

Form **990**

# 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)

OMB No 1545-0047

**2004**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2004 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

**B** Check if applicable:  Address change,  Name change,  Initial return,  Final return,  Amended return,  Application pending

Please use IRS label or print or type See Specific Instructions

**C Name of organization**  
**Consumers for Dental Choice, Inc.**

Number and street (or P O box if mail is not delivered to street address) Room/suite  
**1725 K Street, NW 511**

City or town, state or country, and ZIP + 4  
**Washington DC 20006**

**D Employer identification no.**  
**52-2257385**

**E Telephone number**  
**202-822-6309**

**F Accounting method:**  Cash  Accrual  Other (specify) \_\_\_\_\_

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

**G Website:** **www.toxicteeth.org**

**J Organization type**  
(check only one)  501(c) ( **3** ) < (insert no)  4947(a)(1) or  527

**K Check here**  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

H and I are not applicable to section 527 organizations

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates **▶** \_\_\_\_\_

**H(c)** Are all affiliates included?  Yes  No  
(If "No," att a list See instr)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I Group Exemption Number** **▶** \_\_\_\_\_

**M Check**  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**L Gross receipts** Add lines 6b, 8b, 9b, and 10b to line 12 **▶ 371,350**

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

R e v e n u e	Contributions, gifts, grants, and similar amounts received				
	Direct public support	1a	371,350		
	Indirect public support	1b			
	Government contributions (grants)	1c			
	<b>Total</b> (add lines 1a through 1c) (cash \$ <b>371,350</b> noncash \$ _____)	1d		371,350	
	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	Membership dues and assessments	3			
	Interest on savings and temporary cash investments	4			
	Dividends and interest from securities	5			
	Gross rents	6a			
	Less rental expenses	6b			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe _____)	7				
8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	8a	
	Less cost or other basis and sales expenses			8b	
	Gain or (loss) (attach schedule)			8c	
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	
9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>					
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
	Less direct expenses other than fundraising expenses	9b			
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10a	Gross sales of inventory, less returns and allowances	10a			
	Less cost of goods sold	10b			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11				
<b>12 Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		371,350		
E x p e n s e s	13 Program services (from line 44, column (B))	13	209,188		
	14 Management and general (from line 44, column (C))	14	144,412		
	15 Fundraising (from line 44, column (D))	15	77,273		
	16 Payments to affiliates (attach schedule)	16			
	<b>17 Total expenses</b> (add lines 16 and 44, column (A))	17	430,873		
A s s e t s	<b>18 Excess or (deficit) for the year</b> (subtract line 17 from line 12)	18	-59,523		
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	74,509		
	20 Other changes in net assets or fund balances (attach explanation)	20			
	<b>21 Net assets or fund balances at end of year</b> (combine lines 18, 19, and 20)	21	14,986		

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

Form 990 (2004)

GIBK 18

**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 page 22 of 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	
22	Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____ )	22				
23	Specific assistance to individuals	23				
24	Benefits paid to or for members	24				
25	Compensation of officers, directors, etc	25				
26	Other salaries and wages	26	46,624	11,656	30,772	4,196
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29	4,237	2,161	1,313	763
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32	16,275	8,300	5,045	2,930
33	Supplies	33				
34	Telephone	34	7,892	4,025	2,446	1,421
35	Postage and shipping	35				
36	Occupancy	36	39,981	20,391	12,393	7,197
37	Equipment rental and maintenance	37	1,793	915	555	323
38	Printing and publications	38				
39	Travel	39	24,984	12,742	7,745	4,497
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42	1,531	781	474	276
43	Other expenses not covered above (itemize) a	43a				
	b See Statement 1	43b	287,556	148,217	83,669	55,670
	c	43c				
	d	43d				
	e	43e				
44	<b>Total functional expenses</b> (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	430,873	209,188	144,412	77,273

Joint Costs. Check  if you are following SOP 98-2

Are 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 \$ \_\_\_\_\_,

(iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See page 25 of the instructions.)

What is the organization's primary exempt purpose?

