

990

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2005

Open to Public Inspection

For the 2005 calendar year, or tax year beginning , and ending

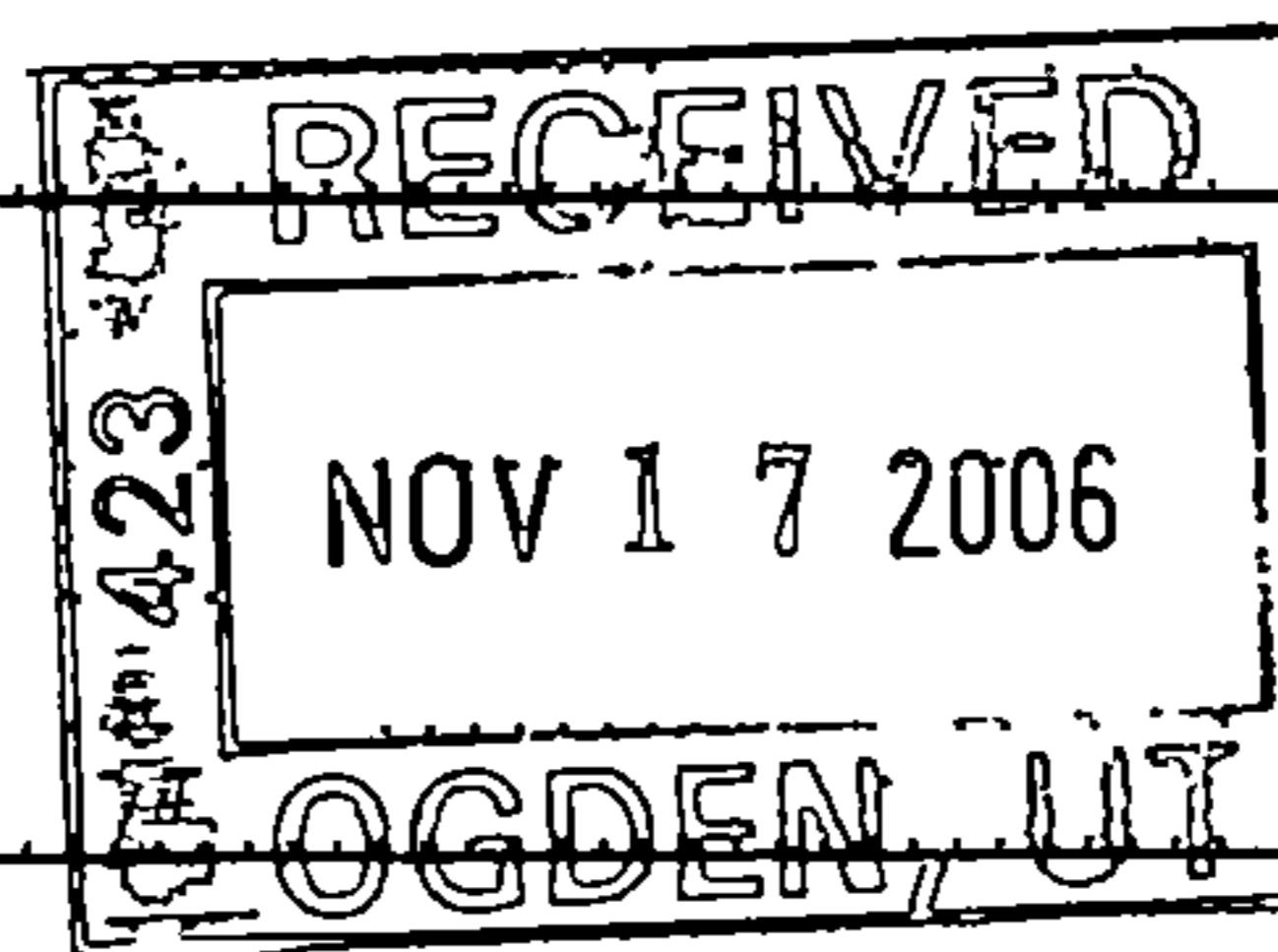
Form 990 header section including organization name (Dental Choice Support Fund, Inc.), address (1725 K Street, NW, Washington DC 20006), and identification numbers (Employer ID: 52-2258365, Telephone: 202-347-9112).

