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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)

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning Concer squared Property Concerns Concern	Department of the Treasury Internal Revenue Service  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  Inspection							ction						
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Number of Development   Numb	_													
Number and street of P0 Dot, if mail in not delivered to street address)   Room/suit   Telephone number   Telephone number   Room/suit   Room/suit   Telephone number   Room/suit   Roo		Address c	Iress change ne change ne change all return  Montana Dental Hygienists' Association  Number and street (or P O box, if mail is not delivered to street address)  Room/suite E Tele							81-0412519				
Terminated   Section   Control														
Appendix natural Appendix provincing   Security   Se	$\mathbb{H}$									406-256-7384				
New   Section 507(c)(3) organizations and 4947(s)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 590 or 590-EZ).   H. Check №    If the organizations and 4947(s)(1) nonexempt charitable trusts must attach   Check №    If the organization is not required to attach Schedule B (Form 590, 27 or 590-EZ).   H. Check №    If the organization is not section 509(s)(3) supporting organization and signoses receipts are normally not more than \$25,000. A Form 590-EZ or Form 590 return is not required, but if the organization is not section 509(s)(3) supporting organization and signoses receipts are normally not more than \$25,000. A Form 590-EZ or Form 590 return is not required, but if the organization chooses to life a return, be sure to life a complete return.   Add lines 50, 80, and 7b, to leve 8 to determine gross receipts, if \$500.000 or more, file Form 590 natural of Form 590-EZ and 7b.   The section 509(s) supporting organization chooses to life a return, be sure to life a complete return.   Add sines 50, 80, and 7b, to leve 8 to determine gross receipts, if \$500.000 or more, file Form 590 natural of Form 590-EZ and 7b.   The section 500 organization should be a complete return.   Add sines 50, 80, and 7b, to leve 8 to determine gross receipts, if \$500.000 or more, file Form 590 natural of Form 590.   \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	H		Specific City or town, state or country, and ZIP + 4							ıp Exer	nntion			
a completed Schedule A (Form 990 or 990-EZ).    Website: ▶ www.montanadha.org	Ħ				Billings, MT 59101					•	•			
a completed Schedule A (Form 990 or 990-EZ).    Website: ▶ www.montanadha.org	_	Sect	tion 501(c)(3)	organiz	rations and 4947(a)(1) no.	nexempt charitable tr	rusts must attaci	G Acco	untina Me	ethod:	✓ Cash	Accrual		
Website: ▶ www.mortanadha.org			.,,,	-				1	_					
Website: ▶ www.mortanadha.org								H Chec	k ▶ 🕜	f the o	rganization	ıs not		
K Check	1	Websit	te: <b>www</b>	.montar	nadha.org			1			-			
Form 990-EZ or Form 990 returns in contregured, but if the organization chooses to file a return, be sure to file a complete return.	J	Tax-exe	empt status (	check o	nly one) — 🗸 501(c) ( 6	) <b>◄</b> (insert no.) ☐ 49	947(a)(1) or 🔲 5	990-1	Z, or 990	0-PF).	,			
Form 990-EZ or Form 990 returns in contregured, but if the organization chooses to file a return, be sure to file a complete return.	K	Check >	lf the	e organı	zation is not a section 509	(a)(3) supporting organiz	zation and its gros	s receipts are	normally	not mo	re than \$25	,000. A		
Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)   Contributions, gifts, grants, and similar amounts received		Form 99					_		-					
1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory 5 b Less: cost or other basis and sales expenses 5 C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5 Special events and activates (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ □ 5 C Special events and activates (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ □ 5 D Less: direct expenses other than fundraising expenses 6 D Met income or (loss) from special events and activates (Subtract line 6b from line 6a) 6 C Special events of goods sold 6 C Gross profit or (loss) from special events and activates (Subtract line 6b from line 6a) 6 D Met income or (loss) from special events and activates (Subtract line 6b from line 6a) 7 D C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 Total revenue, Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 7 Total revenue, Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 7 Total revenue, Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 7 Total revenue, Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 7 Total expenses, Add lines 10 through 16 8 Total liabilities (describe ▶ 9 Cash, savings, and investments 9 Cash, savings, and inve	L.	Add lines	s 5b, 6b, and 7	b, to line	9 to determine gross recei	pts, if \$500,000 or more,	, file Form 990 ınste	ead of Form 990	)-EZ ▶	\$				
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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       23       99076         23       24       Other assets (describe ►       )       24         25       Total assets       .	ŽŽ	20							· ; }					
(See the instructions for Part II.)       (A) Beginning of year       (B) End of year         22       Cash, savings, and investments       88687       22       99076         23       Land and buildings       23         24       Other assets (describe ►       )       24         25       Total assets       .       88867       25       99076         26       Total liabilities (describe ►       )       26	) 		Balance	Shee	ts. If Total assets on hi	ar. Combine lines 18	s tilrough 20 s \$1 250 000 or		rm 990 :		d of Form	990/6		
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						ımn (B) must agree	with line 21)	一,'	A			99076		

