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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

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

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A For the 2011 calendar year, or tax year beginning 06/01/11, and ending 05/31/12

B Check if applicable

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization

THE DUTCHESS COUNTY DENTAL SOCIETY,
INC.

Number and street (or P O box, if mail is not delivered to street address)

P.O. BOX 3748

Room/suite

City or town, state or country, and ZIP + 4

POUGHKEEPSIE NY 12603

D Employer identification number

14-6026940

E Telephone number
845-462-3631F Group Exemption
Number ►G Accounting Method Cash Accrual Other (specify) ►

I Website: ► WWW.DCDSNY.ORG

J Tax-exempt status (check only one) — 501(c)(3) 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 or a section 527 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 ► \$ 58,282

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	1
	2 Program service revenue including government fees and contracts	2	28,925
	3 Membership dues and assessments	3	7,251
	4 Investment income	4	211
	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	
Net Assets	b Gross income from fundraising events (not including \$ 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)	8	21,895
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	58,282
	10 Grants and similar amounts paid (list in Schedule O)	10	
Expenses	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	5,425
	14 Occupancy, rent, utilities, and maintenance	14	28,064
	15 Printing publications, postage, and shipping	15	1,755
	16 Other expenses (describe in Schedule O)	16	7,339
	17 Total expenses. Add lines 10 through 16	17	42,583
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	15,699
	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	86,223
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	101,922

For Paperwork Reduction Act Notice, see the separate instructions.

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Form 990-EZ (2011)

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33

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) 34

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c

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 or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations Enter 39a

a Initiation fees and capital contributions included on line 9 39b

b Gross receipts, included on line 9, for public use of club facilities 40a

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____; section 4955 ► _____ 40b

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 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

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 40d

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40e

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 41

41 List the states with which a copy of this return is filed ► **NONE** 42a

42a The organization's books are in care of ► **DR. RICHARD ROSENBLUM** Telephone no ► **845-471-1186** 42b

P O. BOX 3748
Located at ► **POUGHKEEPSIE** NY ZIP + 4 ► **12603** 42c

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. 43

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 ► _____ 44a

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 44b

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44c

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44d

c Did the organization receive any payments for indoor tanning services during the year? 45a

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45b

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b

45b 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 instructions) 45c

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

	Yes	No
46	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47	<input type="checkbox"/>	<input type="checkbox"/>
48	<input type="checkbox"/>	<input type="checkbox"/>
49a	<input type="checkbox"/>	<input type="checkbox"/>
49b	<input type="checkbox"/>	<input type="checkbox"/>

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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
	DR. RICHARD ROSENBLUM		
Type or print name and title		TREASURER	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	GRETCHEN M BRADSHAW	<i>Gretchen M Bradshaw PA</i>	07/25/12
	Firm's name ► D'ARCANGELO & CO., LLP		Check <input type="checkbox"/> if self-employed
Firm's address ► 510 HAIGHT AVE. POUGHKEEPSIE, NY 12603		Firm's EIN ► 13-2550103	Phone no 845-473-7774

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

2011

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Name of the organization	THE DUTCHESS COUNTY DENTAL SOCIETY, INC.	Employer identification number 14-6026940
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FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE

DESCRIPTION	AMOUNT
SEMINAR SPONSORS	\$ 15,940
MONTHLY BULLETIN	\$ 5,955
TOTAL \$	21,895

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

DESCRIPTION	AMOUNT
EXPENSES	
CONFERENCE DOOR PRIZES	\$ 1,732
OFFICE EXPENSES	\$ 608
TRAVEL	\$ 467
MEALS AND MEETING COSTS	\$ 1,003
SUPPLIES	\$ 960
COSTUMES, PROPS AND OTHER	\$ 550
DUES AND FEES	\$ 300
COMPUTER SUPPLIES&SUPPORT	\$ 834
CONTEST AWARDS	\$ 485
NON-INVESTMENT DEPRECIATION	\$ 400
TOTAL \$	7,339

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

DESCRIPTION	BEG. OF YEAR	END OF YEAR
EQUIPMENT	\$ 2,265	\$ 2,665
LESS ACCUMULATED DEPRECIATION	\$ 2,265	\$ 2,665

Name of the organization

THE DUTCHESS COUNTY DENTAL SOCIETY,

Employer identification number

14-6026940

TOTAL \$

0 \$

0

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

THE DUTCHESS COUNTY DENTAL SOCIETY'S OBJECTIVE IS TO ENABLE ITS MEMBERS TO ADVANCE IN THEIR PROFESSION THROUGH STUDY AND RESEARCH; TO PROMOTE COMMUNITY RESPONSIBILITY AND GOOD FELLOWSHIP; TO CREATE A FORUM FOR THE DISCUSSION OF ISSUES FACING THE PROFESSION OF DENTISTRY, TO REPRESENT THE INTERESTS OF THE DENTISTS OF DUTCHESS COUNTY, AND TO OTHERWISE PROVIDE FOR THE NEEDS OF THE MEMBERSHIP.

FORM 990-EZ, PART III, LINE 28 - FIRST ACCOMPLISHMENT

CONTINUING EDUCATION TO ADVANCE THEIR PROFESSION BY (1) HOSTING AN ANNUAL ALL DAY CONFERENCE FEATURING LECTURES FROM RENOWED EXPERTS IN THE VARIOUS FIELDS / TECHINQUES OF DENTISTRY, AS WELL AS VENDORS AND SUPPLIERS DISPLAYING THE LASTEST PRODUCTS, (2) MONTHLY MEETINGS THAT FEATURE MINI-LECTURES AND FORUMS TO DISCUSS RECENT TRENDS AND TECHNIQUES IN THE PROFESSION, AND (3) AN ELECTRONIC MONTHLY BULLETIN THAT CONTAINS INFORMATIVE ARTICLES OF CONCERN TO THE PROFESSION.

FORM 990-EZ, PART III, LINE 29 - SECOND ACCOMPLISHMENT

TO PROMOTE COMMUNITY RESPONSIBILITY AND GOOD FELLOWSHIP BY WORKING WITH LOCAL HOSPITALS, SCHOOLS AND CHILDREN TO EDUCATE THE PUBLIC ABOUT PROPER DENTAL HYGENE THROUGH PROGRAMS SUCH AS SPONSORING A CHILDREN'S POSTER CONTEST, ENCOURAGING PARTICIPATION IN LOCAL SCIENCE FAIRS AND PERFORMING "PLAYS" FOR SCHOOLS THAT CARRY THE OVERALL MESSAGE OF GOOD DENTAL HABITS.