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9507 11/09/2010 3 03 PM

SCANNED DEC

Department of the Treasury Internal Revenue Service

Extension granted to 11/15/2010 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)

benefit trust or private foundation)

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

2009

Open to Public Inspection

> X Yes No Form 990 (2009)

OMB No 1545-0047

For the 2009 calendar year, or tax year beginning and ending Greater Springfield Dental Check if applicable Please C Name of organization Employer identification number use IRS Foundation Address change lahel or 43-1188831 Doing Business As print or Name channe type. Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Instal return See 417-882-4117 1717 East Republic Road Ste A Specific Termination City or town, state or country, and ZiP + 4 G Gross receipts \$ 124,296 Instruc-Springfield MO 65804 Amended return tions F Name and address of principal officer H(a) Is this a group return for Application pending No affiliates? Yes H(b) Are all affiliates included? If "No," attach a list. (see instructions) X 501(c) ◀ (insert no.) 4947(a)(1) or 527 Tax-exempt status www.grsds.org H(c) Group exemption number ▶ Corporation Type of organization Trust X Association Year of formation M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: Dental education for dental professionals and the general Activities & Governance 2 Check this box ▶ I If the organization discontinued its operations or disposed of more than 25% of its net assets. 23 Number of voting members of the governing body (Part VI, line 1a) 23 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of employees (Part V, line 2a) 5 50 6 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business ஒ இ இரு இது பிரி column (C), line 12 3,475 7a b Net unrelated business faxable income from Form 990-T 7b Prior Year Current Year S. 15,196 Contributions and grants Part VINUNE 11) 7 2010 104,513 25,688 15,058 Program service revenue (Part VIII, line 2g) 910 1,250 10 Investment income (Part VIII, column (A) lines 3, 4 and 70 11 Other revenue (Part VIII-column 2,760 3,475 10c, and 11e) 44,554 124,296 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 35,000 38,080 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 18,411 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 53,714 62,135 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 100,215 88,714 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -44,16019 Revenue less expenses. Subtract line 18 from line 12 24,081 Beginning of Current Year End of Year 84,096 84,784 20 Total assets (Part X, line 16) 30,894 7,501 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 53,202 77,283 Part II Signature Block 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 Type or print name and title Preparer's identifying number Date Check if (see instructions) Paid signature 11/09/10 P00409542 employed > Preparer's SAMEK, FRITZ & COMPANY, 43-1155952 EIN ▶ Firm's name (or yours **Use Only** 1900 S. Ventura Ave. ıf self-employed), Phone address, and ZIP + 4 Springfield, MO 65804-2714 **▶** 417-887-1562

May the IRS discuss this return with the preparer shown above? (see instructions)

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

DAA

Form 990 (2009)

	n 990 (2009) Greater Springfield Dental 43-1188831		F	Page 3
P	art IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u> </u>	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		1	
	candidates for public office? If "Yes," complete Schedule C, Part I	. 3	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4	<u> </u>	X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)		1	
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	<u> </u>	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6	l	x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	1	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9	1	x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	X	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.		1	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more		1	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more		,	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		1.	
	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets		. ,	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		1	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		1	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
-	,	├	+	

Schedule D, Parts XI, XII, and XIII.

12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional

- Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
 - b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III
- Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Form	990	(2009)

X

X

No

X

13

14a

14b

15

16

17

18

20 l

Yes

12A

19? Note. All Form 990 filers are required to complete Schedule O.

Form 990 (2009) Greater Springfield Dental 43-1188831 Page 4 Part IV Checklist of Required Schedules (continued) Yes Nο 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations X in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the X 22 United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII. Section A. line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated X 23 employees? If "Yes," complete Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines X 24b through 24d and complete Schedule K. If "No," go to line 25 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction X with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Is the organization 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 X 25b 990-EZ? If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? X If "Yes." complete Schedule L. Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions) X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, X Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Х 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, X III, IV, and V, line 1 34 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete X 35 Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related X organization? If "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

38

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U.S. Information Returns Enter -0- if not applicable	1a		ł	İ	1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able			v	
٥-	gaming (gambling) winnings to prize winners?	1 1		1c	X	 -
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	2-	0			
.	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2a		2ь		-
Ь	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			20		
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	v			ľ	ĺ
-	this return?	,		3a	х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	ority				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ual				
	account)?			4a		_ X _
b	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 Bar	ık				. !
	and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b_		<u>x</u>
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regardi	ng		_		
	Prohibited Tax Shelter Transaction?			5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					х
h	organization solicit any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions	0.5		6a		
b	qifts were not tax deductible?	Ui		6ь		
7	Organizations that may receive deductible contributions under section 170(c).			00		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ds		·	3	
-	and services provided to the payor?			7a	~-	\mathbf{x}^{-}
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
, с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
6-	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal content of the property of the pay premium of the property of the pay premium of the property of the pay premium of the pay premi	onal				
	benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	•		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		<u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			l		
8	required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			7h		-
0	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					'
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			- <u>"</u>		
а	Did the organization make any taxable distributions under section 4966?			9a		'
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against			'		1
	amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10			12a	<u> </u>	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		<u> </u>	000	
				rom	ロマゴリ	(2009)

Part VI

Form 990 (2009) Greater Springfield Dental

_	or carre apriliana delibera	• • <u></u>	
	Governance, Management, and Disclosure Fo	r each "Yes" response to lines	2 through 7b below, and
	for a "No" response to line 8a, 8b, or 10b below		
	Schedule O. See instructions		

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body Enter the number of voting members that are independent 1b 23	-		
b		-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			7.7
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members		:	
	of the governing body?	7a	<u>X</u>	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			3
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		_X_
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	_	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
ь	Other officers or key employees of the organization	15b		X
_	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	752		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	. 104		
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sac	tion C. Disclosure	100		
17 40				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	_		
	organization: > Jean Harmison, Executive Director 1717 East Republic Road, Suite		٠.	
S	pringfield MO 65804 41	7-88	<u>2 - 4</u>	<u> 117</u>

Partivil Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees, highest compensated employees; and former such persons.