	3304.22 (2003)					Page 4
Par	III Statement of Program Service Accom	plishments (See the instru	uctions for Part II	l.)		Expenses
What	t is the organization's primary exempt purpose?	Represent Dental Hygienists	s. provides CE		(Real	ured for section
Doco	ribe what was achieved in carrying out the org	anization's exempt purpos	ees In a clear a	nd concise	501(c	)(3) and 501(c)(4)
Desc	ande what was achieved in carrying out the org	anization's exempt purpos	ses. III a cicai ai			izations and section
	ner, describe the services provided, the number of	r persons benetited, and c	iner relevant into	rmation for		(a)(1) trusts, optional
each	program title.		,		for ot	hers)
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	(Grants \$ ) If this amount	includes foreign grants, che	eck here	. ▶ ⊔	28a	
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	(Grants \$ ) If this amount	includes foreign grants, che	eck here	_, ▶ 📙	31a	
32	Total program service expenses (add lines 28a t	hrough 31a)		🕨	32	
Par	t IV List of Officers, Directors, Trustees, and Key	Employees. List each one ev	en if not compensa	ted. (See the	instruc	tions for Part IV.)
				(d) Contributio		(e) Expense
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (if not paid,	employee benefit	plans &	account and
<u> </u>		devoted to position	enter -0)	deferred comper	nsation	other allowances
<b>L</b> et	sorch torter KDH	Comm Center	4800/4	<del></del>		\$
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Part	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		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	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	-	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		<del> </del>
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		✓
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		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		<b>√</b>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
40a	Gross receipts, included on line 9, for public use of club facilities			
40a	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		
С	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			1
е	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		1
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ► ZIP + 4 ►			
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority		<b>.</b>	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	NO /
	If "Yes," enter the name of the foreign country: ▶	42b		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			 
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		1
	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	• •	. •	<b>▶</b> □
		ļ	Vasi	Na
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		Yes	NO
	Form 990-EZ	44	;- <b> </b>	1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	77	<del></del>	<del></del>
	"Yes," Form 990 must be completed instead of Form 990-EZ	45	,	· /
			EZ	<del></del>

Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	section 4947(a)(1) none 47(a)(1) nonexempt chari nd 51.	xempt charitab itable trusts mus	l <b>e trusts only.</b> A t answer questio	ll sec ns 40	tion 3-49l	<b>ɔ</b>	
46	Did the organization engage in direct or indirect	political campaign activiti	es on behalf of or	in opposition to		Yes	No	
	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							
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							
	Did the organization make any transfers to an ex		•		49a	-		
	If "Yes," was the related organization a section 5	-			49b		<b></b>	
	Complete this table for the organization's five hi employees) who each received more than \$100,	ghest compensated emplo	yees (other than o	officers, directors, t				
	(a) Name and address of each employee paid more	(b) Title and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans &	(e)	Expen	se and	
	than \$100,000	devoted to position		deferred compensation	other	allowa	nces	
	· · · · · · · · · · · · · · · · · · ·				-			
f	Total number of other employees paid over \$100		<u> </u>	<u> </u>				
	\$100,000 of compensation from the organizatio  (a) Name and address of each independent contractor	· · · · · · · · · · · · · · · · · · ·		oe of service	(c) Cor	npensa	ation	
					···			
		***************************************				-		
d	Total number of other independent contractors e	each receiving over \$100.00	00 •	<u>i</u> _				
	Under penalties of penury, I declare that I have examine	ed this return, including accompan	ving schedules and sta	tements and to the bee	t of my	knowle	adaa	
	and belief, it is true, correct, and complete Declaration	of preparer (other than officer) is b	pased on all information	of which preparer has a	iny kno	wiedge		
Sign Here	Deborah Porta RDH 1-8-11 Signature of officer Date							
	Deborah Portu	RDH MDH	1A Execut	. –	to-			
Paid	Preparer's signature	Date	Check if self- employed ▶ □	Preparer's identifying num	ber (See	nstruct	tions)	
Prepare Use On	yours if self-employed),		EIN	<del></del>				
May th	address, and ZIP + 4 Per IRS discuss this return with the preparer shown	a above? See instructions	Ph	one no 🕨		<u> </u>		
triay iii	o into discuss this return with the preparer showi	above: See Instructions		· · · · <b>P</b> [	Yes		(2000)	

2010 990EZ 10/01/09-9/30/10

Attachment to Line 10

Scholarship to MSU-GF student \$1,0

\$1,090.00 \$ 1,190.00