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# : 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 private foundations)

2013

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990. For the 2013 calendar year, or tax year beginning and ending Check if applicable D Employer identification number C Name of organization Address change OREGON DENTAL HYGIENISTS ASSOC 93-0810861 Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 503/371-7457 2995 RYAN DRIVE SE, STE 100 Terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return SALEM, OR 97301 Number > Accounting Method X Cash Accrual Other (specify) ▶ H Check ► X if the organization is not Website. ► WWW.ODHA.ORG required to attach Schedule B \_\_\_ 501(c)(3) X 501(c) ( 6 ) **<**(insert no ) 4947(a)(1) or (Form 990, 990-EZ, or 990-PF) Tax-exempt status (check only one) -1X Corporation \_\_\_\_ Trust Association \_\_ Other K Form of organization 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, 91,774. column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Part | 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 2,850. 1 Contributions, gifts, grants, and similar amounts received 39,966. Program service revenue including government fees and contracts 2 2 39,044. 3 3 Membership dues and assessments 2,948. SEE SCHEDULE O 4 Investment income 5<u>a</u> 5a Gross amount from sale of assets other than inventory 5b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than 6a \$15,000) of contributions 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 60 c Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 5,801. 7a 7a Gross sales of inventory, less returns and allowances 3,817. SEE SCHEDULE O 7b b Less cost of goods sold 1,984. 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 1,165. SEE SCHEDULE O Other revenue (describe in Schedule O) 8 87,957. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 8,920. SEE SCHEDULE O Grants and similar amounts paid (list in Schedule 0) 10 10 11 11 Benefits paid to or for members 12 Salaries, other compensation and employee penefits 12 55,533. Professional fees and other payments to independent contractors 13 13 14 Occupancy, rent, utilities, and maintenance 14 3,005. Printing, publications postage (and stipping 2014) Other expenses (describe in Schedule O) 15 15 47,987. SEE SCHEDULE O 16 16 115,445. 17 Total expenses. Add lines 101 hrough 16 17 Excess or (deficit) for the year (Subtract line 17 from line 9) <27,488.> 18 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) 19 167,453. (must agree with end-of-year figure reported on prior year's return) 19 SEE SCHEDULE O 4,618. 20 20 Other changes in net assets or fund balances (explain in Schedule O) 144,583. 21 Net assets or fund balances at end of year Combine lines 18 through 20

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2013)

