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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, 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

2011

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A For the 2011 calendar year, or tax year beginning	6/1/2011	, and ending	5/31/2012
B Check if applicable	C Name of organization		
Address change	Kentucky Dental Hygienists Association		
Name change	Number and street (or P O box, if mail is not delivered to street address)		
Initial return	Room/suite		
Terminated	(502) 295-1050		
Amended return	F Group Exemption		
Application pending	Number ►		
G Accounting Method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual		Other (specify) ►	

I Website: ► [www.KYDHA.org](http://www.KYDHA.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

► \$

61,991

### 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	3,174
	2 Program service revenue including government fees and contracts	2	39,925
	3 Membership dues and assessments	3	18,542
	4 Investment income	4	350
	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	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
Expenses	b Gross income from fundraising events (not including \$ 1,749 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	0
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	ULIVED
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	61,991
	10 Grants and similar amounts paid (list in Schedule O)	10	4,425
Net Assets	11 Benefits paid to or for members	11	300
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	9,600
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	381
	16 Other expenses (describe in Schedule O)	16	26,444
	17 Total expenses. Add lines 10 through 16	17	41,150
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	20,841
	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	79,861
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	-15,850
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	84,852

**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	78,401	22
23 Land and buildings		23
24 Other assets (describe in Schedule O)	1,460	24
25 Total assets	79,861	25
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	79,861	27
		84,852

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III. What is the organization's primary exempt purpose? **Dental Hygienist Continuing Education & Support**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and 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 funds & orchestration of continuing education for licensed dental hygienists. Continued Education is required by law to maintain dental hygienist licenses. KDHA centralizes all hygienist organizations support in (Grants \$ 14,000 ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a
29 Provide funds & support for KDHA programs: "SMILE KY", "RAM KY" & other charitable events to provide free dental care & dental education throughout KY, thus improving public access to dental hygiene services (Grants \$ 10,000 ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a
30 (Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a
32 Total program service expenses. (add lines 28a through 31a) ► <input type="checkbox"/>	32 0

**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) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-.)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Laura Blanton 1116 Farman Court Louisville KY 40219	Title President Hr/WK 20.00	0		
Rebecca Ray 6585 Rineyville Big Springs Road Rineyville KY 40162	Title Vice President Hr/WK 10.00	0		
Susan Collier 12100 Hazelwood Road Louisville KY 40223	Title Treasurer Hr/WK 20.00	0		
Julie Drury 11101 Brook Bend Court Louisville KY 40229	Title Secretary Hr/WK 10.00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK 00	0		
	Title Hr/WK .00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK .00	0		

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 <input type="checkbox"/>		
	Yes	No
33		X
34		X
35a		X
35b		X
35c		X
36		X
37a		
37b		X
38a		X
38b		
39a		
39b		
40a		
40b		
40c		
40d		
40e		X
41	KY	
42a	Susan Collier	(502) 245-1050
42b		X
42c		X
43		<input type="checkbox"/>
44a		X
44b		X
44c		X
44d		
45a		X
45b		X

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

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)

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)?

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

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.

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

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?

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?

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.

b Gross receipts, included on line 9, for public use of club facilities 39a

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 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

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. 40c

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

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

41 List the states with which a copy of this return is filed. ► KY

42a The organization's books are in care of ► Susan Collier Telephone no. ► (502) 245-1050

Located at ► 12100 Hazelwood Road City Louisville ST KY ZIP + 4 ► 40223

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.

c At any time during the calendar year, did the organization maintain an office outside the U.S.? 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

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

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

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

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.

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

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).

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 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.

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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. Yes  No  48

49 a Did the organization make any transfers to an exempt non-charitable related organization? Yes  No  49a

b If "Yes," was the related organization a section 527 organization? Yes  No  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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None Str	Title			
City ST ZIP	Hr/WK 00			
Name Str	Title			
City ST ZIP	Hr/WK 00			
Name Str	Title			
City ST ZIP	Hr/WK .00			
Name Str	Title			
City ST ZIP	Hr/WK 00			
Name Str	Title			
City ST ZIP	Hr/WK .00			

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
Name None Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		

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.

<b>Sign Here</b>	<b>Susan Collier</b>	<b>8/28/12</b>
	Signature of officer	Date
	<b>Susan Collier</b>	Treasurer
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Kenneth Besaw	Kenneth Besaw	8/22/2012		P01060645
	Firm's name ► BESAW'S Tax Service			Firm's EIN ► 61-1251776	
Firm's address ► 8010 Manslick Road, Louisville, KY 40214-5563			Phone no	(502) 368-1134	

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

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2011**

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Department of the Treasury  
Internal Revenue Service

Name of the organization

Kentucky Dental Hygienists Association

Employer identification number

61-0926056

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.

Form 990-EZ, Part I, Line 10, Grants Paid: Activity Dental Training Program, Grantee ADHA

444 North Michigan Ave, Ste 34 Chicago IL 60611, Cash Grant: 4,000, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid, Activity: Indiana Tornado Victims, Grantee

American Red Cross 510 E. Chestnut Street Louisville KY 40202, Cash Grant: 425, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses: Travel 250

Form 990-EZ, Part I, Line 16, Other Expenses, Conferences, conventions, and meetings: 1,561

Form 990-EZ, Part I, Line 16, Other Expenses, Supplies 198

Form 990-EZ, Part I, Line 16, Other Expenses: KDHA Session 24,011

Form 990-EZ, Part I, Line 16, Other Expenses, Liability Insurance 424

Form 990-EZ, Part I, Line 20, Net Assets, Lobbyist Expense -15,850

Form 990-EZ, Part II, Line 24, Other Assets: Loan Receivable, Beginning of year: 1,460, End of  
year: 1,460