner of a successor or transferee organization?

**d** Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets? .....

**e** If the organization answered 'Yes' to any of the questions in this line, provide the name of the person involved and explain in Part III

Yes	No
2a	X
2b	X
2c	X
2d	X

**Part III Supplemental Information.** Complete to provide the information required by Part I, lines 2e, 7c; Part II, line 2e; and any additional information.

This image shows a full page of white paper designed for handwriting practice. It features 20 evenly spaced, horizontal dashed lines that run across the entire width of the page. The lines are thin and black, providing a guide for letter height and placement. There are no margins, text, or other markings on the page.

## MISSOURI DENTAL ASSOCIATION FOUNDATION

43-1133855

**Statement 1**  
**Form 990-EZ, Part I, Line 8**  
**Other Revenue**

BROCHURE SALES

Total \$ 669.  
 \$ 669.

**Statement 2**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

Class of Activity: GRANT  
 Donee's Name: UMKC SCHOOL OF DENTISTRY  
 Donee's Address: 650 EAST 25TH STREET  
 KANSAS CITY, MO 64108  
 Relationship of Donee: NONE  
 Cash Amount Given: \$ 68,000.

Class of Activity: MEDICAL BENEFIT  
 Donee's Name: RMHC - TOOTH TRUCK  
 Relationship of Donee: NONE  
 Cash Amount Given: \$ 3,000.

Class of Activity: DONATION  
 Donee's Name: MISSOURI DENTAL WELL BEING FOUNDATION  
 Donee's Address: 3340 AMERICAN AVENUE  
 JEFFERSON CITY, MO 65109  
 Relationship of Donee: NONE  
 Cash Amount Given: \$ 65,428.  
 Description of Property: GATEWAY COMPUTER  
 Date of Gift: 1/01/2009  
 Book Value: 583.  
 Method Used to Determine BV: HISTORICAL COST  
 Fair Market Value: 583.  
 Method Used to Determine FMV: BOOK VALUE

Class of Activity: GRANT  
 Donee's Name: GEORGE BLAICH  
 Donee's Address: 718A SE LONDON WAY  
 LEE'S SUMMIT, MO 64081  
 Relationship of Donee: NONE  
 Cash Amount Given: \$ 2,000.

Class of Activity: GRANT  
 Donee's Name: DREW FERRIS  
 Donee's Address: 1005 BROADWAY, APT 303  
 KANSAS CITY, MO 64105  
 Relationship of Donee: NONE  
 Cash Amount Given: \$ 2,000.

Class of Activity: GRANT  
 Donee's Name: JUSTIN GUNTLI  
 Donee's Address: 16501 E 33RD ST S  
 INDEPENDENCE, MO 64055  
 Relationship of Donee: NONE  
 Cash Amount Given: \$ 2,000.

## MISSOURI DENTAL ASSOCIATION FOUNDATION

43-1133855

**Statement 2 (continued)**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

Class of Activity:	GRANT		
Donee's Name:	AARON HIEGERT		
Donee's Address:	1812 SHANNON DR		
	LIBERTY , MO 64068		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	2,000.
Class of Activity:	GRANT		
Donee's Name:	ADAM MCCLELLAN		
Donee's Address:	4315 HARRISON ST		
	KANSAS CITY, MO 64110		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	2,000.
Class of Activity:	GRANT		
Donee's Name:	KEVIN PRICE		
Donee's Address:	3717 NE CHAPEL DR		
	LEE'S SUMMIT, MO 64064		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	2,000.
Class of Activity:	GRANT		
Donee's Name:	DANNY ROME		
Donee's Address:	4315 HARRISON ST		
	KANSAS CITY, MO 64110		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	2,000.
Class of Activity:	GRANT		
Donee's Name:	JEANINE SASEK		
Donee's Address:	609 CENTRAL ST, APT 1101		
	KANSAS CITY, MO 64105		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	2,000.
Class of Activity:	GRANT		
Donee's Name:	ERIC STULL		
Donee's Address:	19 JANSSEN PL		
	KANSAS CITY, MO 65109		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	2,000.
Class of Activity:	GRANT		
Donee's Name:	ASHLEE WILLIAMS		
Donee's Address:	904 NE MAPLE DR		
	KANSAS CITY, MO 64118		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	2,000.

