

2008 TAX RETURN

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Client: 0889001

Prepared for: DENTAL HEALTH THEATRE, INC  
727 NORTH 1ST STREET SUITE 103  
ST LOUIS, MO 63102  
314-241-7391

Prepared by: BENDER WELTMAN THOMAS PERRY & CO PC  
1067 N MASON ROAD, SUITE 7  
ST LOUIS, MO 63141-6341  
314-576-1350

Date: MAY 20, 2009

Comments:

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Route to: \_\_\_\_\_

**2008 Exempt Org. Return**  
prepared for:

**DENTAL HEALTH THEATRE, INC**  
727 NORTH 1ST STREET Suite 103  
ST LOUIS, MO 63102

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**BENDER WELTMAN THOMAS PERRY & CO PC**  
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Client 0889001  
May 20, 2009

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DENTAL HEALTH THEATRE, INC  
727 NORTH 1ST STREET #103  
ST LOUIS, MO 63102  
314-241-7391

FEDERAL FORMS

Form 990-EZ  
Schedule A  
Schedule B  
Schedule G

2008 Return of Organization Exempt from Income Tax  
Organization Exempt Under Section 501(c)(3)  
Schedule of Contributors  
Fundraising or Gaming Activities  
Depreciation Schedules

FEE SUMMARY

Preparation Fee

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DENTAL HEALTH THEATRE, INC

75-3018876

	2008	2007	DIFF
<b>FORM 990-EZ REVENUE</b>			
CONTRIBUTIONS, GIFTS, AND GRANTS.....	51,979	31,454	20,525
PROGRAM SERVICE REVENUE.....	1,207	0	1,207
INVESTMENT INCOME.....	233	309	-76
NET INCOME (LOSS) - SPECIAL EVENTS.....	28,299	21,554	6,745
OTHER REVENUE.....	320	23,723	-23,403
<b>TOTAL REVENUE.....</b>	<b>82,038</b>	<b>77,040</b>	<b>4,998</b>
<b>EXPENSES</b>			
PROFESSIONAL FEES/PYMT TO CONTRACTORS....	9,604	2,500	7,104
OCCUPANCY/RENT/UTILITIES/MAINTENANCE.....	36,787	36,786	1
PRINTING, PUBLICATIONS, AND POSTAGE.....	5,190	1,416	3,774
OTHER EXPENSES.....	27,310	35,040	-7,730
<b>TOTAL EXPENSES.....</b>	<b>78,891</b>	<b>75,742</b>	<b>3,149</b>
<b>NET ASSETS OR FUND BALANCES</b>			
EXCESS OR (DEFICIT) FOR THE YEAR.....	3,147	1,298	1,849
NET ASSETS/FUND BAL. AT BEG. OF YEAR.....	98,142	92,504	5,638
OTHER CHANGES IN NET ASSETS/FUND BAL.....	0	4,340	-4,340
NET ASSETS/FUND BAL. AT END OF YEAR.....	101,289	98,142	3,147

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2008

GENERAL INFORMATION

PAGE 1

DENTAL HEALTH THEATRE, INC

75-3018876

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990-EZ, SCH A, SCH B, SCH G

CARRYOVERS TO 2009

NONE

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DENTAL HEALTH THEATRE, INC

75-3018876

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
FURNITURE AND FIXTURES																
1	INTERACTIVE DISPLAYS	6/26/08		4,759							4,759		S/L	5		476
4	TOOTH DISPLAY	4/01/02		6,820							6,820	999	S/L	5		1,164
5	FURNITURE AND FIXTURES	4/01/02		3,611							3,611	528	S/L	7		440
	TOTAL FURNITURE AND FIXTURE			15,190		0	0	0	0	0	15,190	1,527				2,080
IMPROVEMENTS																
2	LEASEHOLD IMPROVEMENTS	4/01/02		26,878							26,878	3,936	S/L	20		1,147
	TOTAL IMPROVEMENTS			26,878		0	0	0	0	0	26,878	3,936				1,147
MACHINERY AND EQUIPMENT																
3	VIDEO PRODUCTION EQUIPMEN	4/01/02		2,808							2,808	411	S/L	5		479
	TOTAL MACHINERY AND EQUIPME			2,808		0	0	0	0	0	2,808	411				479
	TOTAL DEPRECIATION			<u>44,876</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>44,876</u>	<u>5,874</u>				<u>3,706</u>
	GRAND TOTAL DEPRECIATION			<u>44,876</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>44,876</u>	<u>5,874</u>				<u>3,706</u>

