



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



OCT 06 2010

STATUTE CLEARED

SCANNED OCT 27 2010

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form 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)
▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2006

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning **November 1**, 2006, and ending **October 31**, 20 **06**

- 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
Montana Dental Hygienists' Association
Number and street (or P O box, if mail is not delivered to street address) Room/suite
122 Yellowstone Ave.
City or town, state or country, and ZIP + 4
Billings, MT 59101

D Employer identification number
81 0412519
E Telephone number
(406) 256-7384
F Group Exemption Number . . . ▶

• **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) ▶

I Website: ▶ **www.montanadha.org**

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

J Organization type (check only one)—☒ 501(c) (**6**) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☐ 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 \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 47 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	1000
	2	Program service revenue including government fees and contracts	2	1000
	3	Membership dues and assessments	3	2690
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule).	5c	
	6	Special events and activities (attach schedule). If any amount is being claimed, check here ☐		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	51590
	6b	Less: direct expenses other than fundraising expenses	6b	32707
Expenses	6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	18883
	7a	Gross sales of inventory less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	
	8	Other revenue (describe ▶)	8	
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	22573
	10	Grants and similar amounts paid (attach schedule)	10	1150
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	3600
	13	Professional fees and other payments to independent contractors	13	
Net Assets	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	1265
	16	Other expenses (describe ▶ Supplies)	16	730
	17	Total expenses (add lines 10 through 16)	17	6745
	18	Excess or (deficit) for the year (line 9 less line 17)	18	15828
	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	75509
	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)	21	91337

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 51 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	75509	91337
23 Land and buildings		
24 Other assets (describe ▶)		
25 Total assets	75509	91337
26 Total liabilities (describe ▶)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	75509	91337

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

Cat No 106421

Form **990-EZ** (2006)

6-4

13

Part III Statement of Program Service Accomplishments (See page 51 of the instructions.)

What is the organization's primary exempt purpose? Represent Dental Hygienists, Provide CE.
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses
 (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28		
(Grants \$) If this amount includes foreign grants, check here ☐	28a	
29		
(Grants \$) If this amount includes foreign grants, check here ☐	29a	
30		
(Grants \$) If this amount includes foreign grants, check here ☐	30a	
31 Other program services (attach schedule)		
(Grants \$) If this amount includes foreign grants, check here ☐	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 52 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) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Deborah Porter RDH 122 Yellowstone Billings MT 59101	Community center 15 hrs /wk	3600/yr.	-0-	-0-
Anna Marie Witham RDH Twin Bridges MT	President 10 hrs /wk	-0-	-0-	-0-
Bonnie Young RDH Livingston, MT	Pres Elect 10 hrs /wk	-0-	-0-	-0-
Melinda Anderson RDH Past President	Past Pres 1 hr /wk	-0-	-0-	-0-

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		✓
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		✓
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (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?		✓
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," attach a statement.)		
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?		✓
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?		✓
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	
39 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)**40a** 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶

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," attach an explanation . . .

	Yes	No
40b		
40c		
40d		
40e		✓

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶**d** Enter amount of tax on line 40c reimbursed by the organization . . . ▶**e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . .**41** List the states with which a copy of this return is filed. ▶**42a** The books are in care of ▶ **Deborah Porter** Telephone no. ▶ (**406**) **256-7384**
Located at ▶ **122 Yellowstone Ave , Billings, MT** ZIP + 4 ▶ **59101****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)? . . .

	Yes	No
42b		✓
42c		✓

If "Yes," enter the name of the foreign country: ▶

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.**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: ▶

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ **43****Please
Sign
Here**

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

▶ **Deborah Porter RDH**

Signature of officer

▶ **9-19-10**

Date

▶ **Deborah Porter, RDH Communications Center**

Type or print name and title

**Paid
Preparer's
Use Only**Preparer's
signature ▶

Date

Check if
self-
employed ▶ ☐

Preparer's SSN or PTIN (See Gen Inst X)

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

EIN ▶

Phone no ▶ ()



2006 990EZ

Attachment to Line 10

Scholarship to MSU-GF student	\$1,000.00
Institute for Oral Health	\$150.00