(A) Name and Title	(B) Average	Pos	ition ((C checl	c) k all t	hat ap	ply)	(D) Reportable	(E) Reportable	(F) Estimated
		Individual trustee or director		Officer		Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Jean Harmison	20.00			v				24 400	0	
Exec Dir Dr. Stuart Scott	20.00	-		Х				24,400	0	
President				x				o	0	
Dr. Sara Young		\vdash	\vdash			-				
Editor			l	x				o	0	
Dr. Brad Burks		T	 			 				
Program Chair				x				ol	0	
Dr. Nathan Bauer										
CDHM Chair				X				o l	0	
				-						
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		1	\vdash		\vdash	\vdash				

<u>Par</u>	T VII Section A. Officers	Directors, Trus	tees	, Ke	y Em	oign	yees	, an	d Highest Compensated E	improyees (continued)			
	(A) Name and Title	(B) Average hours per	_		chec	C) k all t	hat a		(D) Reportable compensation	(E) Reportable compensation	Estin	nated unt of	
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	otl compe from organ and r	ner nsation the ization elated zations	
							_						
										· · · · · · · · · · · · · · · · · · ·			
	, s. 4 april 19												
						_							
											 		•
1b	Total	<u> </u>							24,400				
2	Total number of individuals (inc	_			ose	liste	d abo	ve)	who received more than \$10	00,000 in			
	reportable compensation from	the organization I	<u> </u>	U						<u></u>	<u></u>	Yes	No
3	Did the organization list any for employee on line 1a? If "Yes,"					-		-	ee, or highest compensated		3	les	×
4	For any individual listed on line the organization and related or	1a, is the sum of	rep	ortab	le co	ompe	ensat	ion a			4		x
5	individual Did any person listed on line 1a services rendered to the organ										5		x
Sec	tion B. Independent Contracto												
1	Complete this table for your five compensation from the organization	ation.	sate	d inc	lepe	nder	nt co	ntrac				(C)	
	Name and	(A) business address						-	Descrip	(B) tion of services		(C) Compensa	ibon
								_	- · · · · · · · · · · · · · · · · · · ·				
												_	
													_
2	Total number of independent or more than \$100,000 in compen						to th	ose	listed above) who received				
DAA											Fo	990	(2009)

Pa	rt V	III Statem	ent of Reve	nue						
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
တ္သ	12	Federated cam	naigns	1a			-	revenue		312, 313, 01 314
unt		Membership du	•	1b	·					
pel		Fundraising eve	•	1c		97,963				1
II a		Related organiz		1d		3.,,505				
o'il		Government grants (c	•	1e						
sis		All other contributions	•	16						•
E E	•	and similar amounts r		1f		6,550				,
풀림	_	Noncash contributions	a included in lines to 1		<u> </u>	0,330				
Contributions, gifts, grants and other similar amounts	_	Total. Add lines		'	,		104,513			
<u>.</u>		rotal. Add lines	, ra-11		·	Busn. Code	101/010			
Program Service Revenue	2a	CE progr	ams			Dugiii Goud	14,808			14,808
Š	b			•			250			250
8	c	2000								
Ş	d		-			· · · · · · · ·			-	
E	e									
E	_	All other progra	m service reven	ue						
집	g						15,058			- 1
\Box	3	Investment inco	me (including d	vidend	s, interes	t, and				
		other similar an				•	1,250			1,250
	4	Income from inv	vestment of tax-	exemp	t bond pro	oceeds ►				
	5	Royalties			·	▶ [
		ſ	(ı) Real		(II) F	Personal				
	6a	Gross Rents								
	b	Less rental exps								
	С	Rental inc. or (loss)			_					
	d	72 Cmas amount from			•			-		
	7a				Other					
		other than inventory								
	b	Less cost or other				·				
		basis & sales exps								i 1
	С	Gain or (loss)							-	
	d	Net gain or (los	s)			•				
۰	8a	Gross income from	n fundraising ever	ts				-		
ğ		(not including \$								
Other Revenu			ported on line 1c).							
F.		See Part IV, line 1	18	a						(
١		Less. direct exp		b						
۱		Net income or (events					
	9a	Gross income froi		;					į	
		See Part IV, line		a						
		Less. direct exp		b						
		Net income or (· -	ng acti	vities					
	10a	Gross sales of								
- 1		returns and allo		а						
		Less: cost of go		b						-
	С	Net income or (entory	 				
	44		ellaneous Revenue			Busn. Code	3 455		3 455	
	11a	Newsletter	advertisinç	ľ		511120	3,475		3,475	
	b		•							
	c C	All other revenu	10						- 	
	d e						3,475			
	12		s Tra-Tru s. See instruction	าร			124,296	0	3,475	16,308
	<u> </u>			-				<u> </u>		==,,,,,,

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
_	Grants and other assistance to governments and		Суранаса	general expenses	- CAPCIIGGS
1	organizations in the U.S. See Part IV, line 21	37,080	37,080		
2	Grants and other assistance to individuals in	37,000	37,000	· · · · · · · · · · · · · · · · · · ·	
2	the U.S. See Part IV, line 22	1,000	1,000		
3	Grants and other assistance to governments,	2,000	2,000		
,	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees				
6	Compensation not included above, to disqualified				
·	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1			
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
-	and section 403(b) employer contributions)]			
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				
	Management				
	Legal				
	Accounting	500	·	500	-
	Lobbying				······································
	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	18,411			18,41
-	Advertising and promotion				
 13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel -				
18	Payments of travel or entertainment expenses				. ,
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	130		130	
23	1-0				
-	insurance				
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed		İ		
	5% of total expenses shown on line 25 below.)	ł			
а	Association management	24,400	12,200	12,200	
b	Facilities and speaker co	8,065	8,065	<i>1</i> ==.•	· · · · · · · · · · · · · · · · · · ·
c	Newsletter printing	6,297	3,148	3,149	<u></u>
d	990-T alloc indirect exps	1,249	1,249		
e	Board meeting costs	1,244	_,	1,244	
-	All other expenses	1,839	2,502	-663	 -
	Total functional expenses. Add lines 1 through 24f	100,215	65,244	16,560	18,41
	Joint costs. Check here ▶ ☐ If following				
	SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				