Form 990 middle section including organization type (501(c)(3)), gross receipts (200,000), and various checkboxes for reporting requirements.

Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 1 200,000

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Main table with 21 rows detailing revenue (Total: 200,000), expenses (Total: 205,180), and net assets (End of year: 65,060).



SCANNED DEC 09 2006

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**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Grants and allocations (attach schedule) <b>Stmt 1</b> (cash \$ <u>205,000</u> non-cash \$ _____)	22				
If this amount includes foreign grants, check here <input type="checkbox"/>		205,000	205,000		
Specific assistance to individuals (attach schedule) <input type="checkbox"/>	23				
Benefits paid to or for members (attach schedule)	24				
Compensation of officers, directors, etc	25				
Other salaries and wages	26				
Pension plan contributions	27				
Other employee benefits	28				
Payroll taxes	29				
Professional fundraising fees	30				
Accounting fees	31	140	140		
Legal fees	32				
Supplies	33				
Telephone	34				
Postage and shipping	35				
Occupancy	36				
Equipment rental and maintenance	37				
Printing and publications	38				
Travel	39				
Conferences, conventions, and meetings	40				
Interest	41				
Depreciation, depletion, etc (attach schedule)	42				
Other expenses not covered above (itemize): <b>See Statement 2</b>	43a	40	40		
	43b				
	43c				
	43d				
	43e				
	43f				
	43g				
<b>Total functional expenses.</b> Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	205,180	205,180	0	0

Joint Costs. Check  if you are following SOP 98-2.  
 Do any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,  
 the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

**Part III Statement of Program Service Accomplishments (See the instructions.)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented in its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

**Public education about dental choices for consumers.**

Organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) & (4) orgs., & 4947(a)(1) trusts, but optional for others.)

**Public education about dental choices for consumers.**

(Grants and allocations \$ **205,000** ) If this amount includes foreign grants, check here  **205,180**

(Grants and allocations \$ ) If this amount includes foreign grants, check here

(Grants and allocations \$ ) If this amount includes foreign grants, check here

(Grants and allocations \$ ) If this amount includes foreign grants, check here

Other program services (attach schedule)

(Grants and allocations \$ ) If this amount includes foreign grants, check here

**Total of Program Service Expenses (should equal line 44, column (B), Program services)** **205,180**

**Part IV Balance Sheets (See the instructions.)**

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A)		(B)
		Beginning of year		End of year
45	Cash-non-interest-bearing	70,240	45	65,060
46	Savings and temporary cash investments		46	
47a	Accounts receivable			
	<b>47a</b>			
b	Less: allowance for doubtful accounts		47c	
	<b>47b</b>			
48a	Pledges receivable			
	<b>48a</b>			
b	Less: allowance for doubtful accounts		48c	
	<b>48b</b>			
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)			
	<b>51a</b>			
b	Less: allowance for doubtful accounts		51c	
	<b>51b</b>			
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges		53	
54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
55a	Investments-land, buildings, and equipment: basis			
	<b>55a</b>			
b	Less: accumulated depreciation (attach schedule)		55c	
	<b>55b</b>			
56	Investments-other (attach schedule)		56	
57a	Land, buildings, and equipment: basis			
	<b>57a</b>			
b	Less: accumulated depreciation (attach schedule)		57c	
	<b>57b</b>			
58	Other assets (describe) )		58	
59	<b>Total assets (must equal line 74). Add lines 45 through 58</b>	70,240	59	65,060
60	Accounts payable and accrued expenses		60	
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe) )		65	
66	<b>Total liabilities. Add lines 60 through 65</b>	0	66	0
<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>				
67	Unrestricted	70,240	67	65,060
68	Temporarily restricted		68	
69	Permanently restricted		69	
<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	<b>Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21)</b>	70,240	73	65,060
74	<b>Total liabilities and net assets/fund balances. Add lines 66 and 73</b>	70,240	74	65,060

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

Total revenue, gains, and other support per audited financial statements		a	200,000
Amounts included on line a but not on Part I, line 12			
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify)	b4	
Add lines b1 through b4		b	
Subtract line b from line a		c	200,000
Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
Add lines d1 and d2		d	
Total revenue (Part I, line 12). Add lines c and d		e	200,000

