



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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 private foundations)

2015

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.

A For the 2015 calendar year, or tax year beginning 06-01-2015, and ending 05-31-2016

B Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

| | |
|--|---|
| C Name of organization DUTCHESS 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 | Room/suite |
| ETelephone number (845) 462-3631 | |
| City or town, state or province, country, and ZIP or foreign postal code 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.ORG**J** Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) ► (insert no) 4947(a)(1) or 527**K** Form of organization Corporation Trust Association Other _____**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 55,324**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

| | | |
|---|-----------|---------|
| 1 Contributions, gifts, grants, and similar amounts received | 1 | |
| 2 Program service revenue including government fees and contracts | 2 | 26,961 |
| 3 Membership dues and assessments | 3 | 6,951 |
| 4 Investment income | 4 | 242 |
| 5a Gross amount from sale of assets other than inventory | 5a | |
| b Less cost or other basis and sales expenses | 5b | |
| c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | |
| 6 Gaming and fundraising events | | |
| a Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | |
| b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b | |
| c Less direct expenses from gaming and fundraising events | 6c | |
| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | |
| 7a Gross sales of inventory, less returns and allowances | 7a | |
| b Less cost of goods sold | 7b | |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | |
| 8 Other revenue (describe in Schedule O) | 8 | 21,170 |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ► | 9 | 55,324 |
| 10 Grants and similar amounts paid (list in Schedule O) | 10 | 2,800 |
| 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 | 2,250 |
| 14 Occupancy, rent, utilities, and maintenance | 14 | 34,243 |
| 15 Printing, publications, postage, and shipping | 15 | 1,752 |
| 16 Other expenses (describe in Schedule O) | 16 | 5,929 |
| 17 Total expenses. Add lines 10 through 16 ► | 17 | 46,974 |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 8,350 |
| 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 | 96,796 |
| 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 | 105,146 |

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 | | No |
| 34 | | No |
| 35a | Yes | |
| 35b | Yes | |
| 35c | | No |
| 36 | | No |
| 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 | |
| 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 | |
| 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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 | |
| 41 | List the states with which a copy of this return is filed ► | |
| 42a | The organization's books are in care of ► DR RICHARD ROSENBLUM Telephone no ► (845) 471-1186 Located at ► PO BOX 3748 POUGHKEEPSIE, NY ZIP + 4 ► 12603 | |
| 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | |
| 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 ► | |
| 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 | | 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

| | Yes | No |
|-----|-----|----|
| 47 | | |
| 48 | | |
| 49a | | |
| 49b | | |

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

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 | (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 business address of each independent contractor | (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 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 | 2016-06-02 Date |
|------------------|---|--------------------|

| | | | | | |
|-------------------------------|---|-------------------------|--------------------|---|-------------------|
| Paid Preparer Use Only | Print/Type preparer's name GRETCHEN M BRADSHAW | Preparer's signature | Date 2016-06-07 | Check <input type="checkbox"/> if self-employed | PTIN P00160886 |
| | Firm's name ► D'ARCANGELO & CO LLP | Firm's EIN ► 13-2550103 | | | |
| | 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

Additional Data

Software ID:
Software Version:
EIN: 14-6026940
Name: DUTCHESSE COUNTY DENTAL SOCIETY INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ****2015**Department of the Treasury
Internal Revenue ServiceComplete 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.**Open to Public
Inspection**Name of the organization
DUTCHESS COUNTY DENTAL SOCIETY INC**Employer identification number**

14-6026940

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|--|
| FORM 990-EZ, PART I | LINE 10 - GRANTS REPRESENT UNRESTRICTED CONTRIBUTIONS GIVEN TO SEVERAL LOCAL 501(C)(3) ORGANIZATIONS TO SUPPORT THE COMMUNITY |
| FORM 990-EZ, PART I, LINE 8 | SEMINAR SPONSORS 18,700 MONTHLY BULLETIN 2,470 TOTAL 21,170 |
| FORM 990-EZ, PART I, LINE 16 | MONTHLY BULLETIN WEBSITE FEES 1,448 EXPENSES CONFERENCE DOOR PRIZES 300 OFFICE EXPENSES 51 4 TRAVEL 490 MEALS AND MEETING COSTS 825 SUPPLIES 509 BOOKS, PRIZES, AND OTHER 98 DUES AND FEES 150 COMP SUPPLIES & SUPPORT 445 CONTEST AWARDS 400 ADVERTISING 500 TAXES 250 TOTAL 5,929 |
| FORM 990-EZ, PART II, LINE 24 | EQUIPMENT 2,665 2,665 LESS ACCUMULATED DEPRECIATION 2,665 2,665 TOTAL 0 0 |
| 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 |
| FORM 990-EZ, PART III, LINE 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 |
| 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 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 |