<u>Part</u>	X Balance Sheet		(A)		(B)
			Beginning of year		End of year
1	Cash—non-interest bearing	L		1	
2	Savings and temporary cash investments	L	81,932	_2_	84,344
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net			4	· · · · · · · · · · · · · · · · · · ·
5	Receivables from current and former officers, directors, tr	ustees, key		1	
ı	employees, and highest compensated employees. Comple	ete Part II of			
	Schedule L			5	
6	Receivables from other disqualified persons (as defined u	nder section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B	i). Complete			
	Part II of Schedule L	<u>į</u>		6	
7 8	Notes and loans receivable, net	Ĺ		7	
8 6	Inventories for sale or use	L		8	-
6 3	Prepaid expenses and deferred charges	L	1,838	9	244
10	Land, buildings, and equipment: cost or				
	other basis. Complete Part VI of Schedule D	10a 1,129		_	
1	Less: accumulated depreciation	10b 933	326	10c	196
11	Investments—publicly traded securities		·	11	
12	Investments—other securities. See Part IV, line 11			12	
13	Investments—program-related. See Part IV, line 11	***	13		
14	Intangible assets	Ĺ		14	
15	Other assets See Part IV, line 11	Ĺ		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	84,096	16	84,784	
17	Accounts payable and accrued expenses			17	
18	Grants payable			18	
19	Deferred revenue	L	28,500	19	
20	Tax-exempt bond liabilities	<u> </u>		20	
3 21	Escrow or custodial account liability. Complete Part IV of	Schedule D		21	
22	Payables to current and former officers, directors, trustees	s, key			
21 22 22	employees, highest compensated employees, and disqua	lified			
Ĭ	persons. Complete Part II of Schedule L			22	
23	Secured mortgages and notes payable to unrelated third i	parties		23	
24	Unsecured notes and loans payable to unrelated third par	ties		24	
25	Other liabilities Complete Part X of Schedule D	<u> </u>	2,394	25	7,501
26	Total liabilities. Add lines 17 through 25	· · · · · · · · · · · · · · · · · · ·	30,894	26	7,501
3	Organizations that follow SFAS 117, check here ▶ 🗵	and			
27 27 28 28 28	complete lines 27 through 29, and lines 33 and 34.				te teruta
[27	Unrestricted net assets	<u> </u>	49,782	27	19,311
	Temporarily restricted net assets	_	3,420	28	57,972
29	•			29	
3	Organizations that do not follow SFAS 117, check her	re ▶ [_]			
5	and complete lines 30 through 34.				
3 30	•			30	
31	• • • • • • • • • • • • • • • • • • • •	F		31	
29 30 31 32 33 34	Retained earnings, endowment, accumulated income, or	other funds		32	
33	Total net assets or fund balances	ļ	53,202	33	77,283
Z 34	Total liabilities and net assets/fund balances		84,096	34	84,784

Form **990** (2009)

Form	990 (2009)	Greater	Springfield	Dental		43-1188831	•	Pa	ge 12
_Pa	rt XI	Financial Sta	tements and Repo	rting					
		*		*				Yes	No
1	Accounting	g method used to	prepare the Form 990.	Cash	X Accrual	Other			
	If the orga	nization changed	its method of accounting	from a prior ye	ar or checked "Oth	ner," explain in			
	Schedule	0.							
2a	Were the	organization's fina	incial statements compile	d or reviewed t	y an independent	accountant?	2a		X
b	Were the	organization's fina	incial statements audited	by an independ	dent accountant?		2b		X
С	If "Yes" to	line 2a or 2b, doe	s the organization have a	committee tha	at assumes respon	sibility for oversight of			
	the audit,	review, or compile	ation of its financial stater	nents and sele	ction of an indeper	ndent accountant?	2c		<u> </u>
	If the orga	nization changed	either its oversight proces	ss or selection	process during the	tax year, explain in			
	Schedule (O.							
d	If "Yes" to	line 2a or 2b, che	ck a box below to indicate	e whether the f	inancial statements	s for the year were			
	issued on	a consolidated ba	isis, separate basis, or bo	oth					
	Separ	ate basis 🔲 (Consolidated basis	Both consolid	lated and separate	basis			_ ـ
3a	As a result	t of a federal awai	rd, was the organization r	equired to unde	ergo an audit or au	dits as set forth in			
	the Single	Audit Act and OM	/IB Circular A-133?				3a		<u> </u>
b	If "Yes," di	d the organization	n undergo the required au	dit or audits? If	f the organization d	lid not undergo the			
	required a	udit or audits, exp	Main why in Schedule O a	nd describe an	v stens taken to ur	ndergo such audits	1 3h		l

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.

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Greater Springfield Dental Foundation

Employer identification number 43-1188831

Pá	ift l	Reas	on for Public Charity	Status (All organizations	must co	omplete	this p	art.) S	ee ins	truction	ons.	
The	orgai	nization is not a	a private foundation because	it is: (For lines 1 through 11, che	ck only or	ne box.)						
1	\Box	A church, cor	nvention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(A)(i).					
2	П	A school desc	cribed in section 170(b)(1)(A	(ii). (Attach Schedule E)								
3	П	A hospital or	a cooperative hospital service	e organization described in section	on 170(b)	(1)(A)(iii)						
4	П	A medical res	search organization operated	in conjunction with a hospital des	scribed in	section 1	170(b)(1)	(A)(iii).	Enter th	e hospi	ital's name,	
		city, and state	· · · · · · · · · · · · · · · · · · ·	,						•		
5		An organizati	on operated for the benefit of	a college or university owned or	operated	by a gove	ernmenta	al unit de	scribed	ın		
	ш		b)(1)(A)(iv). (Complete Part I			-, - 3						
6	\Box	-		···, vernmental unit described in sec	tion 170(l	b)(1)(Δ)(v	n).					
7	H			ubstantial part of its support from	•		•	n the nei	neral nu	blic		
	ш	-	section 170(b)(1)(A)(vi). (Co		a govern	menan an		ii die gei	iciai pu	DIIC		
8	\Box		, ,, ,, ,, ,	70(b)(1)(A)(vi). (Complete Part II.								
9	X	•		more than 33 1/3 % of its suppo	•	ntribution	c momb	orchin fe		l arocc		
3				•								
		*	•	ot functions—subject to certain ex	•					i ils		
			=	d unrelated business taxable inco			ii tax) ii	om busi	iesses			
40	\Box		_	, 1975. See section 509(a)(2). (0	•	,	- > / 4>					
10	Н	_		xclusively to test for public safety								
11	LJ			xclusively for the benefit of, to pe						41		
				d organizations described in sect	-					tion		
			<u>—</u>	e type of supporting organization		•	1	- ī				
		a Type	_ ··	c Type III–Functiona			d (e III–Otl	her		
е	Ш		•	inization is not controlled directly				•				
				and other than one or more public	ly suppor	ted organ	izations ·	describe	d in sec	ction		
			section 509(a)(2)									
f				mination from the IRS that it is a	Type I, Ty	pe II, or 1	Type III s	upportin	g			·
		organization,	check this box									
g		Since August	17, 2006, has the organization	on accepted any gift or contribute	on from a	ny of the						
		following per	sons?								_	
		(i) A persor	n who directly or indirectly cor	ntrols, either alone or together wit	th persons	s describe	ed in (11)					res No
		and (iii) b	pelow, the governing body of	the supported organization?				-			11g(i)	
		(ii) A family	member of a person describe	ed in (i) above?							11g(ii)	
		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?							(11g(iii)	
h		Provide the f	ollowing information about the	e supported organization(s).								
(i)	Nam	e of supported	(iı) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did y	ou notify	(vi) I	s the	(vii) Amour	nt of
	org	janization		(described on lines 1–9		sted in your	the organ	nization in	organizat	ion in col zed in the	support	t
				above or IRC section (see instructions))	governing	document?		ort?		5?		
				(555 1112 25 115 115 115 115 115 115 115	Yes	No	Yes	No	Yes	No		
							ļ					
							Ì					
												-
									ļ			
							<u> </u>		<u> </u>			