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Total expenses and losses per audited financial statements		a	205,180
Amounts included on line a but not Part I, line 17			
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify)	b4	
Add lines b1 through b4		b	
Subtract line b from line a		c	205,180
Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify)	d2	
Add lines d1 and d2		d	
Total expenses (Part I, line 17) Add lines c and d		e	205,180

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated ) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contrib to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
<b>CHARLES BROWN</b> 1725 K ST NW WASHINGTON DC 20006	<b>DIRECTOR</b> 0	0	0	0
<b>SANDY DUFFY</b> 1725 K ST NW WASHINGTON DC 20006	<b>DIRECTOR</b> 0	0	0	0
<b>BERNICE COLLURA</b> 1725 K ST NW WASHINGTON DC 20006	<b>DIRECTOR</b> 0	0	0	0
	0	0	0	0



**Part VI Other Information (continued)**

		Yes	No
1	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		<b>X</b>
2	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III.)		
	<b>82a</b>		
	<b>82b</b>		
1	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>X</b>	
2	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>X</b>	
1	Did the organization solicit any contributions or gifts that were not tax deductible?		<b>X</b>
2	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	<b>83a</b>		
	<b>83b</b>		
	<b>84a</b>		
	<b>84b</b>		
	<b>84c</b>		
	<b>84d</b>		
	<b>84e</b>		
	<b>84f</b>		
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	<b>84h</b>		
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**Part VII Analysis of Income-Producing Activities (See the instructions.)**

	Unrelated business income		Excluded by sec 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
h Membership dues and assessments					
i Interest on savings and temporary cash investments					
j Dividends and interest from securities					
k Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
l Net rental income or (loss) from personal property					
m Other investment income					
n Gain or (loss) from sales of assets other than inventory					
o Net income or (loss) from special events					
p Gross profit or (loss) from sales of inventory					
q Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		0	0
105 Total (add line 104, columns (B), (D), and (E))					0

Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
N/A	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No  
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No  
 Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

Signature of officer: *Charles G Brown* Date: *11/15/06*  
 Type or print name and title: *Charles G Brown, Nat'l. Counsel*

Preparer's signature: *Joseph Maggitti, Jr.* Date: *11/15/06* Check if self-employed:  Preparer's SSN or PTIN (See Gen Instr W): *P00285451*  
 Firm's name (or yours if self-employed), address, and ZIP + 4: *DeLeon & Stang, CPA's*  
*One Bank Street, Ste 240*  
*Gaithersburg, MD 20878-1504* EIN: *52-1373858* Phone no.: *301-948-9825*



SCHEDULE A  
Form 990 or 990-EZ

Organization Exempt Under Section 501(c)(3)  
(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2005

Supplementary Information-(See separate instructions.)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Department of the Treasury  
Internal Revenue Service

Name of the organization

Dental Choice Support Fund, Inc.

Employer identification number  
52-2258365

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Comp	(d) Contrib to empl ben plans & deferred comp	(e) Expense account & other allowances
None				
Total number of other employees paid over \$50,000				

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services		

**Part III Statements About Activities (See page 2 of the instructions.)**

	Yes	No
During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)		<b>X</b>
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		
During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )		
Sale, exchange, or leasing of property?		<b>X</b>
Lending of money or other extension of credit?		<b>X</b>
Furnishing of goods, services, or facilities?		<b>X</b>
Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		<b>X</b>
Transfer of any part of its income or assets?		<b>X</b>
Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments )		<b>X</b>
Do you have a section 403(b) annuity plan for your employees?		<b>X</b>
During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		<b>X</b>
Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		<b>X</b>
Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		<b>X</b>

**Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)**

The organization is not a private foundation because it is (Please check only ONE applicable box )

- A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
- A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
- A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶
- An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- A community trust. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A.)
- An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization▶  Type 1  Type 2  Type 3

Provide the following information about the supported organizations (See page 6 of the instructions )

(a) Name(s) of supported organization(s)	(b) Line number from above
<b>Consumers for Dental Choice, Inc. - 52-2257385</b>	

- An organization organized and operated to test for public safety. Section 509(a)(4) (See page 6 of the instructions )

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12 ) Use cash method of accounting.