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2008

FEDERAL FILING INSTRUCTIONS

DENTAL HEALTH THEATRE, INC

75-3018876

FORM TO FILE:

FORM 990-EZ - 2008 SHORT FORM RETURN OF ORGANIZATION EXEMPT FROM  
INCOME TAX

SIGNATURE:

SIGN AND DATE FORM 990-EZ.

PAYMENT:

NO PAYMENT IS REQUIRED.

WHEN TO FILE:

ON OR BEFORE MAY 15, 2009.

WHERE TO FILE:

DEPARTMENT OF TREASURY  
INTERNAL REVENUE SERVICE  
OGDEN, UT 84201-0027

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**Short Form  
Return of Organization Exempt From Income Tax**

**2008**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)  
G Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.  
G The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury  
Internal Revenue Service

Open to Public  
Inspection

A For the 2008 calendar year, or tax year beginning \_\_\_\_\_, 2008, and ending \_\_\_\_\_

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C Please use IRS label or print or type. See Specific Instructions.</p> <p><b>DENTAL HEALTH THEATRE, INC</b> <b>727 NORTH 1ST STREET #103</b> <b>ST LOUIS, MO 63102</b></p>	<p>D Employer identification number <b>75-3018876</b></p> <p>E Telephone number <b>314-241-7391</b></p> <p>F Group Exemption Number _____ <b>G</b></p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------

?Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method:  Cash  Accrual  
Other (specify) G \_\_\_\_\_

I Website: G N/A

J Organization type (check only one) '  501(c) ( 3 ) H (insert no.)  4947(a)(1) or  527

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

K Check G  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. G\$ **90,916.**

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

<b>R E V E N U E</b>	1 Contributions, gifts, grants, and similar amounts received	1	51,979.
	2 Program service revenue including government fees and contracts	2	1,207.
	3 Membership dues and assessments	3	
	4 Investment income	4	233.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract ln 5b from ln 5a) (att sch)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/> G		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	37,177.
b Less: direct expenses other than fundraising expenses	6b	8,878.	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	28,299.	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe G <u>SEE STATEMENT 1</u> )	8	320.	
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	G 9	82,038.	
<b>E X P E N S E S</b>	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	9,604.
	14 Occupancy, rent, utilities, and maintenance	14	36,787.
	15 Printing, publications, postage, and shipping	15	5,190.
	16 Other expenses (describe G <u>SEE STATEMENT 2</u> )	16	27,310.
17 Total expenses (add lines 10 through 16)	G 17	78,891.	
<b>A S S E T S</b>	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,147.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	98,142.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	G 21	101,289.

**Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.**

(See the instructions for Part II.)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	63,899.	22	63,762.
23 Land and buildings	22,942.	23	21,795.
24 Other assets (describe G <u>SEE STATEMENT 3</u> )	11,301.	24	15,732.
25 Total assets	98,142.	25	101,289.
26 Total liabilities (describe G _____)	0.	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	98,142.	27	101,289.