Pa	art It Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to res	spond to any quest				
			(A) Beginning of year	L.,		nd of year
22	Cash, savings, and investments		167,453.	- 22		144,583.
23	Land and buildings			23		
24	Other assets (describe in Schedule O)			24		
25	Total assets		167,453.	25		144,583.
26			0.	26		0.
27	·		167,453.	. 27		144,583.
	art III Statement of Program Service Accomplishme	nts (see the instruc	ctions for Part III)		Ex	penses
تستسا	Check if the organization used Schedule O to res			X	(Required	for section
Wha	at is the organization's primary exempt purpose? SEE SCHEDULE C					and 501(c)(4) ons and section
	chbe the organization's program service accomplishments for each of its three largest program		nees in a clear and concise			trusts, optional
	or the organization's program service accomplishments for each of its titlee largest program her, describe the services provided, the number of persons benefited, and other relevant inform		13CS III & CICAI AIIA CONOISO		for others	)
	SEE SCHEDULE O	<del></del>	<del></del>			
20		<u> </u>	<del></del>			
			· · · · · · · · · · · · · · · · · · ·	_		
	(Grants \$ ) If this amount includes foreign	arante check here			28a	
00	(Grants \$ ) If this amount includes foreign	grants, check here		<u></u>	200	
29						
	(Grants \$ ) If this amount includes foreign	grants, shock here	<b>•</b>		29a	
	(Grants \$ ) If this amount includes foreign	grants, check here			250	
30						
	(O + C ) If the amount includes foreign	aranta ahaak hara		$\overline{\Box}$	30a	
04	(Grants \$ ) If this amount includes foreign	grants, check here				
31	Other program services (describe in Schedule O)	aranta ahaak hara			31a	
	(Grants \$ ) If this amount includes foreign	grants, check here			32	
32	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key I	Employees (list each or	ne even if not compensated a	coo the		or Part IVA
	arriv: List of Officers, Directors, Flustees, and itely					
	Check if the organization used Schedule O to re-	spond to any quest	tion in this Part IV	,		TX
	Check if the organization used Schedule O to re-	spond to any quest	tion in this Part IV			X
	Check if the organization used Schedule O to re	spond to any quest (b) Average hours	(c) Reportable compensation (Forms	(d) He	ealth benefits,	(e) Estimated amount of other
	Check if the organization used Schedule O to re-	spond to any quest	tion in this Part IV	(d) He contraction of the contra	ealth benefits, nbutions to oyee benefit and deferred	(e) Estimated
	Check if the organization used Schedule O to re	spond to any quest (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contraction of the contra	ealth benefits, nbutions to oyee benefit	(e) Estimated amount of other
	Check if the organization used Schedule O to re-  (a) Name and title  INA CLARKE	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter-0-)	(d) He contraction of the contra	ealth benefits, nbutions to oyee benefit and deferred opensation	(e) Estimated amount of other compensation
PF	Check if the organization used Schedule O to re-  (a) Name and title  INA CLARKE RESIDENT	spond to any quest (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contraction of the contra	ealth benefits, nbutions to oyee benefit and deferred	(e) Estimated amount of other
PF H J	Check if the organization used Schedule O to re  (a) Name and title  INA CLARKE  RESIDENT  ILDIE OLIVER	(b) Average hours per week devoted to position  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contraction of the contra	ealth benefits, inbutions to oyee benefit and deferred pensation	(e) Estimated amount of other compensation
PF H J PF	Check if the organization used Schedule O to re  (a) Name and title  INA CLARKE RESIDENT ILDIE OLIVER RESIDENT-ELECT	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter-0-)	(d) He contraction of the contra	ealth benefits, nbutions to oyee benefit and deferred opensation	(e) Estimated amount of other compensation
PF H I PF GF	Check if the organization used Schedule O to re  (a) Name and title  INA CLARKE RESIDENT ILDIE OLIVER RESIDENT-ELECT AIL AAMODT	(b) Average hours per week devoted to position  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-)	(d) He contraction of the contra	ealth benefits, noutrons to opee benefit and deferred opensation	(e) Estimated amount of other compensation  O .
PF H J PF GF V J	Check if the organization used Schedule O to re  (a) Name and title  INA CLARKE RESIDENT ILDIE OLIVER RESIDENT-ELECT AIL AAMODT ICE PRESIDENT	(b) Average hours per week devoted to position  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contraction of the contra	ealth benefits, inbutions to oyee benefit and deferred pensation	(e) Estimated amount of other compensation
PF HI PF GF VI	Check if the organization used Schedule O to re  (a) Name and title  INA CLARKE RESIDENT ILDIE OLIVER RESIDENT-ELECT AIL AAMODT ICE PRESIDENT ANA PIERCE	(b) Average hours per week devoted to position  1.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-)	(d) He contraction of the contra	paith benefits, noutions to opyee benefit and deferred apensation   0.	(e) Estimated amount of other compensation  O.  O.
PF HI PF GF VI DF	Check if the organization used Schedule O to re  (a) Name and title  INA CLARKE RESIDENT ILDIE OLIVER RESIDENT-ELECT AIL AAMODT ICE PRESIDENT ANA PIERCE AST PRESIDENT	(b) Average hours per week devoted to position  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter-0-)	(d) He contraction of the contra	ealth benefits, noutrons to opee benefit and deferred opensation	(e) Estimated amount of other compensation  O .
PF HI PF GF VI DF CF	Check if the organization used Schedule O to re-  (a) Name and title  INA CLARKE RESIDENT ILDIE OLIVER RESIDENT-ELECT AIL AAMODT ICE PRESIDENT ANA PIERCE AST PRESIDENT ASSANDRA BUTTON	spond to any quest  (b) Average hours per week devoted to position  1.00  1.00  1.00	tion in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.	(d) He contraction of the contra	ealth benefits, nbutions to opvee benefit and deferred and deferred apensation   0 .  0 .	(e) Estimated amount of other compensation  O.  O.
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Forn	990-EZ (2013) OREGON DENTAL HYGIENISTS ASSOC 93-0810	861	1	Page 3
Pε	other Information (Note the Schedule A and personal benefit contract statement requirement	ts in t	he	
	instructions for Part V) Check if the organization used Sch. O to respond to any question in the	is Par	t V	X
			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		_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)	34		X
35 a	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		<u>X</u>
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	N/	<u>A</u>
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	_	X
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	,	X
	Enter amount of political expenditures, direct or indirect, as described in the instructions	-l 1		
	Did the organization file Form 1120-POL for this year?	37b	···········	X
38 a	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		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved  38b N/A	-		
39	Section 501(c)(7) organizations Enter  Initiation fees and capital contributions included on line 9  39a  N/A			
		-		
		-		
4U a	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			
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
U	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	40b	N/	Α
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers.	700	- ',	
٠	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 N/A			
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		Х
41	List the states with which a copy of this return is filed NONE			
42 a	The organization's books are in care of ► THE ORGANIZATION Telephone no ► 503/37			
	Located at ≥ 2995 RYAN DRIVE SE, STE 100, SALEM, OR ZIP+4 ≥ S	730	1	
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		Yes	
	account)?	42b		X
	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 of the U.S.?	42c		<u>X</u> _
	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	NT / 74		
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Vaa	Ma
A A -	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		res	No
44 0	Form 990-EZ	44a		х
		444		
u	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	•	_X_
^	Did the organization receive any payments for indoor tanning services during the year?	440 44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	776		<del></del> -
u	in Schedule O	440		1
45 2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	100		<del></del>
750	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		]
		Form 9	90-EZ	(2013)

