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Form **990-EZ**

Form

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.*

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 06-01-2009 , and ending 05-31-2010

B Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

**Please
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.**

C Name of organization
KENTUCKY DENTAL HYGIENISTS ASSOC

Number and street (or P O box, if mail is not delivered to street address) PO BOX 910406	Room/suite
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City or town, state or country, and ZIP + 4
LEXINGTON, KY 405910406

D Employer identification number

61-0926056

E Telephone number

(859) 272-3886

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: 

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 ▶ \$ 70,894

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	1,000	
	2	Program service revenue including government fees and contracts				2	49,603	
	3	Membership dues and assessments				3	18,487	
	4	Investment income				4	374	
	5a	Gross amount from sale of assets other than inventory		5a		5c		
	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)						
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here 					6c	209
	a	Gross revenue (not including \$ 1,000 of contributions reported on line 1)		6a	1,430			
	b	Less direct expenses other than fundraising expenses		6b	1,221			
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)						
Expenses	7a	Gross sales of inventory, less returns and allowances		7a		7c		
	b	Less cost of goods sold		7b				
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)						
	8	Other revenue (describe  _____)				8		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 				9	69,673	
	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	670	
	14	Occupancy, rent, utilities, and maintenance				14		
Net Assets	15	Printing, publications, postage, and shipping				15	58	
	16	Other expenses (describe  _____)				16	66,293	
	17	Total expenses. Add lines 10 through 16 				17	67,021	
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)				18	2,652	
	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	81,550	
	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	84,202	

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)

(See the instructions for Part II)										(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	.	.	.	.	.	.	.	.	80,090	22	82,742
23	Land and buildings	.	.	.	.	.	.	.	.		23	
24	Other assets (describe _____)									1,460	24	1,460
25	Total assets	.	.	.	.	.	.	.	.	81,550	25	84,202
26	Total liabilities (describe _____)										26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	.								81,550	27	84,202

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

Cat No 10642I

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Part VOther 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	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
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	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	No
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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
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	No
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	No
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	No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ EDITH SCHWEIKLE Telephone no ▶ (859) 272-3886 3260 SUTHERLAND DR Located at ▶ LEXINGTON, KY ZIP + 4 ▶ 40517		
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.	42b	No
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 ▶ _____	42c	No
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		
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
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	No

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.

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

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

50(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

51(d) Total number of other independent contractors each receiving over \$100,000

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.			
	Signature of officer		Date	
Paid Preparer's Use Only	Preparer's signature		Date	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		Check if self-employed	EIN
				Phone no
May the IRS discuss this return with the preparer shown above? See instructions				

Additional Data

Software ID:
Software Version:
EIN: 61-0926056
Name: KENTUCKY DENTAL HYGIENISTS ASSOC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
LORY WILSON 208 ACORN FALLS DRIVE LEXINGTON, KY 40509	PRESIDENT 0	0	0	0
BETH NICELY 5420 HILLVIEW DRIVE OWENSBORO, KY 42303	PRES ELECT 0	0	0	0
EDITH SCHWEIKLE 3260 SUTHERLAND DR LEXINGTON, KY 40517	TREASURER 0	0	0	0
MANDY SWEETEN 4201 BRIDGEWATER COVE LOUISVILLE, KY 40228	SECRETARY 0	0	0	0