Form 9.90-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150 **2016**

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Ā	For the	2016 calend	dar year, or tax year beginning , and ending		_		
В	Check if a	applicable	C Name of organization		D Employer	dentification number	
	Address c	change					
П	Name cha	ange	TIDEWATER DENTAL ASSOCIATION		54-0853212		
П	Initial retu	ı.u	Number and street (or P O box, if mail is not delivered to street address) Room/	suite	E Telephone		
П	Final retui	rn/terminated	P.O. BOX 986		•	351-6767	
П	Amended	l return	City or town, state or province, country, and ZIP or foreign postal code		F Group Exemption		
П	Applicatio	on pending	VIRGINIA BEACH VA 23451		Number •		
G	Accoun	nting Method	X Cash	H Chec	eck ► X if the organization is not		
		te: N/A			ed to attach S		
			neck only one) — 501(c)(3) X 501(c)(6) √ (insert no) 4947(a)(1) or 527	•	1 990, 990-EZ		
		f organization					
. ~		-	b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets				
			are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	47,820	
P	art I	Reven	ue, Expenses, and Changes in Net Assets or Fund Balances (see the	ne instruct	tions for Part	: I)	
· - :		Check	if the organization used Schedule O to respond to any question in this Part I			X	
75	1	Contributions,	gifts, grants, and similar amounts received		1		
125	2	Program sei	vice revenue including government fees and contracts		2		
_	3	Membership	dues and assessments		3	47,759	
زير	4	Investment	ncome		4	61	
SCANIE I	5a	Gross amou	nt from sale of assets other than inventory 5a 5				
	b	Less cost o	r other basis and sales expenses 5b				
	C	Gain or (loss)	from sale of assets other than inventory (Subtract line 5b from line 5a)		5c		
5 10	6	Gaming and	fundraising events				
	а	Gross incom	ne from gaming (attach Schedule G if greater than				
ne		\$15,000)	6a				
Revenue	b	Gross incom	ne from fundraising events (not including \$ of contributions				
Re		from fundrai	sing events reported on line 1) (attach Schedule G if the				
		sum of such	gross income and contributions exceeds \$15,000) 6b				
	С	Less direct	expenses from gaming and fundraising events 6c				
	d	Net income	or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract				
	ļ	line 6c)			6d		
	7a	Gross sales	of inventory, less returns and allowances 7a		_		
	b	Less cost o	f goods sold RECEIVED 7b		→		
	С	Gross profit	or (loss) from sales of inventory (Subtract-line-76-from-line-7a)		7c		
	8	Other reven	or (loss) from sales of inventory (Subt ract-line-76-from-line-7a) ue (describe in Schedule O) ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c and 8 MAY 2 2 2017		8		
	9	Total reven			9	47,820	
	10	Grants and	similar amounts paid (list in Schedule (<u>O)</u>		10	2,000	
	11	•	d to or for members OGDEN, UT		11	12,915	
S	12	Salaries, oth	ner compensation, and employee benefits		12	20,156	
JSC.	13	Professiona	fees and other payments to independent contractors		13	1,496	
Expenses	14	Occupancy,	rent, utilities, and maintenance		14	5,676	
	15	Printing, put	plications, postage, and shipping		15	4,261	
	16		ises (describe in Schedule O)	_	16	4,167	
	17		nses. Add lines 10 through 16			50,671	
ın	18	•	deficit) for the year (Subtract line 17 from line 9)		18	-2,851	
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with			440 00 -	
As			figure reported on prior year's return)		19	110,214	
Net	20	`	ges in net assets or fund balances (explain in Schedule O)		20	105 055	
	21		or fund balances at end of year Combine lines 18 through 20			107,363	
Foi	Paper	work Reduct	ion Act Notice, see the separate instructions.	{	1 -	Form 990-EZ (2016)	