Form	990-EZ (20	O13) OREGON DENTAL HYGIENISTS	ASSOC	<del></del>	93-0810	<u>861</u>		Page 4
							Yes	No
46		panization engage, directly or indirectly, in political campaign activities	s on behalf of or in oppositio	n to candidates for pu	iblic office?	46		х
Da		mplete Schedule C, Part I Section 501(c)(3) organizations only	<del> </del>			46		
		Il section 501(c)(3) organizations must answer questions 47-	49b and 52, and complet	e the tables for line	s 50 and 51.			
		Check if the organization used Schedule O to respond to any						
				<del>.</del>			Yes	No
47	Did the org	ganization engage in lobbying activities or have a section 501(h) elect	ion in effect during the tax ye	ear? If "Yes," complete	Sch C, Part II	47		
48	Is the orga	nization a school as described in section 170(b)(1)(A)(ii)? If "Yes," co	omplete Schedule E			48		
49 a	Did the org	panization make any transfers to an exempt non-charitable related org	ganization?			49a		
b		is the related organization a section 527 organization?			Į	49b		
50		this table for the organization's five highest compensated employees		s, trustees and key en	nployees) who e	ach red	ceived	more
	than \$100	,000 of compensation from the organization. If there is none, enter "N		1 ()	(d)	1	\ <b>.</b>	
		(a) Name and title of each employee	(b) Average hours per week devoted to	(C) Reportable compensation (Forms	(d) Health benefits contributions to	· ·	) Estin ount of	
		N/A	position	W-2/1099-MISC)	employee benefit plans, and deferre		mpens	
	· · · · · · · · · · · · · · · · · · ·	N/A			compensation	+-		<del> </del>
			~: <del></del>				-	
						T		
						4		
				J				
- f		ber of other employees paid over \$100,000	• • • • • • • • • • • • • • • • • • •	d	000 of			_
51		this table for the organization's five highest compensated independed on . If there is none, enter "None" ${ m N/A}$	nt contractors who each rece	ived more than \$100,	ooo or compens	ation i	rom (n	е
		on If there is none, enter "None " N/A ame and business address of each independent contractor	(b)	Type of service	(c)	Como	ensatio	n
	(4) 14	and business address of out motionate contracts.	(2)	, , , , , , , , , , , , , , , , , , , ,	157	<u> </u>		··
					ļ			
	<del></del>							
			· · · · · ·					
_	Tatal aver	ber of other independent contractors each receiving over \$100,000	<u></u>	<u> </u>				
52		ganization complete Schedule A? <b>Note</b> All section 501(c)(3) organiz	ations and 4947/a\/1\ noney	remnt				
J.		trusts must attach a completed Schedule A	ations and 4547 (a)(1) nonex	compt.	▶ [		es [	No
Unde	er penalties of pre	perjury, I declare that I have examined this return, including accompanying scheduler than officer is based on a information of which preparer has any kno	dules and statements, and to the t	pest of my knowledge and	belief, it is true, co			olete
000		HIM I'VONO		<del>~ -</del>	11-1-	5. 1	4	
Sig	an 📗	Signature of office			Date		,-	
He		TINA CLARKE, PRESIDENT						
		Type or print name and title	1//		7 (	_		
		Print/Type preparer's name	Date	Check	] If PTIN			
Pa	id	JOHN D. HAWKINS, JD,	self- emplo	•	170	117	,	
Pro	eparer	CPA	H.C.	7 1	P00 ►93-08			· ———
Us	e Only	Firm's name ► GROVE, MUELLER SWANGE Firm's address ► 475 COTTAGE STREET NE	<del></del>	Phone no				
		SALEM, OR 97301	A POTTE SOO	[ rnone no	203-30	1-1	, 00	
Mar	the IDS du	scuss this return with the preparer shown above? See instructions		<del></del>	▶ [	ΧY	es l	No
ivia	, are ino un	2003 the loter with the property shown above. One mathematical			<u> </u>			(2013)

