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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a NONE		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 39a N/A		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ NONE , section 4912 ▶ NONE , section 4955 ▶ NONE		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶ NEW YORK		
42a	The organization's books are in care of ▶ STEVEN W. KESS Telephone no ▶ 631-390-8103 Located at ▶ 20 EAST 9TH STREET, NEW YORK, NY ZIP + 4 ▶ 10003		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b		X
	If "Yes," enter the name of the foreign country ▶		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? 42c		X
	If "Yes," enter the name of the foreign country ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45		X

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	14,000.00	87,500.00	60,000.00	74,749.00	84,976.00	321,225.00
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	14,000.00	87,500.00	60,000.00	74,749.00	84,976.00	321,225.00
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						321,225.00

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	14,000.00	87,500.00	60,000.00	74,749.00	84,976.00	321,225.00
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)	14,000.00	87,500.00	60,000.00	74,749.00	84,976.00	321,225.00
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	100.0000 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	100.0000 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.0000 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.0000 %

- 19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization ▶
- b **33 1/3% support tests - 2008** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization ▶
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

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

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
49b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

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

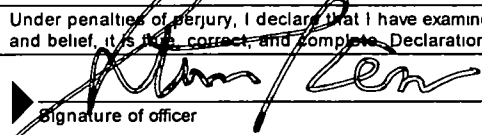
f Total number of other employees paid over \$100,000

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

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

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here  Date **5/13/10**

Signature of officer
STEVEN W. KESS, TREASURER
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed Preparer's identifying number (See instructions) _____

Firm's name (or yours if self-employed), address, and ZIP + 4 _____ EIN _____

Phone no _____

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

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

Area with horizontal dashed lines for supplemental information.

M3

SANTA FE GROUP
FEIN 68-3654702
FORM 990-EZ YEAR 2009

LINE 16 - OTHER EXPENSES

CONFERENCE COSTS	41,394
PHONE	573
MISCELLANEOUS	<u>5,336</u>
TOTAL OTHER EXPENSES	<u><u>47,303</u></u>

SANTA FE GROUP
FEIN 68-3654702
FORM 990-EZ YEAR 2009

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

Activities in 2009 centered on the planning and execution of the *"2nd Annual Meskin Symposium - Meeting the Oral Health Needs of the Aging Population"* which brought together experts and industry leaders to identify methods to improve the skills of the oral health workforce to meet the unique health needs of the elder population. Another key activity was to work with the DTA to discuss ideas and methods for improving the awareness of the importance of oral health to overall health. Other activities included member consultation services for the DTA Scholars program and industry meeting attendance and participation.

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

(A) Name and Address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid Enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Linda C Niessen, D M D , M P H DENTSPLY International 3549 Haynie Avenue Dallas, TX 75205	Past President (0 to 5 hours per week devoted to position)	0	0	0
Richard W D'Eustachio, D D S 300 Monmouth Drive Cherry Hill, NJ 08002	Member (0 to 5 hours per week devoted to position)	0	0	0
Dr Wendy Mouradian Clinical Associate Professor Pediatrics University of Washington Box 357136 Seattle, WA 98195	Vice President (0 to 5 hours per week devoted to position)	0	0	0
Steven W Kess 20 East 9 th Street New York, NY 10003	Secretary/Treasurer (0 to 5 hours per week devoted to position)	0	0	0
Michele E Mummert 5429 Edgewood Lane Spring Grove, PA 17362	Executive Director Effective 07/2006 (4 to 12 hours per week devoted to position)	\$9,925 00 Consulting Fees	0	0
Michael C Alfano, D M D , Ph D College of Dentistry New York University 345 E 24 th Street New York, NY 10010	Director (0 to 5 hours per week devoted to position)	0	0	0
Dr Charles Bertolami Dean, School of Dentistry University of California, San Francisco 521 Parnassus Avenue C 628 Box 0650 San Francisco, CA 94143	Director (0 to 5 hours per week devoted to position)	0	0	0
Dominick P DePaolo, D D S , Ph D 144 Coventry Place Palm Beach Gardens, FL 33418	President (0 to 5 hours per week devoted to position)	\$12,000 00	0	0
Arthur A Dugoni, D D.S., M S D School of Dentistry University of the Pacific 2155 Webster Street San Francisco, CA 94115	Director (0 to 5 hours per week devoted to position)	0	0	0
Dr Terry Fulmer Head, Division of Nursing NYU Steinhardt School of Nursing 82 Washington Square East New York, NY 10003	Director (0 to 5 hours per week devoted to position)	0	0	0
Dr Jerrold Goldberg Dean, Case School of Dental Medicine 10900 Euclid Avenue Cleveland, OH 44106	Director (0 to 5 hours per week devoted to position)	0	0	0

Dr Raul Garcia Professor, Dept of Health Policy Boston University 715 Albany ST 560-3 rd Floor Boston, MA 02118	Director (0 to 5 hours per week devoted to position)	0	0	0
Dr Kathy O'Loughlin President Delta Dental Plan of Mass 465 Medford St Boston, MA 02129	Director (0 to 5 hours per week devoted to position)	0	0	0
Harold Lavkin, D D S School of Dentistry University of Souther California University Park - MC 0641 Los Angeles, CA 90089	Director (0 to 5 hours per week devoted to position)	0	0	0
Dr Dushanka Kleinman University of Maryland College of Health and Human Performance 3310C HHP Bldg College Park, MD 20742	Director (0 to 5 hours per week devoted to position)	0	0	0
Dr Ronald Inge Washington Dental Services 9706 4 th Avenue NE Seattle, WA 98115	Director (0 to 5 hours per week devoted to position)	0	0	0
Mr Peter DuBois 1201 K Street Sacramento, CA 95814	Member (0 to 5 hours per week devoted to position)	0	0	0
Dr Stephen Abel 916 NE 16th Avenue Fort Lauderdale, FL 33304	Meskin Fellow (5 to 10 hours per week devoted to position)	\$5,000 00 Stipend	0	0