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Form 990-EZ

Short Form  
Return of Organization Exempt From Income TaxUnder 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

2009

Open to Public  
InspectionDepartment 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 \$500,000 and total assets less than \$1,250,000 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.

A For the 2009 calendar year, or tax year beginning 05/01/09, and ending 04/30/10

|  |   |   |  |  |
|--|---|---|--|--|
| B Check if applicable:<br><input checked="" type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Termination<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | C Name of organization<br>PEORIA DISTRICT DENTAL SOCIETY  |  | D Employer identification number<br>37-6063365 |
|  |   | Number and street (or P.O. box, if mail is not delivered to street address) Room/suite<br>3306 West Chartwell Rd. |  | E Telephone number<br>309-690-0011             |
|  |   | City or town, state or country, and ZIP + 4<br>Peoria, IL 61614   |  | 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.PDDS.ORG

J Tax-exempt status (check only one) -- ☒ 501(c) ( 6 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 88,933

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

|            |   |  |        |            |
|------------|---|--|--------|------------|
| Revenue    | 1   | Contributions, gifts, grants, and similar amounts received   | 1      |            |
|            | 2   | Program service revenue including government fees and contracts  | 2      | 42,372     |
|            | 3   | Membership dues and assessments  | 3      | 36,264     |
|            | 4   | Investment income  | 4      | 416        |
|            | 5a  | Gross amount from sale of assets other than inventory  | 5c     |            |
|            | 5b  | Less cost or other basis and sales expenses  |        |            |
|            | 6   | Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>        |        | See Stmt 2 |
|            | 6a  | Gross revenue (not including \$ or contributions reported on line 1)   | 6a     | 6,818      |
|            | 6b  | Less direct expenses other than fundraising expenses   | 6b     | 7,367      |
| 6c         | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 6c   | -549   |            |
| 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 (Subtract line 7b from line 7a)          | 7c   |        |            |
| 8          | Other revenue (describe ▶ See Statement 3)  | 8  | 3,063  |            |
| 9          | Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8                                  | 9  | 81,566 |            |
| Expenses   | 10  | Grants and similar amounts paid (attach schedule)  | 10     | 1,000      |
|            | 11  | Benefits paid to or for members  | 11     |            |
|            | 12  | Salaries, other compensation, and employee benefits  | 12     | 18,537     |
|            | 13  | Professional fees and other payments to independent contractors  | 13     | 2,360      |
|            | 14  | Occupancy, rent, utilities, and maintenance  | 14     | 889        |
|            | 15  | Printing, publications, postage, and shipping  | 15     | 3,285      |
|            | 16  | Other expenses (describe ▶ See Statement 4)  | 16     | 40,022     |
| 17         | Total expenses. Add lines 10 through 16   | 17   | 66,093 |            |
| Net Assets | 18  | Excess or (deficit) for the year (Subtract line 17 from line 9)  | 18     | 15,473     |
|            | 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     | 59,616     |
|            | 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     | 75,089     |

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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  | 57,300                | 73,892          |
| 23 Land and buildings  |                       |                 |
| 24 Other assets (describe ▶ See Statement 5)                                   | 2,452                 | 1,563           |
| 25 Total assets  | 59,752                | 75,455          |
| 26 Total liabilities (describe ▶ See Statement 6)                              | 136                   | 366             |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 59,616                | 75,089          |

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

Form 990-EZ (2009)

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**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

|  | Yes        | No |
|--|------------|----|
| <b>46</b> 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 | <b>46</b>  |    |
| <b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II   | <b>47</b>  |    |
| <b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | <b>48</b>  |    |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?   | <b>49a</b> |    |
| <b>b</b> If "Yes," was the related organization a section 527 organization?  | <b>49b</b> |    |

**50** Complete this table for the organization's 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."

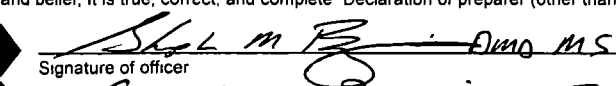
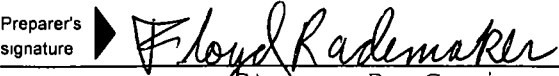
| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |

**f** Total number of other employees paid over \$100,000 ▶

**51** Complete this table for the organization's 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 |
|--|---------------------|------------------|
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

