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Form 990-EZ

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

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning 06-01-2012

, and ending 05-31-2013

B Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization DUTCHES COUNTY DENTAL SOCIETY INC		D Employer identification number 14-6026940
Number and street (or P O box, if mail is not delivered to street address) PO BOX 3748		E Telephone number (845) 462-3631
City or town, state or country, and ZIP + 4 POUGHKEEPSIE, NY 12603		F Group Exemption Number ►

G Accounting Method Cash Accrual Other (specify) ► _____H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)I Website: ► WWW.DCDSNY.ORGJ Tax-exempt status (check only one) — 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527

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 ► \$ 56,557

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	
	2 Program service revenue including government fees and contracts	2	24,995
	3 Membership dues and assessments	3	7,735
	4 Investment income	4	157
	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	
Expenses	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	23,670
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	56,557
	10 Grants and similar amounts paid (list in Schedule O)	10	1,675
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
Net Assets	13 Professional fees and other payments to independent contractors	13	5,200
	14 Occupancy, rent, utilities, and maintenance	14	29,659
	15 Printing, publications, postage, and shipping	15	1,043
	16 Other expenses (describe in Schedule O)	16	10,811
	17 Total expenses. Add lines 10 through 16 ►	17	48,388
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	8,169
	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	101,922
	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	110,091

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	101,922	22	110,091
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	101,922	25	110,091
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	101,922	27	110,091

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?

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

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

28 CONTINUING EDUCATION TO ADVANCE THEIR PROFESSION BY (1) HOSTING AN ANNUAL ALL DAY CONFERENCE FEATURING LECTURES FROM RENOWNED EXPERTS IN THE VARIOUS FIELDS / TECHNIQUES OF DENTISTRY, AS WELL AS VENDORS AND SUPPLIERS DISPLAYING THE LATEST 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
(Grants \$) If this amount includes foreign grants, check here 28a

29 TO PROMOTE COMMUNITY RESPONSIBILITY AND GOOD FELLOWSHIP BY WORKING WITH LOCAL HOSPITALS, SCHOOLS AND CHILDREN TO EDUCATE THE PUBLIC ABOUT PROPER DENTAL HYGIENE 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
(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)

Expenses

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

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 title	(b) 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
DR KOLE MILLER PRESIDENT	5 00	0		
DR KELLY WALTERS VICE-PRESIDE	3 00	0		
DR MICHAEL SCHWARTZ SECRETARY	7 00	0		
DR RICHARD ROSENBOOM TREASURER	7 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

	Yes	No
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	No
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	No
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	Yes
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	Yes
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	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 tax year covered by this return?	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations Enter	39b	
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
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		
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 ► <u>DR RICHARD ROSENBLUM</u> Telephone no ► <u>(845) 471-1186</u> Located at ► <u>PO BOX 3748 POUGHKEEPSIE, NY</u> ZIP + 4 ► <u>12603</u>		
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)?	42b	No
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 .	42c	No
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	44a	No
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	44b	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
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)	45b	No

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

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

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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

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

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 title of each employee paid more than \$100,000	(b) 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 DR RICHARD ROSENBLUM TREASURER Type or print name and title	2013-06-26 Date
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Paid Preparer Use Only	Print/Type preparer's name GRETCHEN M BRADSHAW	Preparer's signature GRETCHEN M BRADSHAW	Date 2013-06-27	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ► D'ARCANGELO & CO LLP	Firm's EIN ►			
	Firm's address ► 510 HAIGHT AVE POUGHKEEPSIE, NY 12603	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 to provide any additional information.
► Attach to Form 990 or 990-EZ.

2012**Open to Public
Inspection**

Name of the organization

DUTCHESS COUNTY DENTAL SOCIETY INC

Employer identification number

14-6026940

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990-EZ, PART I	LINE 10 - GRANTS REPRESENTS UNRESTRICTED CONTRIBUTIONS GIVEN TO SEVERAL LOCAL 501(C) (3) ORGANIZATIONS TO SUPPORT THE COMMUNITY
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	SEMINAR SPONSORS 18,840 MONTHLY BULLETIN 4,830 TOTAL 23,670
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	MONTHLY BULLETIN WEBISTE FEES 900 EXPENSES CONFERENCE DOOR PRIZES 343 OFFICE EXPENSES 527 TRAVEL 878 MEALS AND MEETING COSTS 1,665 SUPPLIES 1,068 COSTUMES, PROPS AND OTHER 1,329 DUES AND FEES 150 COMPUTER SUPPLIES&SUPPORT 1,754 CONTEST AWARDS 325 TAXES 1,872 TOTAL 10,811
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	EQUIPMENT 2,665 2,665 LESS ACCUMULATED DEPRECIATION 2,665 2,665 TOTAL 0 0
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	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
FIRST ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 28	CONTINUING EDUCATION TO ADVANCE THEIR PROFESSION BY (1) HOSTING AN ANNUAL ALL DAY CONFERENCE FEATURING LECTURES FROM RENOWED EXPERTS IN THE VARIOUS FIELDS / TECHNIQUES 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
SECOND ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 29	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

TY 2012 Compensation Explanation

Name: DUTCHESS COUNTY DENTAL SOCIETY INC

EIN: 14-6026940

Person Name	Explanation
DR KOLE MILLER	
DR KELLY WALTERS	
DR MICHAEL SCHWARTZ	
DR RICHARD ROSENBLUM	