Schedule A (Form 990 or 990-EZ) 2009 Greater Springfield Dental 43-1188831 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 (d) 2008 (e) 2009 (c) 2007 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) 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 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 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 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 Section C. Computation of Public Support Percentage 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 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 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 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 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

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

Public Support

Sec	tion A. Public Support						
Cal	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and		1				
	membership fees received (Do not include		i				
	any "unusual grants ")	42,216	72,825	10,060	15,196	6,550	146,847
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the	46,079	49,950	23,675	25,688	15,058	160,450
	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	88,295	122,775	33,735	40,884	21,608	307,297
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received				· · · · · ·		
b			ŀ				
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from		i				
	tine 6.)					Ļ	307,297
	tion B. Total Support				1		
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	88,295	122,775	33,735	40,884	21,608	307,297
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources	2,805	3,327	3,286	910	1,250	11,578
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	2,805	3,327	3,286	910	1,250	11,578
_	•	2,803	3,327	3,200	310	1,230	11,570
11	Net income from unrelated business activities not included in line 10b,				1		
	whether or not the business is regularly						
	carried on		957	759		848	2,564
12	Other income. Do not include gain or						
	loss from the sale of capital assets					ļ	
	(Explain in Part IV.)					97,963	97,963
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	91,100	127,059	37,780	41,794	121,669	419,402
14	First five years. If the Form 990 is for the o	organization's first,	second, third, fourth	n, or fifth tax year a	s a section 501(c)(3	3)	_
	organization, check this box and stop here	1					
Sec	tion C. Computation of Public Su	pport Percenta	ge		•		
15	Public support percentage for 2009 (line 8,	column (f) divided b	y line 13, column (f))		15	73.27 %
16	Public support percentage from 2008 Sche		-			16	93.80 %
	tion D. Computation of Investmen						
17	Investment income percentage for 2009 (lin			olumn (fl)		17	3 %
18	Investment income percentage for 2008 (-	,		18	3 %
				4 and line 45 is	oro than 22 4/2 f/		
19a	33 1/3 % support tests—2009. If the organ						▶ [2
	17 is not more than 33 1/3 %, check this bo	· ·	-		•		P 4
Ь	33 1/3 % support tests—2008. If the organ						. □
	line 18 is not more than 33 1/3 %, check thi	is box and stop hei	_	n qualifies as a pub	olicly supported orga	inization	P
24							

Schedule A (Form 990 or 990-EZ) 2009 Greater Springfield Dental

43-1188831

Page 4

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.

Part III, Line 12 - Other Income Detail

Smiles from the Heart auction

5

97,963

SCHEDULE D (Form 990)