**See Statement 2**

All 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.)

a	Education of the consumer about the dangers of using mercury in dental fillings.  (Grants and allocations \$ _____ )	209,188
b	  (Grants and allocations \$ _____ )	
c	  (Grants and allocations \$ _____ )	
d	  (Grants and allocations \$ _____ )	
e	Other program services (attach schedule) (Grants and allocations \$ _____ )	
f	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	209,188

**Part IV Balance Sheets** (See page 25 of the instructions.)

		(A)		(B)	
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		Beginning of year		End of year	
	<b>45</b> Cash-non-interest-bearing		<b>70,120</b>	<b>45</b>	<b>9,260</b>
	<b>46</b> Savings and temporary cash investments			<b>46</b>	
	<b>47a</b> Accounts receivable	<b>47a</b>			
	<b>b</b> Less allowance for doubtful accounts	<b>47b</b>		<b>47c</b>	
	<b>48a</b> Pledges receivable	<b>48a</b>			
	<b>b</b> Less allowance for doubtful accounts	<b>48b</b>		<b>48c</b>	
	<b>49</b> Grants receivable			<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)			<b>50</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule)	<b>51a</b>			
	<b>b</b> Less allowance for doubtful accounts	<b>51b</b>		<b>51c</b>	
	<b>52</b> Inventories for sale or use			<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges		<b>2,290</b>	<b>53</b>	<b>2,290</b>
	<b>54</b> Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			<b>54</b>	
	<b>55a</b> Investments-land, buildings, and equipment basis	<b>55a</b>			
	<b>b</b> Less accumulated depreciation (attach schedule)	<b>55b</b>		<b>55c</b>	
	<b>56</b> Investments-other (attach schedule)			<b>56</b>	
	<b>57a</b> Land, buildings, and equipment basis	<b>57a</b>	<b>10,942</b>		
	<b>b</b> Less accumulated depreciation (attach schedule) <b>See Statement 3</b>	<b>57b</b>	<b>2,880</b>	<b>57c</b>	<b>8,062</b>
	<b>58</b> Other assets (describe _____ )			<b>58</b>	
	<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74)		<b>76,856</b>	<b>59</b>	<b>19,612</b>
	<b>60</b> Accounts payable and accrued expenses		<b>2,347</b>	<b>60</b>	<b>4,626</b>
	<b>61</b> Grants payable			<b>61</b>	
	<b>62</b> Deferred revenue			<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)			<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)			<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule)			<b>64b</b>	
	<b>65</b> Other liabilities (describe _____ )			<b>65</b>	
	<b>66 Total liabilities</b> (add lines 60 through 65)		<b>2,347</b>	<b>66</b>	<b>4,626</b>
	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	<b>67</b> Unrestricted		<b>74,509</b>	<b>67</b>	<b>14,986</b>
	<b>68</b> Temporarily restricted			<b>68</b>	
	<b>69</b> Permanently restricted			<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74				
	<b>70</b> Capital stock, trust principal, or current funds			<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund			<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds			<b>72</b>	
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21)		<b>74,509</b>	<b>73</b>	<b>14,986</b>
	<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		<b>76,856</b>	<b>74</b>	<b>19,612</b>

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 on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See page 27 of the instructions.)

<b>N/A</b>	<b>a</b>	Total revenue, gains, and other support per audited financial statements ▶	
	<b>b</b>	Amounts included on line a but not on line 12, Form 990	
		(1) Net unrealized gains on investments \$	
		(2) Donated services and use of facilities \$	
		(3) Recoveries of prior year grants \$	
		(4) Other (specify)	
		\$	
	<b>b</b>	Add amounts on lines (1) through (4) ▶	
	<b>c</b>	Line a minus line b ▶	
	<b>d</b>	Amounts included on line 12, Form 990 but not on line a:	
		(1) Investment expenses not included on line 6b, Form 990 \$	
		(2) Other (specify)	
		\$	
	<b>d</b>	Add amounts on lines (1) and (2) ▶	
	<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d) ▶	

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

<b>N/A</b>	<b>a</b>	Total expenses and losses per audited financial statements ▶	
	<b>b</b>	Amounts included on line a but not on line 17, Form 990	
		(1) Donated services and use of facilities \$	
		(2) Prior year adjustments reported on line 20, Form 990 \$	
		(3) Losses reported on line 20, Form 990 \$	
		(4) Other (specify)	
		\$	
	<b>b</b>	Add amounts on lines (1) through (4) ▶	
	<b>c</b>	Line a minus line b ▶	
	<b>d</b>	Amounts included on line 17, Form 990 but not on line a:	
		(1) Investment expenses not included on line 6b, Form 990 \$	
		(2) Other (specify)	
		\$	
	<b>d</b>	Add amounts on lines (1) and (2) ▶	
	<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d) ▶	

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see page 27 of 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	(E) Expense account and other allowances
Bernice Collura Washington DC 20010	President	0	0	0
James Shortt Washington DC 20010	Director	0	0	0
Mark A. Breiner A Orange CT 06477	Director	0	0	0
Ward Eccles Livermore CA 94630	Director	0	0	0
Paul Gilbert East Brunswick NJ 08816	Director	0	0	0
Sue Ann Taylor Canton GA 30114	Director	0	0	0
Sandy Duffy	Director	0	0	0
David Kennedy	Director	0	0	0
Charles Brown	Treasurer	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule-see page 28 of the instructions