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P	art II Balance Sheets (see the instructions for F	Part II)				
	Check if the organization used Schedule O	o respond to any	question in this Part I	I		X
			(A) Beg	inning of year		(B) End of year
22	Cash, savings, and investments			110,58	4 22	107,75
23	Land and buildings				0 23	
24	Other assets (describe in Schedule O)				0 24	
25	Total assets		<u> </u>	110,58		107,75
26	Total liabilities (describe in Schedule O)			37		38
27	Net assets or fund balances (line 27 of column (B) must ag	ree with line 21)		110,21	4 27	107,36
F	art III Statement of Program Service Accom	ı plishments (se	e the instructions for	Part III) 💹	, [
	Check if the organization used Schedule O	o respond to any	question in this Part I			Expenses
Wh	at is the organization's primary exempt purpose?				(Red	quired for section
E	ROMOTION OF THE ART AND SCIENCE OF DENTISTRY				501	(c)(3) and 501(c)(4)
Des	scribe the organization's program service accomplishments for	each of its three lai	gest program services,		orga	anizations, optional for
as	measured by expenses. In a clear and concise manner, descri	pe the services prov	rided, the number of		othe	ers)
per	sons benefited, and other relevant information for each prograi	m title				
28	TO PROMOTE THE ART AND SCIENCE OF DENTISTRY	THROUGH				
	ASSOCIATION MEETINGS, EDUCATION OF THE PUBLI	C, AND				
	EDUCATION OF THE PRACTITIONERS.					
	(Grants \$) If this amount includes	foreign grants, che	ck here	>	28a	
29	VARIOUS CHARITABLE CONTRIBUTIONS.			_	}	
	(Grants \$) If this amount includes	foreign grants, che	ck here	•	29a	
30						
					.	
	(Grants \$) If this amount includes	foreign grants, che	ck here		30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount includes	foreign grants, che	ck here	>	31a	
32	Total program service expenses (add lines 28a through 31a				32	
F	List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res	Employees (list eac	h one even if not compe	nsated — see t	he instruc	ctions for Part IV)
	Check if the organization used Schedule O to les	(b) Average	(c) Reportable	(d) Heath b	enefits.	
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to benefit plan	employee	(e) Estimated amount of other compensation
		devoted to position	(If not paid, enter -0-)	deferred comp	ensation	Other compensation
				į		
		<u> </u>				
		i		 		
_						
_						
_						

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Par	t V		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	<u></u>	Yes	No
J U	detailed description of each activity in Schedule O	33		x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	55		-
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			}
	change on Schedule O (see instructions)	34		x
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
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	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		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 tax year covered by this return?	38a	l	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 , section 4912 , section 4955 , sectio			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	400		-
C	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line	— I I		
•	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
ŭ	transaction? If "Yes," complete Form 8886-T	40e		x
41	List the states with which a copy of this return is filed ▶ NONE	[-00]		<u> </u>
42a	The organization's books are in care of ▶ DEANGELA DEACON Telephone no ▶	757-35	1-6	767
•	P.O. BOX 986			
	Located at ► VIRGINIA BEACH VA ZIP + 4 ►	23451		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	1	Yes	No
	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 FinCEN Form 114, Report of Foreign Bank and			ĺ
	Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		<u> </u>
	If "Yes," enter the name of the foreign country			. —
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			▶□
	and enter the amount of tax-exempt interest received or accrued during the tax year			г
44-	Did the assessment as accusance and described founds dispute the upper 16 IIV as II Force 200 accust he		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	445		v
b	completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44a		X
D	completed instead of Form 990-EZ	445		•
С	Did the organization receive any payments for indoor tanning services during the year?	44b		X
ď	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an</i>	44c		-
u	explanation in Schedule O	44d		ĺ
45a		45a		x
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	45d		-
-	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			į
	Form 990-EZ (see instructions)	45b		x

