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## 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)

OMB No 1545-1150

# 2008

Open to Public  
Inspection

Form 990-EZ

Department of the Treasury,  
Internal Revenue Service

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations 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  
► The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning **MAY 1, 2008** and ending **APR 30, 2009**

B Check if applicable

Please use IRS label or print or type  
See Specific Instructions

C Name of organization  
**MICHIGAN DENTAL ASSOCIATION  
LIVINGSTON DISTRICT DENTAL SOCIETY**  
Number and street (or P.O. box, if mail is not delivered to street address)  
**520 S. CHURCH ST.**  
City or town, state or country, and ZIP + 4  
**BRIGHTON, MI 48116**

D Employer identification number

**38-3417766**

E Telephone number  
**810-229-6318**

F Group Exemption  
Number ► **5054**

• 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: ► **N/A**

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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► **\$ 29,357.**

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

1 Contributions, gifts, grants, and similar amounts received	1
2 Program service revenue including government fees and contracts	2 <b>24,197.</b>
3 Membership dues and assessments	3 <b>4,505.</b>
4 Investment income	4 <b>55.</b>
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 line 5b from line 5a) (attach schedule)	5c
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	6c <b>-901.</b>
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a <b>600.</b>
b Less: direct expenses other than fundraising expenses	6b <b>1,501.</b>
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7c
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)	8 )
8 Other revenue (describe ► )	8 )
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 )	9 <b>27,856.</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
14 Occupancy, rent, utilities, and maintenance	14
15 Printing, publications, postage, and shipping	15
16 Other expenses (describe ► )	16 <b>23,947.</b>
17 Total expenses. Add lines 10 through 16 )	17 <b>23,947.</b>
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 <b>3,909.</b>
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 <b>10,496.</b>
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 <b>14,405.</b>

### 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		10,496.	22 <b>14,405.</b>
23 Land and buildings			23
24 Other assets (describe ► )			24
25 Total assets	)	10,496.	25 <b>14,405.</b>
26 Total liabilities (describe ► )		0.	26 <b>0.</b>
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	)	10,496.	27 <b>14,405.</b>

832171  
12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form 990-EZ (2008) **65**

SCANNED JUL 29 2010  
Revenue

Expenses

Net Assets

13171209 099775 75265

2008.05000 MICHIGAN DENTAL ASSOCIATION 75265\_1



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**Part V Other Information** (Note the statement requirements in the instructions for Part VI)

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, 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.

Yes	No
33	X
34	X

a Did the organization have unrelated business gross income of \$1,000 or more or section 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," complete applicable parts of Sch. N  
 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0.

35a	X
35b	N/A

36	X
37b	X

38a	X
38b	N/A

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?

38b	N/A
39a	N/A

39 Section 501(c)(7) organizations. Enter:

39b	N/A
40b	N/A

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

40b	N/A
40e	X

section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A

40e	X
40f	0.

40f	0.
40g	0.

41 List the states with which a copy of this return is filed. ► NONE

42a The books are in care of ► DR. WILLIAM METZ Telephone no. ► 810-229-6318  
 Located at ► 520 S. CHURCH ST., BRIGHTON, MI ZIP + 4 ► 48116

Yes	No
42b	X

42c	X
42d	0.

42d	0.
42e	0.

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: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

Yes	No
42b	X

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 N/A

Yes	No
43	N/A

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

44	X
45	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

45	X
46	0.

46	0.
47	0.

47	0.
48	0.

48	0.
49	0.



FORM 990-EZ

OTHER EXPENSES

STATEMENT

1

DESCRIPTION	AMOUNT
ADMINISTRATION	1,642.
CONFERENCES & MEETINGS	22,131.
MISCELLANEOUS	174.
TOTAL TO FORM 990-EZ, LINE 16	23,947.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 2

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

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

CONFERENCES AND MEETINGS FOR THE BENEFIT OF DENTISTS AND THE GENERAL PUBLIC.

COPY  
Application for Extension of Time To File an  
Exempt Organization Return

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only  **X**

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization <b>LIVINGSTON DISTRICT DENTAL ASSOCIATION</b>	Employer identification number <b>38-3417766</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>520 S. CHURCH ST.</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BRIGHTON, MI 48116</b>	

**Check type of return to be filed** (file a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

**DR. WILLIAM METZ**

- The books are in the care of ► **520 S. CHURCH ST. - BRIGHTON, MI 48116**

Telephone No. ► **810-229-6318** FAX No. ►  **X**  
 • If the organization does not have an office or place of business in the United States, check this box  **X**  
 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box ►  . If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **DECEMBER 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ►  calendar year  or  
 ►  tax year beginning **MAY 1, 2008**, and ending **APR 30, 2009**.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	\$ <b>N/A</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

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Form 8868 (Rev. 4-2009)

Page 2

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  X

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

<b>Part II: Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).		
<b>Type or print</b>	Name of Exempt Organization <b>MICHIGAN DENTAL ASSOCIATION LIVINGSTON DISTRICT DENTAL SOCIETY</b>	<b>Employer identification number</b> <b>38-3417766</b>
File by the extended due date for filing the return. See Instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>520 S. CHURCH ST.</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BRIGHTON, MI 48116</b>	

**Check type of return to be filed** (File a separate application for each return):

<input type="checkbox"/> Form 990	<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**DR. WILLIAM METZ**

- The books are in the care of ► **520 S. CHURCH ST. - BRIGHTON, MI 48116**

Telephone No. ► **810-229-6318**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box  ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ► . If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **MARCH 15, 2010**.
- For calendar year **MAY 1, 2008**, and ending **APR 30, 2009**.
- If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- State in detail why you need the extension **UNABLE TO FILE AN ACCURATE RETURN AT THIS TIME**

<b>8a</b>	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$
<b>b</b>	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$
<b>c</b>	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$
			<b>N/A</b>

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► Yuna M. Peters, CPA

Title ► **CPA**

Date ► **10/9/09**

Form 8868 (Rev. 4-2009)

823832  
05-26-09

13171209 099775 75265

2008.05000 MICHIGAN DENTAL ASSOCIATION 75265 1