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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than $200,000 and total assets less than $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*

OMB No 1545-1150

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning , 2010, and ending ,

B Check if applicable
- [X] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C
OREGON DENTAL HYGIENISTS ASSOCIATION
3340 COMMERCIAL ST SE SUITE 210
SALEM, OR 97302

D Employer identification number
93-0810861

E Telephone number
541-350-1801

F Group Exemption Number ►

G Accounting Method [X] Cash [ ] Accrual Other (specify) ► _____

H Check ► [X] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I **Website:** ► WWW.ODHA.ORG

J Tax-exempt status (ck only one) — [ ] 501(c)(3) [X] 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 $50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ► $ 79,820.

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

Check if the organization used Schedule O to respond to any question in this Part I [X]

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	13,040.
	2	Program service revenue including government fees and contracts		2	32,913.
	3	Membership dues and assessments		3	32,738.
	4	Investment income		4	1,037.
	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	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	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)		7c	
	8	Other revenue (describe in Schedule O) SEE SCHEDULE O		8	92.
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	79,820.
EXPENSES	10	Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O		10	5,090.
	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	32,736.
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	2,693.
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O		16	27,976.
	17	**Total expenses.** Add lines 10 through 16		17	68,495.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	11,325.
	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	127,295.
	20	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O		20	2,322.
	21	Net assets or fund balances at end of year Combine lines 18 through 20		21	140,942.

BAA For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2010)

Part II Balance Sheets. (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	127,295.	22	140,942.
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	127,295.	25	140,942.
26	**Total liabilities** (describe in Schedule O)	0.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	127,295.	27	140,942.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III ☒

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

What is the organization's primary exempt purpose? SEE SCHEDULE O

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, and other relevant information for each program title

28 SEE SCHEDULE O

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

29

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

30

(Grants $) If this amount includes foreign grants, check here ► ☐ 30a

31 Other program services (describe in Schedule O)
(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)
Check if the organization used Schedule O to respond to any question in this 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 and deferred compensation	(e) Expense account and other allowances
TINA CLARK 3340 COMMERCIAL ST SE # 210 SALEM, OR 97302	VICE PRESIDENT 2.00	0.	0.	0.
PAMELA LYNCH 3340 COMMERCIAL ST SE # 210 SALEM, OR 97302	SECRETARY 2.00	0.	0.	0.
HEIDI JOE GRUBBS 3340 COMMERCIAL ST SE # 210 SALEM, OR 97302	PRESIDENT 2.00	0.	0.	0.
DANA SHIPLEY 3340 COMMERCIAL ST SE # 210 SALEM, OR 97302	PRESIDENT ELECT 2.00	0.	0.	0.
MARYLIN CHEW 3340 COMMERCIAL ST SE # 210 SALEM, OR 97302	PAST PRESIDENT 2.00	0.	0.	0.
HILDEGARD OLIVER 3340 COMMERCIAL ST SE # 210 SALEM, OR 97302	TREASURER 2.00	0.	0.	0.

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

Check if the organization used Schedule O to respond to any question in this Part V ☐

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		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, explain in Schedule O why the organization did not report the income on Form 990-T		
35a	Did the organization have unrelated business gross income of $1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year (see instructions)?		
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.		
37b	Did the organization file **Form 1120-POL** for this year?		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 tax year covered by this return?		X
38b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39	Section 501(c)(7) organizations Enter		
39a	Initiation fees and capital contributions included on line 9 39a N/A		
39b	Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► N/A, section 4912 ► N/A, section 4955 ► N/A		
40b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		
40c	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 ► 0.		
40d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► 0.		
40e	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		X

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

42a The organization's books are in care of ► HILDIE OLIVER Telephone no ►

Located at ► 3340 SE COMMERCIAL ST SE SUITE 210 SALEM OR ZIP + 4 ► 97302

		Yes	No
42b	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 ►		X
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**		
42c	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 ►		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here ► ☐ N/A and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A

		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
44b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
44c	Did the organization receive any payments for indoor tanning services during the year?		X
44d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*		

		Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst)	45a		X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46		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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47		
48 Is the organization 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 and 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 ►

52 Did the organization complete Schedule A? Note All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► ☐ Yes ☐ No

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

Sign Here

► Signature of officer Date 5/6/11

► HILDEGARD C. OLIVER, TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
AL WEIDINGER, CPA	AL WEIDINGER, CPA	5-4-2011		P00555312

Firm's name ► DESCHUTES TAX SERVICES LLC
Firm's address ► 1404 NE 3RD ST
BEND, OR 97701-4278
Firm's EIN ► 84-1690466
Phone no (541) 382-1983

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
► **Attach to Form 990 or 990-EZ.**

OMB No 1545 0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
OREGON DENTAL HYGIENISTS ASSOCIATION	93-0810861

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO IMPROVE THE PUBLIC'S TOTAL HEALTH, THE MISSION OF THE OREGON DENTAL HYGIENISTS' ASSOCIATION IS TO ADVANCE THE ART AND SCIENCE OF DENTAL HYGIENE BY ENSURING THE PUBLIC'S DIRECT ACCESS TO QUALITY ORAL HEALTH CARE, INCREASING AWARENESS OF THE COST-EFFECTIVE BENEFITS OF PREVENTION, PROMOTING THE HIGHEST STANDARDS OF DENTAL HYGIENE EDUCATION, LICENSURE, PRACTICE AND RESEARCH, AND REPRESENTING AND PROMOTING THE INTERESTS OF DENTAL HYGIENISTS.

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

TO IMPROVE THE PUBLIC'S TOTAL HEALTH, THE MISSION OF THE OREGON DENTAL HYGIENISTS' ASSOCIATION IS TO ADVANCE THE ART AND SCIENCE OF DENTAL HYGIENE BY ENSURING THE PUBLIC'S DIRECT ACCESS TO QUALITY ORAL HEALTH CARE, INCREASING AWARENESS OF THE COST-EFFECTIVE BENEFITS OF PREVENTION, PROMOTING THE HIGHEST STANDARDS OF DENTAL HYGIENE EDUCATION, LICENSURE, PRACTICE AND RESEARCH, AND REPRESENTING AND PROMOTING THE INTERESTS OF DENTAL HYGIENISTS.

OREGON DENTAL HYGIENISTS ASSOCIATION 93-0810861

FORM 990-EZ, PART I, LINE 8
OTHER REVENUE

MISCELLANEOUS	$	92.
TOTAL	$	92.

FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF $5,000

CASH AMOUNT GIVEN:	$	5,090.

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ACHIEVEMENT AWARD	$	512.
BANK FEES		13.
BOARD EXPENSES		793.
CONFERENCES AND MEETINGS		5,901.
CORPORATE FEE		50.
EDUCATION OFFERINGS		9,151.
INSURANCE		794.
LEGISLATIVE EXPENSES		4,076.
MARKETING		4,204.
MERCHANT ACCOUNT FEES		1,090.
OFFICE EXPENSES		784.
STRATEGIC PLANNING		440.
WEBSITE		168.
TOTAL	$	27,976.

FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

GAIN ON INVESTMENTS	$	2,322.
TOTAL	$	2,322.