Part V Other Information (Note the statement requirement in General Instruction 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 but not reported to the IRS? 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 your reason for not reporting the income on Form 990-T.		
	a Did the organization have unrelated business gross income of \$1,000 or more or 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	Was there a liquidation, dissolution, termination, or substantial contraction 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. G 37a 0.		
	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 unpaid at the start 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	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	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 G 0.; section 4912 G 0.; section 4955 G 0.		
	b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I.		X
	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. G 0.		
	d Enter amount of tax on line 40c reimbursed by the organization. G 0.		
	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 G NONE		

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42a The books are in care of G DR. PATRICK WILSON, DDS Telephone no. G 314-645-1337  
 Located at G ST LOUIS MO ZIP + 4 G 63141

		Yes	No
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: G		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		
	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: G		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here G  N/A  
 and enter the amount of tax-exempt interest received or accrued during the tax year. G 43 N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		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.		X

**Part VI** Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. SEE STATEMENT 4

	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 operating 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
b If 'Yes,' was the related organization(s) a section 527 organization?		

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

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

51 Complete this table for the 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		
Total number of other independent contractors receiving over \$100,000. . . . . G		

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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:   
 G \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of officer  
 G \_\_\_\_\_  
 Type or print name and title.

Paid Preparer's Use Only:   
 Preparer's signature: G \_\_\_\_\_ Date: \_\_\_\_\_  
 Check if self-employed: G  Preparer's Identifying Number (See instructions): N/A  
 Firm's name (or yours if self-employed), address, and ZIP + 4: G BENDER WELTMAN THOMAS PERRY & CO PC  
 G 1067 N MASON ROAD, SUITE 7  
 ST LOUIS, MO 63141-6341  
 EIN: G N/A  
 Phone no.: G 314-576-1350

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

Public Charity Status and Public Support

2008

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization <b>DENTAL HEALTH THEATRE, INC</b>	Employer identification number <b>75-3018876</b>
---------------------------------------------------------------	-----------------------------------------------------

**Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)**

The organization is not a private foundation because it is: (Please check only one organization.)

- 1  A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions ' subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III ' Functionally integrated
  - d  Type III' Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11 g (i)	
(ii) a family member of a person described in (i) above? .....	11 g (ii)	
(iii) a 35% controlled entity of a person described in (i) or (ii) above? .....	11 g (iii)	

h Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') . . .						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. . . . .						
3 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. . . . .						
4 Total. Add lines 1-3. . . . .						
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) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 2008 (line 6, column (f) divided by line 11, column (f)). . . . .	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f. . . . .	15	%
16a 33-1/3 support test ' 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. . . . .	<input type="checkbox"/>	
b 33-1/3 support test ' 2007. 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 ' 2008. 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 ' 2007. 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 III** Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	38,215.	44,880.	26,618.	31,454.	40,563.	181,730.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose					1,207.	1,207.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1-5	38,215.	44,880.	26,618.	31,454.	41,770.	182,937.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6.)						182,937.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	38,215.	44,880.	26,618.	31,454.	41,770.	182,937.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	307.	363.	316.	309.	233.	1,528.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	307.	363.	316.	309.	233.	1,528.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV	10,874.	8,895.	25,790.	45,277.	28,619.	119,455.
13 Total support. (add lns 9, 10c, 11, and 12.)						303,920.

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  G

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).	15	60.2 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	72.6 %

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

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)).	17	0.5 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.6 %

19a 33-1/3 support tests \* 2008. 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  G

b 33-1/3 support tests \* 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  G

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

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

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## PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE	2008	2007	2006	2005	2004
OTHER INCOME	28,619.	45,277.	25,790.	8,895.	10,874.
TOTAL	<u>\$ 28,619.</u>	<u>\$ 45,277.</u>	<u>\$ 25,790.</u>	<u>\$ 8,895.</u>	<u>\$ 10,874.</u>

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Schedule of Contributors  
G Attach to Form 990, 990-EZ and 990-PF  
G See separate instructions.