### **SCHEDULE 0** (Form 990 or 990-EZ)

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. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**Employer identification number** 93-0810861

OREGON DENTAL HYGIENISTS ASSOC	93-0810861
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST & DIVIDENDS	2,948.
FORM 990-EZ, PART I, LINE 7, GROSS PROFIT FROM SALES OF INCOME:	INVENTORY:
1. GROSS RECEIPTS	5,801.
2. RETURNS AND ALLOWANCES	0
3. LINE 1 LESS LINE 2	5,801.
4. COST OF GOODS SOLD (LINE 13)	3,817.
5. GROSS PROFIT (LINE 3 LESS LINE 4)	1,984.
COST OF GOODS SOLD:	
6. INVENTORY AT BEGINNING OF YEAR	0.
7. MERCHANDISE PURCHASED	3,817.
8. COST OF LABOR	0.
9. MATERIALS AND SUPPLIES	0.
10. OTHER COSTS	0.
11. ADD LINES 6 THROUGH 10	3,817.
12. INVENTORY AT END OF YEAR	0.
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)	3,817.
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
OTHER INCOME	1,165.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2013)

5

#### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury

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.

OREGON DENTAL HYGIENISTS ASSOC

OMB No 1545-0047 Open to Public

Internal Revenue Service Name of the organization Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

93-0810861

ACTIVITY CLASSIFICATION: SCHOLARSHIPS
GRANTEE RELATIONSHIP: NONE
PROPERTY DESCRIPTION: CASH
DATE OF GIFT: 12/31/13
AMOUNT GIVEN: 7,420.
ACTIVITY CLASSIFICATION: SPONSORSHIPS
GRANTEE NAME: OREGON ORAL HEALTH COALITION
GRANTEE ADDRESS: PO BOX 3132 WILSONVILLE, OR 97070
GRANTEE RELATIONSHIP: NONE
PROPERTY DESCRIPTION: CASH
DATE OF GIFT: 12/31/13
AMOUNT GIVEN: 1,000.
ACTIVITY CLASSIFICATION: DONATION
GRANTEE NAME: MEDICAL TEAMS INTERNATIONAL
GRANTEE ADDRESS: PO BOX 10 PORTLAND, OR 97201
GRANTEE RELATIONSHIP: NONE
PROPERTY DESCRIPTION: CASH
DATE OF GIFT: 12/31/13
AMOUNT GIVEN: 400.
ACTIVITY CLASSIFICATION: DONATION
GRANTEE NAME: BOYS & GIRLS CLUB
GRANTEE ADDRESS: 1395 SUMMER STREET NE SALEM, OR 97301  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedule O (Form 990 or 990-EZ) (2013)  6