DAA

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements included in (c) acquired after 8/17/06 d Number of conservation easements included in (c) acquired after 8/17/06 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶		of the organization		Employe	r identification number
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 1 Donor advised funds (b) Funds and other accounts (a) Donor advised funds (b) Funds and other accounts (a) Donor advised funds are the registration of Useria (b) Donor advised funds are the registration (during year) Aggregate contributions to (during year) Aggregate contributions to (during year) Aggregate contributions to (during year) Aggregate year the form (during year) Aggregate year the fund (during year) Aggregate year the fund (during year) Aggregate year the fund (during year) Aggregate year the fund (during year) Aggregate year the fund (during year) Aggregate year the fund (during year) Aggregate year the fund (during year) Aggregate contribution in the fund of the during fund of the during fund of the congrantization and the sasets held in donor advised funds are bused only for dary other purpose confirming unpermissible private benefit? Part III Conservation Conservation assements held by the organization (check all that apply) Preservation of fund for public use (e.g., rereation or pleasure) Protection of natural rebutat Preservation of public year (e.g., rereation or pleasure) Preservation of open space Complete lines 2 attrough 2 of the cryanization held a qualified conservation or contribution in the form of a conservation assement on the last day of the tax year. Total number of conservation easements Total animeter of conservation easements included in (e) acquired after 81706 Number of conservation easements included in (e) acquired after 81706 Number of conservation easements included in (e) acquired after 81706 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year Possible of protection of the fund of the conservation easements fund to the conservation easements under the conservation easements fund to the conservation easements					
the organization answered "Yes" to Form 990, Part IV, line 6. Total number at end of year	_F				
Total number at end of year 2 Aggregate value at end of year 3 Aggregate value at end of year 4 Aggregate value at end of year 5 Did the organization informal all donors and denor advisors in writing that the assets held in donor advised funds are the organization in grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization informal grantees, donors, and donor advisors writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confiring impremiseable private benefit? Part II Conservation Easements. Complete if the organization answered* Yes* to Form 990, Part IV, line 7. 1 Purposed) of conservation essements had by the organization (held at lant apoly) Preservation of land for public use (e.g., recreation or pleasure) Preservation of open space 2 Complete sines 2 altrough 2d if the organization held a qualified conservation or assement on the last day of the tax year. a Total number of conservation easements 5 Total acreage restricted by conservation easements 6 Total acreage restricted by conservation easements 7 Total number of conservation easements on a certified historic structure included in (a) 8 Number of conservation easements in confided historic structure included in (a) 9 Number of conservation easements in confided historic structure included in (b) acquired after 817706 1 Number of conservation easements in confided historic structure included in (a) 1 Number of conservation easements in confided historic structure included in (b) acquired after 817706 2 Number of conservation easements in confided historic structure included in (a) 2 Number of conservation easements in confided historic structure included in (b) acquired after 817706 3 Number of conservation easements in microting inspection, handling of violations, and enforcing onservation easements during the year 1 Number of conservation historic structure in monitoring, inspection, han	Pa	Int I Organizations Maintaining Donor Advised Function the organization answered "Yes" to Form 990, P	ds or Other Similar Funds or Acc art IV, line 6.	counts.	Complete if
2. Aggregate contributions to (during year) 4. Aggregate value at end of year 5. Did the organization inform all controls and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6. Did the organization's property, subject to the organization's exclusive legal control? 6. Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charatible purposes and not for the benefit of the donor of other organization or donor advisor, or for any other purpose conferring impermesable private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 1. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of large for public use (e.g., recreation or pleasure) Preservation of open space 2. Complete lines 23 through 32 of the organization held a qualified conservation contribution in the form of a conservation easements a Total number of conservation easements b Total accesse restricted by conservation easements c Number of conservation easements modelfied, 13 organized after 8/17/06 3. Number of conservation easements modelfied, 13 organized after 8/17/06 3. Number of osterovation easements modelfied, 13 organized after 8/17/06 3. Number of osterovation easements included in (a) organization have a written policy regarding the penodic monitoring, inspection, handling of violations, and enforcement of the conservation easements during the year			(a) Donor advised funds	(b)	Funds and other accounts
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170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part XIII, line 1 b Assets included in Form 990, Part XIII, line 1 b Assets included in Form 990, Part XIII, line 1 b Assets included in Form 990, Part XIII, line 1	8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section		
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part X \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	_	•			Yes No
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part X	9	* ** ** ***	its in its revenue and expense statement, a	nd	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part XIII, line 1 b Assets included in Form 990, Part X S		balance sheet, and include, if applicable, the text of the footnote to the or	ganization's financial statements that descri	ibes	
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b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X		art, historical treasures, or other similar assets held for public exhibition, or	education, or research in furtherance of pub	lic servic	e,
historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \[\begin{array}{c} \\ \		provide, in Part XIV, the text of the footnote to its financial statements that	t describes these items.		
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(i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X		historical treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of public s	service,	
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2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X		(i) Revenues included in Form 990, Part VIII, line 1		>	· \$
following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		(ii) Assets included in Form 990, Part X	·	>	· \$
a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$\Bigslant \	2	If the organization received or held works of art, historical treasures, or or	ther similar assets for financial gain, provide	e the	
b Assets included in Form 990, Part X		following amounts required to be reported under SFAS 116 relating to the	ese items:		
	а	Revenues included in Form 990, Part VIII, line 1		•	· \$
For Privacy Act and Panenwork Reduction Act Notice see the Instructions for Form 990	b	Assets included in Form 990, Part X		•	· \$
	E 1	Privacy Act and Panenwork Poduction Act Notice and the Instruction	for Form 990		Schedule D (Form 000) 2000

cne	dule D (Form 990) 2009 Greater Sp	ringileid De	ntai		- 4 2-TT	0002T			<u> </u>	age ∠
Pa	rt III Organizations Maintaining C	ollections of Art, H	istorical Treasu	ires, or	Other Si	milar Asse	ts (c	ontinu	ed)	
3	Using the organization's acquisition, accession, collection items (check all that apply).	and other records, check	any of the following	that are a	significant i	use of its			•	
а	Public exhibition	d Loan o	r exchange program	ıs						
b	Scholarly research	e Other								
C	Preservation for future generations						_			
4	Provide a description of the organization's collect Part XIV.	tions and explain how the	y further the organiz	ation's ex	empt purpo	se in				
5	During the year, did the organization solicit or re- assets to be sold to raise funds rather than to be				lar			Ye		No
Da	art IV Escrow and Custodial Arran				vuorod "\	/on" to Form	~ 000		<u>s</u>	NO
Га	IV, line 9, or reported an amo	-	_	uon ans	wereu i	es to Foil	11 990,	, ган		
										
та	Is the organization an agent, trustee, custodian of	or other intermediary for c	ontributions or other	assets no	ot			┌┐		٦
	included on Form 990, Part X?							∐ Ye	s _	No
þ	If "Yes," explain the arrangement in Part XIV and	complete the following ta	ible:							
								Amount	<u> </u>	
С	Beginning balance					1c				
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance									
2a	Did the organization include an amount on Form	990, Part X, line 21?						Ye	s	No
b	If "Yes," explain the arrangement in Part XIV.									
Pa	rt V Endowment Funds. Complet	e if organization and	swered "Yes" to	Form 9	90, Part	IV, line 10.	,			
		(a) Current year	(b) Pnor year	(c) Two	years back	(d) Three years	back	(e) Four	years	back
1a	Beginning of year balance									
	Contributions									
c	Net investment earnings, gains,			· · · - · · · · · · · · · · · · · · · ·						
Ī	and losses						1			
а	Grants or scholarships									
	Other expenditures for facilities			 				-		
e										
	and programs			1						
	Administrative expenses			-			$-\!+\!$			
	End of year balance	<u>_</u>	ı			· - ·				
2	Provide the estimated percentage of the year en									
	Board designated or quasi-endowment	%								
b	Permanent endowment %									
С	Term endowment ► %					-				
3a	Are there endowment funds not in the possession	n of the organization that	are held and admini	stered for	the			,		
	organization by								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(II), are the related organizations list	ted as required on Schedi	ule R?					3ь		
4	Describe in Part XIV the intended uses of the organic	ganization's endowment fi	ınds							
Pa	rt VI Investments—Land, Building	gs, and Equipment.	See Form 990,	Part X	line 10.					
	Description of investment	(a) Cost or other basis	(b) Cost or oth	ner	(c) Acc	umulated	((d) Book	value	
		(investment)	basis (other)	<u>) </u>	depre	ciation	1			
1a	Land					-				
	Buildings									
	Leasehold improvements									
	Equipment		1	,129		933				196
	Other	*		• = = =			<u> </u>			<u></u>
	Add lines 1a through 1e. (Column (d) must equa	I Form 990. Part X. colum	n (B) line 10(c).)							196