2008

Name of the organization

DENTAL HEALTH THEATRE, INC

Employer identification number

75-3018876

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule '

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules '

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc, purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) ..... G \$ \_\_\_\_\_

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they must answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

DENTAL HEALTH THEATRE, INC

75-3018876

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MISSOURI FOUNDATION FOR HEALTH 1000 ST. LOUIS UNION STATION ST. LOUIS, MO 63103	\$ 11,935.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	ADA FOUNDATION SAMUEL D HARRIS FUND 211 EAST CHICAGO AVENUE CHICAGO, IL 60611	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	RONALD MCDONALD HOUSE CHARITIES 4381 WEST PINE ST. LOUIS, MO 63108	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Name of organization

Employer identification number

DENTAL HEALTH THEATRE, INC

75-3018876

**Part III** Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc, contributions of \$1,000 or less for the year. (Enter this information once - see instructions.) ..... G\$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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**Part II** Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		GOLF TOURNAMEN (event type)	(event type)	(total number)	
REVENUE	1	Gross receipts	37,177.		37,177.
	2	Less: Charitable contributions			
	3	Gross revenue (line 1 minus line 2)	37,177.		37,177.
DIRECT EXPENSES	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Other direct expenses	8,878.		8,878.
	8	Direct expense summary. Add lines 4- through 7 in column (d)			G 8,878.
	9	Net income summary. Combine lines 3 and 8 in column (d)			G 28,299.

**Part III** Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))	
		1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				G
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)				G

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	YES	NO
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? .....	9a	
b If 'No,' Explain: ----- -----		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....	10a	
b If 'Yes,' Explain: ----- -----		
11 Does the organization operate gaming activities with nonmembers? .....	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? .....	12	

		YES	NO
13	Indicate the percentage of gaming activity operated in:		
a	The organization's facility.....	13a	%
b	An outside facility.....	13b	%
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name: G _____		
	Address: G _____		
15a	Does the organization have a contact with a third party from whom the organization receives gaming revenue?.....	15a	
b	If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.		
c	If 'Yes,' enter name and address:		
	Name: G _____		
	Address: G _____		
16	Gaming manager information		
	Name: G _____		
	Gaming manager compensation G \$ _____		
	Description of services provided: G _____		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?.....	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: G \$ _____		

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STATEMENT 1  
FORM 990-EZ, PART I, LINE 8  
OTHER REVENUE

MI SCELLANEOUS INCOME.....	\$	116.
MOM' S GROUP.....		20.
SCHNUCKS SCRIPT PROGRAM.....		184.
TOTAL	\$	<u>320.</u>

STATEMENT 2  
FORM 990-EZ, PART I, LINE 16  
OTHER EXPENSES

"HEALTHY SMILE" KITS.....	\$	4,730.
ADVERTISING AND PROMOTION.....		310.
BANK FEES.....		105.
CONFERENCES, CONVENTIONS, AND MEETINGS.....		200.
CREDIT CARD CHARGES.....		265.
DEPRECIATION.....		3,706.
DUES AND SUBSCRIPTIONS.....		80.
EQUIPMENT REPAIRS.....		605.
INFORMATION TECHNOLOGY.....		2,162.
INSURANCE.....		3,344.
INTERACTIVE DISPLAYS.....		3,180.
MARKETING SVCS.....		128.
NETWORKING.....		460.
OFFICE EXPENSES.....		1,350.
PARKING CHARGES.....		1,083.
REFUNDS.....		3,500.
SUPPLIES AND MISCELLANEOUS.....		424.
TELEPHONE.....		1,678.
TOTAL	\$	<u>27,310.</u>

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STATEMENT 3  
FORM 990-EZ, PART II, LINE 24  
OTHER ASSETS

	BEGINNING		ENDING
DEPOSIT ON PUPPET SET.....	\$ 0.	\$	2,231.
FURNITURE AND FIXTURES.....	8,904.		11,583.
MACHINERY AND EQUIPMENT.....	2,397.		1,918.
TOTAL	<u>\$ 11,301.</u>	\$	<u>15,732.</u>

STATEMENT 4  
FORM 990-EZ, PART VI  
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?.....	NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.....	NO

OTHER REVENUE  
AMOUNT  
MISCELLANEOUS INCOME

MI SCELLANEOUS.....	TOTAL	\$	116.
		\$	<u>116.</u>

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