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1045 06/25/2010

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 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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 04/16/09 , and ending 04/15/10

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
SOUTH DAKOTA DENTAL HYGIENISTS' ASSOCIATION

Number and street (or P O box, if mail is not delivered to street address) — Room/suite
PO BOX 342

City or town, state or country, and ZIP + 4
WHITEWOOD SD 57793

D Employer identification number
46-0382580

E Telephone number
605-717-3555

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.SDDHA.ORG

J Tax-exempt status (check only one) — ☒ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

H 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 ▶ $ 48,010

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	26,045
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments SEE STATEMENT 1		3	6,138
	4	Investment income		4	346
	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)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 14,678		
	b	Less direct expenses other than fundraising expenses	6b 11,544		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	3,134
	7a	Gross sales of inventory, less returns and allowances	7a 282		
	b	Less cost of goods sold	7b 281		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	1
	8	Other revenue (describe ▶ SEE STATEMENT 2)		8	521
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	36,185
Expenses	10	Grants and similar amounts paid (attach schedule)		10	878
	11	Benefits paid to or for members		11	981
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	13,239
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	2,572
	16	Other expenses (describe ▶ SEE STATEMENT 3)		16	10,065
	17	**Total expenses.** Add lines 10 through 16 ▶		17	27,735
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	8,450
	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	17,782
	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	26,232

SCANNED AUG 16 2010

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	17,577	22	25,349
23 Land and buildings		23	
24 Other assets (describe ▶ SEE STATEMENT 4)	205	24	883
25 **Total assets**	17,782	25	26,232
26 **Total liabilities** (describe ▶ _____)	0	26	0
27 **Net assets or fund balances** (line 27 of column (B) must agree with line 21)	17,782	27	26,232

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

Form **990-EZ** (2009)

DAA

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

What is the organization's primary exempt purpose?

SEE STATEMENT 5

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 section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 PROVIDE CONTINUING EDUCATION TO DENTAL HEALTH PROFESSIONALS. PROVIDE 35 HOURS OF CE - ATTENDED BY APPROXIMATELY 250 DENTAL HEALTH PROFESSIONALS.

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a

29 SPONSOR LEGISLATIVE ACTIVITIES TO EDUCATE AND ENCOURAGE LEGISLATIVE SUPPORT FOR ORAL HEALTH INITIATIVE AND PROGRAMS FOR THE BENEFIT OF THE ESTIMATED 812,000 CITIZENS OF THE STATE OF SOUTH DAKOTA.

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30 SPONSOR STUDENT AWARDS AND CARE PACKAGES FOR DENTAL HYGIENE STUDENTS DURING NATIONAL BOARD TIME - 32 STUDENT BENEFICIARIES.

(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 the instructions for Part IV)

(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
ZONA HORNSTRA SIOUX FALLS 4420 EAST 37TH ST SD 57103	PRESIDENT 1.00	0	0	230
STACEY BAHRE TEA 420 PENNY STREET SD 57064	PRESIDENT ELECT 1.00	0	0	0
TAMMY CRAGER SIOUX FALLS 7509 W. LOGANBERRY SD 57106	VICE PRESIDENT 1.00	0	0	0
LAURA RAU VERMILLION 410 COTTAGE AVE SD 57069	SECRETARY 1.00	0	0	0
RAYE BROWN WHITEWOOD PO BOX 342 SD 57793	TREASURER 5.00	0	0	658

Part V Other Information (Note the statement requirements in the instructions for Part 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	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 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			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations 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? If "Yes," complete Form 8886-T	40e		X

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

42a The organization's books are in care of ▶ RAYE BROWN Telephone no ▶ 605-717-3555

Located at ▶ PO BOX 342 WHITEWOOD, SD ZIP + 4 ▶ 57793

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	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

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

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
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

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 ▶

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

Raye Jean Brown — June 25, 2010

Signature of officer — Date

RAYE Jean Brown - Treasurer

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶	Preparer's Identifying Number (See instr)
JENNY L. DONOVAN	06/25/10	☐	P00956453

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DONOVAN ACCOUNTING SERVICES, LLC, 3227 W FAIRGROUNDS LOOP, SPEARFISH, SD 57783

EIN ▶ 26-3881262

Phone no ▶ 605-559-1394

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

1045 06/25/2010

Special Events Schedule

Form **990**

For calendar year 2009, or tax year beginning 04/16/09 , and ending 04/15/10

2009

Name
SOUTH DAKOTA DENTAL
HYGIENISTS' ASSOCIATION

Employer Identification Number
46-0382580

	(A)	(B)	(C)	Others	Total
Gross receipts	14,678	0	0	0	14,678
Less contributions	0	0	0	0	0
Gross revenue	14,678	0	0	0	14,678
Less direct expenses	11,544	0	0	0	11,544
Net income (loss)	3,134	0	0	0	3,134

Description (A) CONVENTION

(B)

(C)

Others

Federal Statements

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

Description	Amount
MEMBER DUES	$ 6,138
TOTAL	$ 6,138

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
OTHER INCOME	$ 324
REIMBURSEMENTS	197
TOTAL	$ 521

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	$
ADHA ANNUAL CONV EXP	4,419
DISTRICT 7 MEETING TRAVEL	57
EXECUTIVE BOARD MEETINGS	2,947
AWARDS	231
OTHER EXPENSES	1,313
OFFICE EXPENSE/SUPPLIES	720
WEBSITE	378
TOTAL	$ 10,065

Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
INVENTORIES FOR SALE OR USE	$ 205	$ 883
	205	883

Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description
INCREASE AWARENESS OF THE ACCESS TO QUALITY ORAL HEALTH CARE, PROMOTE HIGHEST STANDARDS OF DENTAL HYGIENE EDUCATION, LICENSURE, AND PRACTICE, ADVANCE THE ART AND SCIENCE OF THE PROFESSION, AND REPRESENT THE CONCERNS OF DENTAL HYGIENE.