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

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

OREGON DENTAL HYGIENISTS ASSOC	93-0810861
GRANTEE RELATIONSHIP: NONE	
PROPERTY DESCRIPTION: CASH	
DATE OF GIFT: 12/31/13	
AMOUNT GIVEN:	100.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10	8,920.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
MEETINGS AND CONFERENCES	42,019.
OFFICE EXPENSES	2,398.
BOARD EXPENSES	1,974.
INSURANCE	1,192.
OTHER PROGRAM EXPENSES	404.
TOTAL TO FORM 990-EZ, LINE 16	47,987.
FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:	
CHANGES IN NET ASSETS OR FUND BALANCES:	AMOUNT:
MARKET VALUE ADJUSTMENT	4,618.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO IMPROV	THE PUBLIC'S
TOTAL HEALTH, THE MISSION OF THE OREGON DENTAL HYGIENISTS	S ASSOCIATION
IS TO ADVANCE THE ART AND SCIENCE OF DENTAL HYGIENE BY EN	SURING THE
PUBLIC'S DIRECT ACCESS TO QUALITY ORAL HEALTH CARE, INCRE	EASING
AWARENESS OF THE COST-EFFECTIVE BENEFITS OF PREVENTION, F	PROMOTING THE
HIGHEST STANDARDS OF DENTAL HYGIENE EDUCATION, LICENSURE,	PRACTICE AND
RESEARCH, AND REPRESENTING AND PROMOTING THE INTEREST OF  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Sched 332211 09-04-13	DENTAL dule O (Form 990 or 990-EZ) (2013)

#### **SCHEDULE 0** (Form 990 or 990-EZ)

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

OREGON DENTAL HYGIENISTS ASSOC

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number 93-0810861

HYGIENISTS.
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:
THE ORGANIZATION PARTICIPATED IN AN ADVOCACY DAY IN
FEBRUARY 2013 WITH 100 ATTENDEES INCLUDING STUDENTS,
REGISTERED DENTAL HYGIENISTS AND GUESTS. A DENTAL HYGIENE
CONFERENCE WAS HELD IN MAY 2013 WITH A FOCUS ON THE EXPANDED PRACTICE
PERMIT AND HAD 68 TOTAL ATTENDEES (60 PROFESSIONAL AND 8 STUDENTS). THE
ANNUAL DENTAL HYGIENE CONFERENCE AND BUSINESS MEETING WAS HELD IN
KEIZER IN NOVEMBER 2013 WITH 242 TOTAL ATTENDEES (69 PROFESSIONAL AND
174 STUDENTS OR GRADUATES). WE ALSO HAD A TABLE AT THE OREGON DENTAL
CONFERENCE IN APRIL 2013 TO PROVIDE INFORMATION AND OUTREACH TO DENTAL
HYGIENE ATTENDEES AND STUDENTS. TWO SCHOLARSHIPS WERE AWARDED AS WELL
AS SEVEN FUTURE LEADER AWARDS.
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Name of the organization **Employer identification number** OREGON DENTAL HYGIENISTS ASSOC 93-0810861 Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV) (d) Health benefits, contributions to employee benefit plans, and deferred compensation (b) Average hours (C) Reportable (e) Estimated compensation (Forms W-2/1099-MISC) per week devoted to amount of other (a) Name and title position compensation (If not paid, enter -0-) BETH FINNSON TRUSTEE 1.00 0. 0. 0 PAIGE HOLT TRUSTEE 1.00 0. 0. 0. ILYA BABIY 0. TRUSTEE 1.00 0. 0. JANITA SIMPSON TRUSTEE 1.00 0. 0. 0. ANN OSSINGER 0. TRUSTEE 1.00 0. 0 LEAHA ZIEGLER TRUSTEE 1.00 0. 0. 0.