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)					
Membership fees received					
Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
Net income from unrelated business activities not included in line 18					
Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
<b>Total of lines 15 through 22</b>					
<b>Line 23 minus line 17</b>					
<b>Enter 1% of line 23</b>					

**Organizations described on lines 10 or 11: a** Enter 2% of amount in column (e), line 24 ▶ **26a**

**b** Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ **26b**

**c** Total support for section 509(a)(1) test. Enter line 24, column (e) ▶ **26c**

**d** Add: Amounts from column (e) for lines 18 \_\_\_\_\_ 19 \_\_\_\_\_  
 22 \_\_\_\_\_ 26b \_\_\_\_\_ ▶ **26d**

**e** Public support (line 26c minus line 26d total) ▶ **26e**

**f** **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f** %

**Organizations described on line 12: a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year **N/A**

(2004) \_\_\_\_\_ (2003) \_\_\_\_\_ (2002) \_\_\_\_\_ (2001) \_\_\_\_\_

**b** For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. **N/A**

(2004) \_\_\_\_\_ (2003) \_\_\_\_\_ (2002) \_\_\_\_\_ (2001) \_\_\_\_\_

**c** Add: Amounts from column (e) for lines: 15 \_\_\_\_\_ 16 \_\_\_\_\_  
 17 \_\_\_\_\_ 20 \_\_\_\_\_ 21 \_\_\_\_\_ ▶ **27c**

**d** Add: Line 27a total \_\_\_\_\_ and line 27b total \_\_\_\_\_ ▶ **27d**

**e** Public support (line 27c total minus line 27d total) ▶ **27e**

**f** Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ▶ **27f**

**g** **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g** %

**h** **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27h** %

**Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 7 of the instructions.)

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	N/A	Yes	No
Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement.)			
Does the organization maintain the following			
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)			
Does the organization discriminate by race in any way with respect to:			
a Students' rights or privileges?	33a		
b Admissions policies?	33b		
c Employment of faculty or administrative staff?	33c		
d Scholarships or other financial assistance?	33d		
e Educational policies?	33e		
f Use of facilities?	33f		
g Athletic programs?	33g		
h Other extracurricular activities?	33h		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b Has the organization's right to such aid ever been revoked or suspended?	34b		
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

Check  **a** if the organization belongs to an affiliated group Check  **b** if you checked "a" and "limited control" provisions apply.

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
Other exempt purpose expenditures	<b>39</b>	
Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
Lobbying nontaxable amount Enter the amount from the following table-		
<b>If the amount on line 40 is-</b>		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
<b>The lobbying nontaxable amount is-</b>		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000	<b>41</b>	
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>	
Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below

See the instructions for lines 45 through 50 on page 11 of the instructions )

Calendar year (or fiscal year beginning in)▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
Lobbying nontaxable amount					
Lobbying ceiling amount (150% of line 45(e))					
Total lobbying expenditures					
Grassroots nontaxable amount					
Grassroots ceiling amount (150% of line 48(e))					
Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.

- Volunteers
  - Paid staff or management (Include compensation in expenses reported on lines through c h.)
  - Media advertisements
  - Mailings to members, legislators, or the public
  - Publications, or published or broadcast statements
  - Grants to other organizations for lobbying purposes
  - Direct contact with legislators, their staffs, government officials, or a legislative body
  - Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
  - Total lobbying expenditures (Add lines through c h.)
- If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount



# Federal Statements

2258365

12/31/2005

## Statement 1 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions

Name Address	Date of Gift	Description of Property	Relationship to Org	Class of Activity	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
ISUMERS FOR DENTAL CHOICE					\$ 205,000				
15 K STREET NW									
WASHINGTON, DC, 20006									
Total					\$ 205,000	\$ 0	\$ 0		

**Federal Statements****Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Mgt &amp; General</u>	<u>Fund- Raising</u>
Expenses	\$	\$	\$	\$
BANK CHARGES	40	40		
Total	<u>\$ 40</u>	<u>\$ 40</u>	<u>\$ 0</u>	<u>\$ 0</u>