**d** Total number of other independent contractors each receiving over \$100,000 ▶

|   |   |  |   |  |
|---|---|--|---|--|
| <b>Sign Here</b>  | 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. |  |   |  |
|   | <br>Signature of officer   |  | Date <u>9/14/2010</u>   |  |
| <b>Paid Preparer's Use Only</b>   | Type or print name and title<br><u>STEPHEN M. BENJAMIN TREASURER</u>  |  |   |  |
|   | Preparer's signature <br>Date <u>9/8/10</u>  |  | Check if self-employed <input type="checkbox"/>                     |  |
|   | Firm's name (or yours if self-employed),<br><u>Steven D. Greim &amp; Company, P.C.</u>  |  | Preparer's Identifying Number (See instr.)<br>EIN <u>37-1363498</u> |  |
|   | address, and ZIP + 4<br><u>7601 North Candletree Pl<br/>Peoria, IL 61614</u>  |  | Phone no <u>309-685-3110</u>  |  |
| May the IRS discuss this return with the preparer shown above? See instructions <span style="float: right;">▶ <b>Yes</b> <b>No</b></span> |   |  |   |  |

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

► **Complete if the organization is described below.**

► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

**If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization

PEORIA DISTRICT DENTAL SOCIETY

Employer identification number

37-6063365

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ► \$ \_\_\_\_\_
- 3 Volunteer hours \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ \_\_\_\_\_ ☐ Yes ☐ No
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---|--|
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |

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

Schedule C (Form 990 or 990-EZ) 2009

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).****A** Check ☐ if the filing organization belongs to an affiliated group.**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)(a) Filing  
organization's totals(b) Affiliated  
group totals**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

| If the amount on line 1e, column (a) or (b) is | The lobbying nontaxable amount is:                |
|--|---|
| Not over \$500,000                             | 20% of the amount on line 1e                      |
| 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 |
| 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                                       |

**g** Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a. If zero or less, enter -0-**i** Subtract line 1f from line 1c. If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?☐ Yes ☐ No**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 2a through 2f on page 4.)

**Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year (or fiscal year beginning in)                         | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) Total |
|---|----------|----------|----------|----------|-----------|
| <b>2a</b> Lobbying non-taxable amount                               |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                           |          |          |          |          |           |

Schedule C (Form 990 or 990-EZ) 2009

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

|   | (a) |    | (b)    |
|---|-----|----|--------|
|   | Yes | No | Amount |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of |     |    |        |
| <b>a</b> Volunteers?  |     |    |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |     |    |        |
| <b>c</b> Media advertisements?  |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public?   |     |    |        |
| <b>e</b> Publications, or published or broadcast statements?  |     |    |        |
| <b>f</b> Grants to other organizations for lobbying purposes?   |     |    |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?  |     |    |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?  |     |    |        |
| <b>i</b> Other activities? If "Yes," describe in Part IV  |     |    |        |
| <b>j</b> Total Add lines 1c through 1i  |     |    |        |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   |     |    |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912  |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |     |    |        |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |     |    |        |

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members?                     |     | X  |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?                |     | X  |
| <b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year? |     | X  |

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."**

|   |           |        |
|---|-----------|--------|
| <b>1</b> Dues, assessments and similar amounts from members   | <b>1</b>  | 36,264 |
| <b>2</b> Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  |           |        |
| <b>a</b> Current year   | <b>2a</b> | 2,000  |
| <b>b</b> Carryover from last year   | <b>2b</b> |        |
| <b>c</b> Total  | <b>2c</b> | 2,000  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | <b>3</b>  |        |
| <b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | <b>4</b>  |        |
| <b>5</b> Taxable amount of lobbying and political expenditures (see instructions)   | <b>5</b>  | 2,000  |

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i

Also, complete this part for any additional information



**Part IV** Supplemental Information (continued)

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**Federal Statements****Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments**

| Description | Amount                               |
|-------------|--------------------------------------|
| Total       | <u>\$ 36,264</u><br><u>\$ 36,264</u> |