7,501

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

 \blacktriangleright

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

che	dule D (Form 990) 2009 Greater Springfield Dental	43-118883		Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audited Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5_	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net) Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	
	rt XII Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per Ret	urn	<u> </u>
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b	İ	
	Recoveries of prior year grants	2c	1	
d C	Other (Describe in Part XIV.)	2d	1	
	,		20	
_	Add lines 2a through 2d		2e 3	
3	Subtract line 2e from line 1) [٠-	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 4		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1	
Þ	Other (Describe in Part XIV)	4b	-	
_	Add lines 4a and 4b		4c	· · · · · · · · · · · · · · · · · · ·
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
	rt XIII Reconciliation of Expenses per Audited Financial Stateme	nts with Expenses per R	eturr	1
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	1 1		
а	Donated services and use of facilities	2a		
Ь	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIV.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	· ·	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b -		
C	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
Pa	rt XIV Supplemental Information			
om	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	1a and 4; Part IV, lines 1b		
nd 2	b; Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines	2d and 4b Also complete		
	art to provide any additional information.	·		
·	• ,			
				-
_		_ _		

Sch	edu	le D	(Fo	im 9	90)	2009	9	G	rea	ate	er	Sj	pr:	ing	η£:	ie:	ld	De	ent	ta:	L					4	3 -	11	88	83	1						Page	<u> 5</u>
P	<u>a</u> nt	įχį	<u>V</u>	Sı	ıpp	lem	<u>en</u> t	tal l	nfc	rm	atio	on (cor	ıtinı	ued)																						_
-	-	_		_	_	_	_	_	_	_	_	_	_	_	_	_		_	_	-	_	_	_	_	_	-	_	_		_	_		_	_	_	_		-
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_	_	_			_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_		_
_	_	_	_	_	_	_	_	_			_	_	_	_	_	_			_	_	_		_	_	_	_	_	_	_		_	_	_	_	_	_		_
-	-	_	_	_	-	_	-	-		-	-	_	-	_	-	-	-	-	_	_	-	-		-		-	-	_	_	_	_	_	_	-	_			-

SCHEDULE'G (Form 990 or 990-EZ)

Supplemental Information Regarding

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

See separate instructions.

OMB No 1545-0047

Open To Püblic Inspection ...

Department of the Treasury Internal Revenue Service Name of the organization

Greater Springfield Dental

Employer identification number 43-1188831

Foundation					13-11000	
Partial Fundraising Activities. Complete if Form 990-EZ filers are not required				red "Yes" to Form	990, Part IV, line	17.
1 Indicate whether the organization raised funds through ar	ny of the following a	ctivitie	s Ch	eck all that apply.		
a Mail solicitations	e Solicitation	of non	-gove	rnment grants		
b Internet and email solicitations	f Solicitation	of gov	emme	ent grants		
c Phone solicitations	g X Special fund	draisin	g eve	nts		
d In-person solicitations						
2a Did the organization have a written or oral agreement with or key employees listed in Form 990, Part VII) or entity in						Yes X No
b If "Yes," list the ten highest paid individuals or entities (fur to be compensated at least \$5,000 by the organization.	ndraisers) pursuant	to agr	eeme	nts under which the fur	ndraiser is	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did raiser custo contr contribi	have dy or ol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
		 				
					- <u></u>	
						
		-			-	
Total	I	ı	•			

Schedule G (Form 990 or 990-EZ) 2009

43-11888314

Page 2

۲	aπ ı			Complete if the orga n Form 990-EZ, line									r repo	πęα	
				(a) Event #1 PtVIII1c (event type)	_	(b) Eve	nt #2		(c) Othe			(d	l) Total ev d col (a) col (c	throug	h
Revenue	1	Gross receipts	_	97,963			·						9	7,9	63
œ	3	Less: Charitable contributions Gross revenue (line 1		97,963		-							9	7,9	63
_		minus line 2)		 	-										
	4	Cash prizes			_			-							<u>-</u>
	5	Noncash prizes			_					· · · · · ·			<u> </u>		
sesue	6	Rent/facility costs			-	 .	<u> </u>								
Direct Expenses	7	Food and beverages			 			 							
Direc	8	Entertainment				· - · · · · · · · · · · · · · · · · · ·		-							
	9	Other direct expenses	··	· · · · · · · · · · · · · · · · · · ·											
	10 11	•		es 4 through 9 in column (d ne 3, column (d), and line 1							>	(
P	art'i	II Gaming. Com	plete if	the organization ans		ed "Yes" to	Form 990	, Part	IV, line	19, or	repo	rted m	ore		
		than \$15,000 c	on Forn	n 990-EZ, line 6a.		(b) Pull tab	:/instant		(a) Other			(d) To	otal gamı	ng (Add	t
Revenue				(a) Bingo		bingo/progres	sive bingo	-	(c) Other	gaming	-	col (a	a) through	n col (d	c))
~ ~	1	Gross revenue						_							
es	2	Cash prizes													
Expenses	3	Noncash prizes		-	_										
Direct	4	Rent/facility costs						ļ							
	5_	Other direct expenses			 _	7									
	6	Volunteer labor _		res % No		Yes No	%		Yes No	_	%		<u>.</u>		
	7	Direct expense summary	. Add line	es 2 through 5 in column (d	l)						•	C			
	8	Net gaming income summ	nary. Cor	mbine line 1, column d, and	d line 7	, 			•		▶				
9	En	ter the state(s) in which the	e organiz:	ation operates gaming acti	vities:									Yes	No
a b	ls t	the organization licensed to No," Explain:	_			e states?	••		•				9a	_	
			-	•						-					
10a b		ere any of the organization' Yes,* Explain:	s gaming	licenses revoked, suspen	ded or	terminated o	uring the tax y	rear?	•	•	•		10a	-	
11		es the organization operate	-							·· · ·			11	_	
12		he organization a grantor, med to administer chantable			memb	er of a partn	ership or other	entity					12		