Form 886	68 (Rev 1-2014)					Page 2
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension,	complete only Part II and check the	s box	-	<b>▶</b> X
	nly complete Part II if you have already been granted an		-		8868.	
	are filing for an Automatic 3-Month Extension, comple					
Part II	<del></del>			al (no c	opies need	ded).
			Enter filer's	identifyir	ia number, s	ee instructions
Type or	Name of exempt organization or other filer, see instru	ictions				n number (EIN) or
print	Traffic of exempt organization of other mer, ood motion	10110110		Linploye	identinoation	rnamber (Emy or
-	ODDGON DDNEST INCOLDNIAMA AGGOD					L0861
File by the due date for	data for				curity numbe	
filing your	gyour 1000E DYAN DRIVE OF OFF 100			OUCIAI SE	curry numbe	(3314)
return See instructions		oroign ada	drage and instructions	L.,_,_		
	City, town or post office, state, and ZIP code. For a fine SALEM, OR 97301	oreigii auc	ress, see instructions.			
	DALLEM, OR 9/301	<del></del>				
	2					
Enter the	Return code for the return that this application is for (file	e a separa	ite application for each return)			0 1
		τ=:	T			
Applicat	ion	Return	Application			Return
Is For		Code	Is For			Code
	O or Form 990-EZ	01				
Form 990		02	Form 1041-A			08
	20 (individual)	03	Form 4720 (other than individual)			09
Form 990		04	Form 5227			10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	O-T (trust other than above)	06	Form 8870			
STOP! D	o not complete Part II if you were not already granted		matic 3-month extension on a prev	iously file	<u>d Form 8868</u>	3
	THE ORGANIZATION					
	poks are in the care of $\triangleright$ 2995 RYAN DRIV	E SE,		OR 97	301	
	none No ► 503/371-7457		Fax No. ▶			
	organization does not have an office or place of busines					
<ul><li>If this</li></ul>	is for a Group Return, enter the organization's four digit					
box ▶	. If it is for part of the group, check this box 🕨 🔃	and atta	ach a list with the names and EINs of	f all memb	ers the exten	sion is for.
	·	NOVEM:	BER 15, 2014.			
5 For	calendar year $2013$ , or other tax year beginning $\_$		, and endin	g		
6 If th	ne tax year entered in line 5 is for less than 12 months, c	heck reas	on: Initial return	Final r	eturn	
L	☐ Change in accounting period					
7 Sta	te in detail why you need the extension					
AI	DOTIONAL TIME IS NEEDED TO F	ILE A	COMPLETE AND ACCU	RATE	RETURN.	•
8a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720.	, or 6069,	enter the tentative tax, less any			
nor	nrefundable credits. See instructions.			8a	\$	0.
<b>b</b> If th	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and estimated		I	
tax	payments made include any prior year overpayment all	lowed as a	a credit and any amount paid		Į	
pre	eviously with Form 8868			8b	\$	0.
c Bal	ance due. Subtract line 8b from line 8a Include your pa	ayment wit	th this form, if required, by using			
EF	TPS (Electronic Federal Tax Payment System) See instru	uctions		8c	\$	0.
	Signature and Verificat	ion mu	st be completed for Part II o	only.	<del></del>	
Under pen	alties of perjury, I declare that I have examined this form, includ	ing accomp	panying schedules and statements, and to	the best o	f my knowledg	e and belief,
it is true, c	orrect, and complete, and that I am authorized to prepare this fo	orm.	·		1	
Signature	► Orene EBarton Title ► (	CPA		Date	▶ 8/12	414
	$U^{-}$				Form 88	368 (Rev. 1-2014)
						•