▶  Yes  No

Part VI Other Information (See page 28 of the instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		<input checked="" type="checkbox"/>
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		<input checked="" type="checkbox"/>
78b	b If "Yes," has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		<input checked="" type="checkbox"/>
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	<input checked="" type="checkbox"/>	
80b	b If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct and indirect political expenditures See line 81 instructions		
81b	b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
82a	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?		<input checked="" type="checkbox"/>
82b	b 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)		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	
83b	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<input checked="" type="checkbox"/>	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		<input checked="" type="checkbox"/>
84b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85a	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
85b	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	N/A	
85c	c Dues, assessments, and similar amounts from members		
85d	d Section 162(e) lobbying and political expenditures		
85e	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85g	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85h	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86a	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12		
86b	b Gross receipts, included on line 12, for public use of club facilities		
87a	501(c)(12) orgs Enter a Gross income from members or shareholders		
87b	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		<input checked="" type="checkbox"/>
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="text" value="0"/> , section 4912 <input type="text" value="0"/> , section 4955 <input type="text" value="0"/>		
89b	b 501(c)(3) and 501(c)(4) orgs 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," attach a statement explaining each transaction		<input checked="" type="checkbox"/>
89c	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		<input type="text" value="0"/>
89d	d Enter Amount of tax on line 89c, above, reimbursed by the organization		<input type="text" value="0"/>
90a	List the states with which a copy of this return is filed <input type="text" value="None"/>		
90b	b Number of employees employed in the pay period that includes March 12, 2004 (See instructions)		<input type="text" value="1"/>
91	The books are in care of <input type="text" value="CHARLES BROWN"/> Located at <input type="text" value="WASHINGTON, DC"/> Telephone no <input type="text" value="202-822-6309"/> ZIP + 4 <input type="text" value="20006"/>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 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 <input type="text" value="92"/>		

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

**Note:** Enter gross amounts unless otherwise indicated

	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	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 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

**Note:** 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 page 34 of 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 page 34 of 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 page 34 of 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)

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including attachments, and believe it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

*Charles G. Brown*  
Signature of officer

National Counsel  
Type or print name and title

Paid Preparer's Use Only

Preparer's signature **Allen P. DeLeon, CPA**

Firm's name (or yours if self-employed), address, and ZIP + 4 **DeLeon & Stang, CPA  
One Bank Street, St  
Gaithersburg, MD 2**

**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 Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2004**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**

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

Name of the organization <b>Consumers for Dental Choice, Inc.</b>	Employer identification number <b>52-2257385</b>
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**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) Compensation	(d) Contributions to empl ben plans & deferred comp	(e) Expense account and other allowances
<b>NONE</b>				
Total number of other employees paid over \$50,000 ▶				

**Part II 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
<b>Charles G. Brown 1424 16th St. NW Washington DC 20006</b>	<b>Consulting</b>	<b>68,900</b>
Total number of others receiving over \$50,000 for professional services ▶	<b>0</b>	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2004

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

		Yes	No
1	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 ► \$ <u>1,200</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B )	X	
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			
2	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 )		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>See Part V, Form 990 See Statement 4</b>	X	
e	Transfer of any part of its income or assets?		X
3a	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 )		X
b	Do you have a section 403(b) annuity plan for your employees?		X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

**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 )

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state ►**
- 10  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 )
- 11a  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 )
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 12  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 )
- 13  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) (See section 509(a)(3) )

Provide the following information about the supported organizations (See page 5 of the instructions )