Sche	edule G (Form 990 or 990-EZ) 2009 Greater Springfield Dental	43-118883	1	Р	age 3
13 a b	Indicate the percentage of gaming activity operated in. The organization's facility An outside facility Provide the name and address of the person who prepares the organization's gaming/special events books and records:	13a % 13b %	-	Yes	No
	Name ► Address ►				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a		
b c	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ amount of gaming revenue retained by the third party ▶ \$. If "Yes," enter name and address of the third party:	and the			
	Name ▶				
	Address ► .				
16	Gaming manager information:				
	Name ▶ .				,
	Gaming manager compensation ▶ \$				
	Description of services provided ▶				
	Director/officer Employee Independent contractor				
17 a b	Mandatory distributions. Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law distributed to other exempt organizations or spent		17a	-	
IJ	in the organization's own exempt activities during the tax year				1

Schedule G (Form 990 or 990-EZ) 2009

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SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22.

▶ Attach to Form 990.

Greater Springfield Dental

General Information on Grants and Assistance

Foundation

Name of the organization

Parti

the selection criteria used to award the grants or assistance?

OMB No 1545-0047

2009	OpentolPublic Linspection

Employer identification number

43-1188831

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

2

X Yes

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (h) Purpose of grant or assistance Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to non-cash assistance (g) Description of (d) Amount of cash grant (e) Amount of non-cash (book, FMV, appraisa, assistance other) 25,000 10,000 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (c) IRC section if applicable (p) EIN Enter total number of section 501(c)(3) and government organizations Ronald McDonald House Charities MO 65807 MO 65807 (a) Name and address of organization 949 East Primrose Street 949 East Primrose Street or government Grin Iron Classic Springfield Springfield

Enter total number of other organizations

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

Schedule I (Form 990) 2009

Page 2

m 990) 2009 Greater Springfield Dental 43-1188831
Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2009 Greater Springfield Dental Park*III Grants and Other Assistance to Individuals in the Ur

9507 11/09/2010 3 03 PM

(a	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, F) Description of non-cash assistance FMV, appraisal, other)
. Partilly.	·Partive Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to p	provide the informati	on required in Part I,	line 2, and any other addi	tional information.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

Award is paid to the student in an amount not to exceed qualifying

education expenses.

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047 **2009**

Open TOPUBLE

Name of the organization Greater Springfield Dental Employer identification number 43-1188831 Foundation Parti Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person (b) Description of transaction 1 Yes Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (f) Approved (g) Written (d) Balance due (e) In default? (b) Loan to (c) Onginal (a) Name of interested person and purpose or from the pnncipal amount by board or agreement? organization? committee? Yes No Yes No Yes No To From Total ▶ \$ Parkilli Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (b) Relationship between interested person and the (c) Amount and type of assistance (a) Name of interested person organization Part IV **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Shanng (c) Amount of (a) Name of interested person (b) Relationship between (d) Description of transaction of org interested person and the transaction revenues?

organization

Also on GSDS Bd

Officers and members of BOD

Share office and eq

Yes No

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009

Name of the organization

Greater Springfield Dental Foundation

Employer identification number 43-1188831

Form 990, Part III, Line 4d - All Other Achievements

Awarding funds to support The Kitchen

Dental Clinic and scholarship at OTC

Form 990, Part VI, Line 7a - Election of Members and Their Rights
The members elect the Board of Directors and Officers each year.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members Any changes to bylaws require member approval

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 President, Treasurer, and Executive Director review the form 990 before it is signed and filed.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation General public may review organization documents upon request.

SCHEDULE R	Related Organ	ll bus and II	Related Organizations and Unrelated Partnershins	rshins		OMB No 1545-0047
(Form 990)	Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.	ion answered "Yes" to	Form 990, Part IV, line	33, 34, 35, 36, or 37.		2009
Department of the Treasury Internal Revenue Service	▶ Attach to	Form 990. ▶	See separate instructions.	ú		Open to Public Inspection
Name of the organization	Greater Springfield Dental Foundation				Employer Identific 43-1188831	Employer Identification number 43-1188831
Part I Identific	Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	organization answe	red "Yes" to Form	990, Part IV, line 3	3.)	
Na	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
						,
						٠
Part II Identific	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	complete if the organge the tax year.)	inization answered	"Yes" to Form 990	, Part IV, line 34 b	ecause it
Nar	(a) Name, address, and EIN of related organization	(b) Prmary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
The Greater Springf 1717 East Republic Springfield	Springfield Dental public Road 43-1112405 MO 65804	Memb org	МО	501c6		N/A
	-					
For Privacy Act and Pape	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA	n 990.			Sche	Schedule R (Form 990) 2009

Pantill	Paintell ldentification of Related Organizations Taxable as a Pa	ons Taxable as organizations t	a Part i reated	nership (Cor as a partners	nplete if the org ship during the	irtnership (Complete if the organization answered a as a partnership during the tax year.)	ered "Yes" to Fo	"Yes" to Form 990, Part IV, line 34	IV, line 34	
	(a) Name, address, and EIN of related organization	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total moome	(g) Share of end-of-year assets	(h) Disproportionate altoc? Yes No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?
	:									
	-									
		-								
Partil	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	ons Taxable as elated organiza	a Corp	ooration or T	rust (Complete corporation or t	if the organizat	ion answered "Y ax year.)	es" to Form 9	90, Part IV,	ļ
٤	(a) Name, address, and EIN of related organization	(b) Primary activity	fore	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp. S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage s ownership	age on
	: : : : : : : : : : : : : : : : : : : :									
	:	-							,	
DAA								Schec	Schedule R (Form 990) 2009	0) 2009

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ion answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)
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Complete if
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Page 3