323842 12-31-13

# Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

■ If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of Instern).  Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-frie). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 for a file form 8867 and automatic) 3-month extension of time. You can electronically file Form 8868 for a file form 8868 for a file form 8869 form 8869 for a file form 8869 f	<ul><li>If you a</li></ul>	re filing for an Automatic 3-Month Extension, comple	te only Pa	rt I and check this box			ightharpoons
Electronic filling (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8888 to request an extension of time to file of more of the form 990-T in the form 990-T (experience). The Books are in the care of Part II with the exception of Form 870, Information Return for Transfers Associated with Certain Parts of all members the electronic filing of this form, wists www.us.gov/elife and click on e-file for Charles & Nonprofits.  Part I I Automatic 3-Month Extension of Time. Only submit original (no copies needed).  A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns  Type or print to file income tax returns  Type or print OREGON DENTAL HYGIENISTS ASSOC  QREGON DENTAL HYGIENISTS ASSOC  93-0810861  Number, street, and room or suite no. If a P.O. box, see instructions.  CREGON DENTAL HYGIENISTS ASSOC  93-0810861  Number, street, and room or suite no. If a P.O. box, see instructions.  SALEM, OR 97301  Einter the Return code for the return that this application is for (file a separate application for each return)  O I The Code Torm 990 or Form 9	<ul><li>If you a</li></ul>	re filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form).		
required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, wast waw.irs gov/eithe and click on e-file for Chantes's Nonprofits.    Part I   Automatic 3-Month Extension of Time. Only submit original (no copies needed).	Do not co	implete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	sly filed Fo	rm 8868.	
required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, wast waw.irs gov/eithe and click on e-file for Chantes's Nonprofits.    Part I   Automatic 3-Month Extension of Time. Only submit original (no copies needed).	Electroni	c filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of tir	ne to file (6	months for a c	orporation
of time to file any of the forms listed in Part I or Part II with the exception of Form 870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic fling of this form, with www.rs gov/efile and click on e-file for Chantes & Nonprofits.    Part I							•
Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs govietile and click on e-file for Chantes & Nonprofits.    Part   Invivation   Automatic 3-Month Extension of Time. Only submit original (no copies needed).   Acorporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete   Part   only   All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns   Enter filer's identifying number   Paper of exempt organization or other filer, see instructions.   Employer identification number (EIN)   Paper of exempt organization or other filer, see instructions.   Social security number (SSN)   Paper organization or other filer, see instructions.   Social security number (SSN)   Paper organization organization or print   Paper organization organization organization organization   Paper organizat							
Part I							
Accorporation required to file Form 990 T and requesting an automatic 6-month extension - check this box and complete Part I only  All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns    Name of exempt organization or other filer, see instructions.   Social security number				(ese meneralizations). For mere detaile	0.70 0.00		
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only  All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns  Type or print OREGON DENTAL HYGIENISTS ASSOC  93-0810861  Social security number (SSN)  10295 RYAN DRIVE SE, STE 100  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  SALEM, OR 97301  Enter the Return code for the return that this application is for (file a separate application is Form 990 or Form 990 eZ  Form 990 or Form 990-EZ  101 Form 990-T (corporation)  102 Form 4720 (individual)  103 Form 4720 (other than individual)  109 Form 990-T (sec 401(a) or 408(a) trust)  109 Form 990-T (trust other than above)  100 THE DORGANIZATION  110 The books are in the care of   111 Porm 990-T (trust other than above)  112 The pools are in the care of   113 Form 990-T (trust other than above)  114 Form 990-T (trust other than of sort one for the sort of sort of sort of sort of sort one form 990-T (sec 401(a) or 408(a) trust)  115 Form 990-T (trust other than above)  116 If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  116 If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  117 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2014  115 I ax year beginning  116 and ending				submit original (no copies ne	eded).		
All of the corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns  Type or print  OREGON DENTAL HYGIENISTS ASSOC  93-0810861  OREGON DENTAL HYGIENISTS ASSOC  93-0810861  City, town or post office, state, and ZIP code, For a foreign address, see instructions.  SALEM, OR 97301  Enter the Return code for the return that this application is for (file a separate application is For SALEM, OR 97301  Enter the Return code for the return that this application is for (file a separate application is For Gode form 990-EZ  Form 990 or Form 990-EZ  Form 990-EQ  Form 990-EQ  Form 990-EQ  Form 990-EQ  Form 990-Form 990-EQ  Form 990-Form 990-Fo							