						Ye	s No	
		organization engage, directly or indirectly, in political		s on behalf of or in op	position			
	to candid	dates for public office? If "Yes," complete Schedule	C, Part I			46	X	
rai	τV;	Section 501(c)(3) organizations only All section 501(c)(3) organizations must ans	wer allestions 47	_49b and 52, and c	complete the tables for i	ines		
		50 and 51	mer questions 47	400 and 02, and 0	complete the tables for the	11103		
		Check if the organization used Schedule O	to respond to any	question in this Pa	rt VI			
						Ye	s No	
		organization engage in lobbying activities or have a	section 501(h) elec	tion in effect during the	e tax			
	•	"Yes," complete Schedule C, Part II				47		
		ganization a school as described in section 170(b)(-		48	 -	
		organization make any transfers to an exempt non-		ganization?		49a		
		was the related organization a section 527 organization				49b		
50	•	e this table for the organization's five highest comp	· ·		<u> </u>			
	employe	es) who each received more than \$100,000 of com						
		(=) N1	(b) Average hours per week	(c) Reportable compensation	(d) Health benefits, contributions to employee	(e) Estimated amount of other compensation		
		(a) Name and title of each employee	devoted to position		C) benefit plans, and deferred compensation			
					deletted compensation	 		
			į	ļ				
			 			 		
			-	-		 		
					- 	 		
						 		
	Total nu	mber of other employees paid over \$100,000	<u> </u>	•		<u> </u>		
51		te this table for the organization's five highest comp	ensated independe	nt contractors who ear	ch received more than			
		0 of compensation from the organization If there is						
		(a) Name and humana address of sook independent on	ntractor	(b) 7	Tuna of nanuna	(a) Composite		
		(a) Name and business address of each independent co	ntractor	(6)	Type of service	(c) Compensati	on	
		_						
d	Total nu	imber of other independent contractors each receiv	ing over \$100,000	>				
52	Did the	organization complete Schedule A? Note: All section	on 501(c)(3) organiz	ations must attach a				
	complet	ed Schedule A				Yes	No	
Unde	penalties	of perjury, I declare that I have examined this return, incl	uding accompanying s	schedules and statement	s, and to the best of my knowl	edge and belief, it i	s	
true, c	correct, an	id complete Declaration of preparer (other than officer) is	based on all informat	ion of which preparer has	s any knowledge			
		USA			5/10/17			
Sign)	Signature of afficer	1 20 6010	Tic	Date	_		
Here	,	Vettngela bishard	Deacon	Exec	unve Itss			
		Type or print name and title	<u> </u>					
	F	Print/Type preparer's name P	reparer's signature		Date Check	e PTIN		
Paid		AVID BROTMAN	\leq			mployed P00054:	343	
_	=	Firm's name JACOBSON BROTMAN	PC		Firm's EIN	54-1345		
•	~ 	984 FIRST COLONI		305			 _	
	1)	VIRGINIA BEACH,		- 	Phone no 7	57-422-4	445	
Mav	the IRS	discuss this return with the preparer shown above?			1.700000	▶ Yes	No	
						Form 990-F		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2016

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Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number 54-0853212

TIDEWATER DENTAL ASSOCIATION				353212			
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES							
DESCRIPTION							
EXPENSES							
ADVERTISING AND PROMOTION	\$	750					
OFFICE	\$	1,704					
INFORMATION TECHNOLOGY	\$	777					
INSURANCE	\$	936					
TOTAL	\$	4,167					
FORM 990-EZ, PART II, LINE 24 - OTH	ER ASS	SETS					
DESCRIPTION		BEG.	OF YEAR	END (OF YEAR		
		\$	1,624	\$	1,624		
LESS ACCUMULATED DEPRECIATION		\$	1,624	\$	1,624		
		TOTAL \$	0	\$	0		
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES							
DESCRIPTION		BEG.	OF YEAR	END (OF YEAR		
FICA TAX WITHHELD PAYABLE		\$	116	\$	119		
FEDERAL INCOME TAX WITHHELD	\$	109	\$	116			

VIRGINIA INCOME TAX WITHHELD

152

145 \$