## MISSOURI DENTAL ASSOCIATION FOUNDATION

43-1133855

**Statement 2 (continued)**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

Class of Activity:	SCHOLARSHIP		
Donee's Name:	MELISSA HEGG		
Donee's Address:	4127 S MENTOR		
	SPRINGFIELD, MO 65804		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	750.
 Class of Activity:	 SCHOLARSHIP		
Donee's Name:	CARLEY WELLS		
Donee's Address:	2509 N ILLINOIS AVENUE		
	JOPLIN, MO 64801		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	750.
 Class of Activity:	 SCHOLARSHIP		
Donee's Name:	EMILY VONDERAHE		
Donee's Address:	1305 CALIFORNIA DR, APT D		
	JEFFERSON CITY, MO 65401		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	750.
 Class of Activity:	 SCHOLARSHIP		
Donee's Name:	KIMBERLY BREIG		
Donee's Address:	317 PCR 930		
	ST. MARY, MO 63673		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	750.
 Class of Activity:	 SCHOLARSHIP		
Donee's Name:	ANGELA RAGES		
Donee's Address:	2434 STACEY LN		
	SEDALIA, MO 65301		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	750.

**Statement 3**  
**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

CHILDREN'S DENTAL HEALTH	\$	890.
Conferences, Conventions, and Meetings		11,460.
GIVEAWAYS		1,898.
MISCELLANEOUS		428.
NEW PARENT DENTAL EDUCATION		337.
Office Expenses		935.
Travel		230.
<b>Total</b>	<b>\$</b>	<b><u>16,178.</u></b>

## MISSOURI DENTAL ASSOCIATION FOUNDATION

43-1133855

**Statement 4**  
**Form 990-EZ, Part II, Line 24**  
**Other Assets**

	<u>Beginning</u>	<u>Ending</u>
Machinery and Equipment . . . . .	\$ 583.	\$ 0.
Total	<u>\$ 583.</u>	<u>\$ 0.</u>

**Statement 5**  
**Form 990-EZ, Part III**  
**Organization's Primary Exempt Purpose**

The Missouri Dental Foundation (MDF) is a not-for-profit organization committed to improving and promoting dental health within the state of Missouri. The MDF sponsors dental continuing education programs; the production and distribution of dental health related materials; and, scholarships for dental and dental hygiene students in the state of Missouri. The MDF promotes participation from its member dentists and community alliances in dental health related activities, such as National Children's Dental Health Month. Through community alliances, such as schools, Parents As Teachers, Head Start and other related groups, the MDF distributes dental supplies, participates in health fairs and provides support to dental health education programs throughout the state, concentrating especially on underserved populations.

**Statement 6**  
**Form 990-EZ, Part III, Line 28**  
**Statement of Program Service Accomplishments**

**The Partnership for Smiles**

The Partnership for Smiles is a community-campus collaboration that places faculty and students from the UMKC School of Dentistry into the clinics of eight safety-net dental providers to expand their capacity to serve low income and vulnerable families in Greater Kansas City. The partners include: Cabot Westside Clinic, Kansas City Free Health Clinic, Operation Breakthrough, Seton Family and Health Services, Samuel Rodgers Community Health Center, Southwest Boulevard Family Health Services, Swope Parkway Health Center and Truman Medical Center-Lakewood.

This past year, the program served approximately 10,000 patients and provided over 29,000 dental procedures. The Health Care Foundation of Greater Kansas City (HCF) has provided grants totaling \$400,000 over the past four years to the MDA Foundation, which has served as a sponsor for the program.