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time Enter filer's identifying number (EIN) Type or print OREGON DENTAL HYGIENISTS ASSOC Number, street, and room or suite no. If a P.O. box, see instructions.  City, town or post office, state, and ZIP code. For a foreign address, see instructions. SALEM, OR 97301  Enter the Return code for the return that this application is for (file a separate application for each return)  SALEM, OR 97301  Enter the Return code for the return that this application is for (file a separate application for each return)  Application Series SALEM, OR 97301  Enter the Return code for the return that this application is for (file a separate application for each return)  Application Series SALEM, OR 97301  Enter the Return code for the return that this application is for (file a separate application for each return)  Application Series SALEM, OR 97301  Enter the Return code for the return that this application is for (file a separate application for each return)  Application Series SALEM, OR 97301  Enter the Return code for the return that this application is for (file a separate application for each return)  Or Form 990 or Form 990 er Form					oopioto		
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Enter the Return code for the return that this application is for (file a separate application for each return)  Application Is For Code Form 990 or Form 990-EZ O1 Form 990-T (corporation) O2 Form 990-BL Form 990-BL Form 990-PF O4 Form 5227 O3 Form 6069 O6 Form 890-T (trust other than above) O6 Form 890-T (trust other than above)  THE ORGANIZATION  The books are in the care of ▶ 2995 RYAN DRIVE SE, STE 100 - SALEM, OR 97301 Telephone No ▶ 503/371-7457 Fax No. ▶  If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2014 I to file the exempt organization return for the organization named above. The extension is for the Organization's return for:  X calendar year 2013 or X calendar year 2013 or X target Application is for the Organization of the United States of the Organization named above. The extension  The condition of the organization's return for: X calendar year 2013 or X target Application is for the organization of the organization of the organization of the organization of the organization's return for: X calendar year 2013 or X target Application is for the organization of the organization of the organization of the organization of the organization's return for: X calendar year 2013 or X target Application is for the organization of the organization of the organization of the organization of the organization's return for: X calendar year 2013 or X target Application is for the organization of the or				ress see instructions	<u> </u>		<del></del>
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Form 990-BL  Form 990-BL  Form 4720 (individual)  Form 990-PF  O4 Form 5227  D5 Form 6069  THE ORGANIZATION  The books are in the care of ▶ 2995 RYAN DRIVE SE, STE 100 - SALEM, OR 97301  Telephone No ▶ 503/371-7457  Fax No. ▶  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this organization does not have an office or place of business in the United States, check this box  If this is for part of the group, check this box  If this is for part of the group, check this box  If the organization does not have an office or place of business in the United States, check this box  If this is for part of the group, check this box  AUGUST 15, 2014  It offile the exempt organization required to file Form 990-T) extension of time until  AUGUST 15, 2014  It offile the exempt organization return for the organization named above. The extension is for the organization's return for:  X calendar year 2013 or  Table Organization of the organization organization organization return for the organization named above. The extension organization have a defined by the organization organization organization named above. The extension organization have a defined by the organization organization organization named above. The extension organization have a defined by the organization organization organization organization named above. The extension organization have a defined by the organization organiza		or Form 900 F7					
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3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			, or 6069,	enter the tentative tax, less any			
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b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and	<b>b</b> If th	is application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and			
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c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,	c Bala	ance due. Subtract line 3b from line 3a Include your pa	ayment wit	h this form, if required,			
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Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payme instructions.			(direct de	bit) with this Form 8868, see Form 8	8453-EO ar	nd Form 8879-E	O for payment

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

LHA 323841 12-31-13

Form 8868 (Rev. 1-2014)