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		_	res	왿
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				- 1
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		19		×
b Gift, grant, or capital contribution to other organization(s)		4		×
c Gift, grant, or capital contribution from other organization(s)		ر		×
		19		×
		4		×
e Loais of loat gualaitees by other organization(s)				:
f Sale of assets to other organization(s)		14		×
g Purchase of assets from other organization(s)		19		×
		ŧ		×
i Lease of facilities, equipment, or other assets to other organization(s)		=		×
j Lease of facilites, equipment, or other assets from other organization(s)		Ŧ		×
k Performance of services or membership or fundraising solicitations for other organization(s)		¥		×
I Performance of services or membership or fundraising solicitations by other organization(s)	•	=	_	×
m Sharing of facilities, equipment, mailing lists, or other assets		1		×
n Sharing of paid employees		두	1	×
o Reimbursement paid to other organization for expenses		10		×
p Reimbursement paid by other organization for expenses		1		×
q Other transfer of cash or property to other organization(s)		4		×
r Other transfer of cash or property from other organization(s)		11		×l
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	insaction thresholds.	:		- 1
(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount Involved	volved	
(1)				
(2)				
(3)				ŀ
(4)				
(5)				
(9)				
		Schedule R (Form 990) 200	rm 990) 2	2

43-1188831

Schedule R (Form 990) 2009 Greater Springfield Dental

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Pantevi

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (c) Name, address, and EIN of entity centity (state or foreign country)	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3)	(e) Share of end-of-year assets	(f) Disproportionate allocations?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?
			Yes No		Yes No	$\overline{}$	Yes No
; ;							
: : : : : : : : : : : : : : : : : : : :							
:							•
							,
						Schedule R (Form 990) 2009	orm 990) 2(

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the	Treasury	► File a separate application for each return.				
nternal Revenue		At a March Total and a service and a Read Load shock this how				▶ X
		tomatic 3-Month Extension, complete only Part I and check this box		•		
If you are fi	ling for an Add	ditional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form ess you have already been granted an automatic 3-month extension on a previously filed Fon	7. m 8868			
Partil	Automati	c 3-Month Extension of Time. Only submit original (no copies needed).	11 0000.			
•						
A corporation re Part I only	equired to file I	Form 990-T and requesting an automatic 6-month extension—check this box and complete				▶ 🗌
All other corpor		ng 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an exten	sion of			
Electronic Fili	na (e-file). Ge	enerally, you can electronically file Form 8868 if you want a 3-month automatic extension of tir	ne to file			
		w (6 months for a corporation required to file Form 990-T). However, you cannot file Form 88				
		he additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870,				
		nsolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part		m		
8868, For more	details on the	e electronic filing of this form, visit www irs.gov/efile and click on e-file for Charities & Nonprofi	is.			
Type or	Name of Exe	empt Organization	Employ	er identific	cation num	nber
print	Greate	r Springfield Dental				
File by the	Founda	tion	43-1	18883	1	
due date for filing your	•	eet, and room or suite no. If a P.O. box, see instructions. Last Republic Road Ste A				
return See Instructions		post office, state, and ZIP code. For a foreign address, see instructions.				
	Spring	•				
Check type of		Riled (file a separate application for each return):				
X Form 99)	Form 990-T (corporation)		Fo	orm 4720	
Form 99	D-BL	Form 990-T (sec. 401(a) or 408(a) trust)		☐ Fo	orm 5227	
Form 99)-EZ	Form 990-T (trust other than above)		☐ Fo	orm 6069	
Form 99)-PF	Form 1041-A		☐ Fo	orm 8870	
Telephone If the organ If this is for for the whole g	No. ▶ 41 nization does n a Group Returoup, check th		If this is			> []
		3-month (6 months for a corporation required to file Form 990-T) extension of time				
		, to file the exempt organization return for the organization named above. The extension is				
for the or	ganization's re	eturn for:				
▶ X	alendar year	2009 or				
▶ ∐ 1	ax year begini	ning, and ending				
2 If this tax	year is for les	ss than 12 months, check reason:	n account	ing period		
3a If this ap	olication is for	Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,				
•		e credits. See instructions.	3a	\$		
		Form 990-PF or 990-T, enter any refundable credits and estimated tax	-			
		de any prior year overpayment allowed as a credit.	3ь	s		
		t line 3b from line 3a. Include your payment with this form, or, if required,	134			
		on or, if required, by using EFTPS (Electronic Federal Tax Payment	泛手			
	See instruction		3c	\$		
	are going to n	make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-t	: 0			

5000 (D	4.0000			Page 2
Form 8868 (Re				Page 2 ▶ X
	iling for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box		• • •	
-	replete Part II if you have already been granted an automatic 3-month extension on a previously filed Form	1 0000.		
	ling for an Automatic 3-Month Extension, complete only Part I (on page 1).	no conios	needed)	
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (
Type or	Name of Exempt Organization	*1	er identification n	ımber
print	Greater Springfield Dental	1	100021	
File by the extended	Foundation Foundation		188831	
due date for	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS	use only	
filing the	1717 East Republic Road Ste A 32 300	<u> </u>		5.6
return See Instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	-, , , ,	Alternative Contraction	
	Springfield MO 65804	· · · · · · · · · · · · · · · · · · ·		, ,-,
	return to be filed (File a separate application for each return):		Π	
X Form 99			Form 60	
Form 99			Form 88	70
Form 99	. 			
	complete Part II if you were not already granted an automatic 3-month extension on a previously	filea Form	3868.	
	are in the care of > Jean Harmison, Executive Director			
Telephone	• •	•		. 🗀
	nization does not have an office or place of business in the United States, check this box			▶ 📋
If this is for		this is		
for the whole g	roup, check this box If it is for part of the group, check this box	and attach	а	
	nes and EINs of all members the extension is for.			
4 I request	an additional 3-month extension of time until 11/15/10			
5 For cale	ndar year 2009, or other tax year beginning, and ending	•		
6 If this tax	year is for less than 12 months, check reason: 📗 Initial return 📗 Final return 📙 Chang	e in account	ing period	
	detail why you need the extension			
	ayer requests additional time to coordinate tax re	portin	g informa	tion
with	affiliated tax exempt entity.			
8a If this ap	plication 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 ap	plication is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and	14 34 5		
estimate	d tax payments made. Include any prior year overpayment allowed as a credit and any	Che		
amount	paid previously with Form 8868.	8b	\$	
	Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit			
with FTC	coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	
-	Signature and Verification			
Under penalties o	f perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of	my knowledge	and belief.	

Title > CPA

Date > 07/27/10 Form 8868 (Rev 4-2009)

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