**Statement 7**  
**Form 990-EZ, Part III, Line 29**  
**Statement of Program Service Accomplishments**

**Dental & Hygiene Scholarships**

The Foundation awarded 10 dental scholarships, valued at \$2,000 each and five hygiene scholarships, valued at \$750 each, both for the 2009-2010 academic year. Scholarships are provided to students in dental and hygiene programs of study in the state of Missouri to advance the quality and continuity of the profession. Dental scholarships were open to students entering their final year of dental school and who, along with other residency requirements, were Missouri high school grads. Hygiene scholarships were open to students who also were required to be



## MISSOURI DENTAL ASSOCIATION FOUNDATION

43-1133855

**Statement 7 (continued)**  
**Form 990-EZ, Part III, Line 29**  
**Statement of Program Service Accomplishments**

Missouri high school grads and, along with other requirements, must have been a full-time student entering their second year of a program. Applications included a financial need assessment and three essay questions. Funds are distributed directly to schools, restricted to application to tuition costs only.

**Statement 8**  
**Form 990-EZ, Part III, Line 30**  
**Statement of Program Service Accomplishments**

**Funding Approvals (Grants)**

In 2009, the Foundation received several requests to help fund various projects and programs around the state to improve oral health. A summary of these follows: The North Central Missouri College/Hillyard Technical College Dental Hygiene Program (Northwest) was approved for a donation of \$25,000, to be given as a pledge over three years. This donation will be used for clinic infrastructure and/or equipment costs. MDA members have been dedicated to opening this dental education program through community and dental professional collaboration efforts, voluntary donations and by serving as volunteer faculty. The Show Me Healthy Smiles Dental Sealant Summit (Statewide) was approved for a donation of \$500 to be used to offset costs of MDA member dentists to attend the Summit. Various MDA members and oral health stakeholders participated in this effort of collaboration to develop a statewide sealant plan. The Ronald McDonald House Charities "Tooth Truck" (Greater Springfield) was approved for a donation of \$3,000 to be used for sustainability funding. This program has been vital to providing access to care in the Greater Springfield area, and has been largely supported by MDA members through the Greater Springfield Dental Society and Foundation since its inception, with many members integral to its creation. The SSM Senior Services St. Joseph Senior Dental Clinic (Greater St. Louis) was approved for a donation of battery powered, ergonomic toothbrushes and replacement heads for use with the clinic's most arthritic patients. This program has provided access to care to a vulnerable population for many years, with most of its volunteer dentists being MDA members.

**Statement 9**  
**Form 990-EZ, Part V**  
**Regarding Transfers Associated with Personal Benefit Contracts**

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

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No 1545 1709

Department of the Treasury  
Internal Revenue Service▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

**Type or  
print**File by the  
due date for  
filing your  
return. See  
instructions

Name of Exempt Organization

Employer identification number

MISSOURI DENTAL FOUNDATION

43-1133855

Number, street, and room or suite number. If a P.O. box, see instructions

3340 AMERICAN AVENUE

City, town or post office, state, and ZIP code. For a foreign address, see instructions

JEFFERSON CITY, MO 65109

**Check type of return to be filed** (file a separate application for each return)

- ☐ Form 990
- ☐ Form 990-BL
- ☒ Form 990-EZ
- ☐ Form 990-PF

- ☐ Form 990-T (corporation)
- ☐ Form 990-T (section 401(a) or 408(a) trust)
- ☐ Form 990-T (trust other than above)
- ☐ Form 1041-A

- ☐ Form 4720
- ☐ Form 5227
- ☐ Form 6069

**INTERNAL REVENUE SERVICE  
W&I-FIELD ASSISTANCE  
IFEEEDSCN 03/11/09 110 05400**

- The books are in the care of ▶ LISA PATTEN

Telephone No ▶ 573-634-3436

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 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 will cover

**PROUDLY PRINTED ONLY  
THIS IS NOT AN OFFICIAL RECEIPT**

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ ☒ calendar year 2009 or
- ▶ ☐ tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_

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

3a 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

3a \$ 0.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit

3b \$ 0

c **Balance Due.** Subtract line 3b from line 3a. 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

3c \$ 0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form 8868 (Rev 4-2009)