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	<b>433,014</b>	<b>315,812</b>	<b>288,586</b>	<b>10,870</b>	<b>1,048,282</b>
<b>16</b> Membership fees received					<b>0</b>
<b>17</b> 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					<b>0</b>
<b>18</b> 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					<b>0</b>
<b>19</b> Net income from unrelated business activities not included in line 18					<b>0</b>
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					<b>0</b>
<b>21</b> 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					<b>0</b>
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					<b>0</b>
<b>23</b> Total of lines 15 through 22	<b>433,014</b>	<b>315,812</b>	<b>288,586</b>	<b>10,870</b>	<b>1,048,282</b>
<b>24</b> Line 23 minus line 17	<b>433,014</b>	<b>315,812</b>	<b>288,586</b>	<b>10,870</b>	<b>1,048,282</b>
<b>25</b> Enter 1% of line 23	<b>4,330</b>	<b>3,158</b>	<b>2,886</b>	<b>109</b>	
<b>26 Organizations described on lines 10 or 11:</b>					
<b>a</b> Enter 2% of amount in column (e), line 24					<b>26a</b> <b>0</b>
<b>b</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 2000 through 2003 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b>
<b>c</b> Total support for section 509(a)(1) test Enter line 24, column (e)					<b>26c</b>
<b>d</b> Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					<b>26d</b>
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b>
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> %
<b>27 Organizations described on line 12:</b>					
<b>a</b> 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 (2003) <b>217,465</b> (2002) <b>194,967</b> (2001) <b>235,500</b> (2000)					
<b>b</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 11, 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 (2003) _____ (2002) _____ (2001) _____ (2000) _____					
<b>c</b> Add Amounts from column (e) for lines 15 <b>1,048,282</b> 16 _____ 17 _____ 20 _____ 21 _____					<b>27c</b> <b>1,048,282</b>
<b>d</b> Add Line 27a total. <b>647,932</b> and line 27b total _____					<b>27d</b> <b>647,932</b>
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27e</b> <b>400,350</b>
<b>f</b> Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ <b>1,048,282</b>					<b>27f</b> <b>1,048,282</b>
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> <b>38.1911%</b>
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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
29	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		
30	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		
31	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? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )	31		
32	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?  If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )	32d		
33	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?  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )	33h		
34a	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? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35	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

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred )			
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>		
<b>39</b> Other exempt purpose expenditures	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>		
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table-			
<b>If the amount on line 40 is-</b>	<b>The lobbying nontaxable amount is-</b>		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	<b>41</b>	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>		
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>		
<b>44</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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> 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.)

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

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

Yes	No	Amount
<b>X</b>		
<b>X</b>		
	<b>X</b>	
	<b>X</b>	
	<b>X</b>	
	<b>X</b>	
<b>X</b>		1,200
	<b>X</b>	
		1,200

**See Statement 5**

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 11 of the instructions.)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- a Transfers from the reporting organization to a noncharitable exempt organization of
  - (i) Cash
  - (ii) Other assets
- b Other transactions
  - (i) Sales or exchanges of assets with a noncharitable exempt organization
  - (ii) Purchases of assets from a noncharitable exempt organization
  - (iii) Rental of facilities, equipment, or other assets
  - (iv) Reimbursement arrangements
  - (v) Loans or loan guarantees
  - (vi) Performance of services or membership or fundraising solicitations
- c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

	Yes	No
<b>51a(i)</b>		<b>X</b>
<b>a(ii)</b>		<b>X</b>
<b>b(i)</b>		<b>X</b>
<b>b(ii)</b>		<b>X</b>
<b>b(iii)</b>		<b>X</b>
<b>b(iv)</b>		<b>X</b>
<b>b(v)</b>		<b>X</b>
<b>b(vi)</b>		<b>X</b>
<b>c</b>		<b>X</b>

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
<b>N/A</b>			

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶  Yes  No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
<b>N/A</b>		

**Federal Statements**

**Statement 1 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
PROFESSIONAL FEES	171,339	87,383	53,115	30,841
CONSULTING FEES	78,206	41,449	18,770	17,987
BANK CHARGES	12,700	6,477	3,937	2,286
INSURANCE	10,934	5,576	3,390	1,968
MEDIA	4,414	2,251	1,368	795
DUES	4,309	2,197	1,336	776
WEBSITE	3,763	1,919	1,167	677
CONTRIBUTIONS	1,756	896	544	316
LICENSE	135	69	42	24
Total	<u>\$ 287,556</u>	<u>\$ 148,217</u>	<u>\$ 83,669</u>	<u>\$ 55,670</u>

**Statement 2 - Form 990, Part III - Organization's Primary Exempt Purpose**

It is the Mission of Consumers for Dental Choice to protect the health of dental consumers and the environment by abolishing the use of mercury amalgam dental fillings.

**Federal Statements**

**Statement 3 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
Furniture & Equipment	\$ 5,795	\$ 1,349	\$ 10,942	\$ 2,880
Total	<u>\$ 5,795</u>	<u>\$ 1,349</u>	<u>\$ 10,942</u>	<u>\$ 2,880</u>

**Federal Statements**

**Statement 4 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of Exp**

CHARLES G. BROWN (SEE SCHEDULE A PART II)

**Statement 5 - Schedule A, Part VI-B - Description of Lobbying Activities**

MEET WITH LEGISTATORS TO DISCUSS MERCURY DENTAL FILINGS



**Federal Statements**

**Form 990, Part I, Line 1a - Direct Public Support**

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
Other Contributions	\$ 268,500	\$	\$ 268,500
Total	\$ 268,500	\$ 0	\$ 268,500