## Federal Statements

## Statement 2 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Other

| Description          |              | Date<br>Acquired | Date<br>Sold | Sale<br>Price | Cost &<br>Expense | Depreciation | Gain /<br>Loss |
|----------------------|--------------|------------------|--------------|---------------|-------------------|--------------|----------------|
| How<br>Received      | Whom<br>Sold |                  |              |               |                   |              |                |
| PORTABLE EQUIPMENT   |              |                  |              |               |                   |              |                |
| Purchase             |              | 10/08/84         | 1/01/10      | \$            | 2,590             | \$ 2,590     | \$             |
| DISPLAY              |              |                  |              |               |                   |              |                |
| Purchase             |              | 10/15/84         | 1/01/10      |               | 560               | 560          |                |
| DISPLAY              |              |                  |              |               |                   |              |                |
| Purchase             |              | 11/09/84         | 1/01/10      |               | 1,739             | 1,739        |                |
| BETA VCR             |              |                  |              |               |                   |              |                |
| Purchase             |              | 2/15/85          | 1/01/10      |               | 497               | 497          |                |
| VCR AND TAPE         |              |                  |              |               |                   |              |                |
| Purchase             |              | 6/20/88          | 1/01/10      |               | 529               | 529          |                |
| WORD PROCESSOR       |              |                  |              |               |                   |              |                |
| Purchase             |              | 11/16/93         | 1/01/10      |               | 567               | 567          |                |
| FAX MACHINE          |              |                  |              |               |                   |              |                |
| Purchase             |              | 11/19/96         | 1/01/10      |               | 541               | 541          |                |
| GATEWAY COMPUTER     |              |                  |              |               |                   |              |                |
| Purchase             |              | 6/29/98          | 1/01/10      |               | 2,678             | 2,678        |                |
| PEACHTREE SOFTWARE   |              |                  |              |               |                   |              |                |
| Purchase             |              | 10/11/98         | 1/01/10      |               | 213               | 213          |                |
| WEBSITE              |              |                  |              |               |                   |              |                |
| Purchase             |              | 6/17/99          | 1/01/10      |               | 523               | 523          |                |
| LAPTOP, PRINTER, ETC |              |                  |              |               |                   |              |                |
| Purchase             |              | 10/25/00         | 1/01/10      |               | 1,806             | 1,806        |                |
| LCD PROJECTOR        |              |                  |              |               |                   |              |                |
| Purchase             |              | 10/09/00         | 1/01/10      |               | 4,399             | 4,399        |                |
| Total                |              |                  |              | \$ 0          | \$ 16,642         | \$ 16,642    | \$ 0           |

## Federal Statements

**Statement 3 - Form 990-EZ, Part I, Line 8 - Other Revenue**

| Description          | Amount   |
|----------------------|----------|
| MISCELLANEOUS INCOME | \$ 3,063 |
| Total                | \$ 3,063 |

**Statement 4 - Form 990-EZ, Part I, Line 16 - Other Expenses**

| Description               | Amount    |
|---------------------------|-----------|
| Expenses                  | \$        |
| Insurance                 | 150       |
| AUTO EXPENSE              | 1,461     |
| DENTAL MTGS & SPEAKER EXP | 27,649    |
| OFFICE EXPENSE            | 906       |
| BANK CHARGES              | 160       |
| TELEPHONE                 | 1,902     |
| DONATIONS                 | 4,700     |
| MEMORIALS                 | 686       |
| GIFTS                     | 444       |
| PROMOTIONAL EXPENSE       | 100       |
| STORAGE FEE               | 366       |
| DELEGATE EXPENSE          | 1,253     |
| MISCELLANEOUS EXP         | 245       |
| Total                     | \$ 40,022 |

**Statement 5 - Form 990-EZ, Part II, Line 24 - Other Assets**

| Description                   | Beginning of Year | End of Year |
|-------------------------------|-------------------|-------------|
| Equipment and Furniture       | \$ 22,288         | \$ 22,288   |
| Less Accumulated Depreciation | 19,836            | 20,725      |
|                               | 2,452             | 1,563       |

**Statement 6 - Form 990-EZ, Part II, Line 26 - Total Liabilities**

| Description                           | Beginning of Year | End of Year |
|---------------------------------------|-------------------|-------------|
| Accounts Payable and Accrued Expenses | \$ 136            | \$ 366      |
|                                       | 136               | 366         |

**Statement 7 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose****Description**

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THE PRIMARY EXEMPT PURPOSE OF THE ORGANIZATION IS to REPRESENT THE INTERESTS OF THE DENTAL PROFESSION AND THE PATIENTS THEY SERVE. ANOTHER OBJECTIVE OF THE ORGANIZATION IS TO ENSURE THAT THE HIGHEST QUALITY DENTAL CARE IS PROVIDED TO THE PUBLIC.