



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

Department of the Treasury  
Internal Revenue Service

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)

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](http://www.irs.gov/form990).

OMB No 1545-1150

2015

Open to Public Inspection

**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  

Number and street (or P O box, if mail is not delivered to street address)  
PO BOX 3748

Room/suite

City or town, state or province, country, and ZIP or foreign postal code  
POUGHKEEPSIE, NY 12603

**D** Employer identification number  
14-6026940  
**E** Telephone number  
(845) 462-3631  
**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](http://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 <input checked="" type="checkbox"/>									
Revenue	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						
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					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						
Net Assets	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 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	96,796	22	105,146
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	96,796	25	105,146
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	96,796	27	105,146

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

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others )

28

See Additional Data Table

(Grants \$ )

If this amount includes foreign grants, check here

28a

29

(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)

32

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 EDWARD RIGGINS PRESIDENT	5 00	0		
DR LINA ANGIOLILLO VICE-PRESIDE	3 00	0		
DR MICHAEL SCHWARTZ SECRETARY	5 00	0		
DR RICHARD ROSENBLOOM TREASURER	5 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 <b>Form 990-T</b> 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 <input type="checkbox"/> <b>37a</b>		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . <b>38b</b>		
39	Section 501(c)(7) organizations Enter <b>39a</b>		
a	Initiation fees and capital contributions included on line 9 . . . . .	39a	
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/>		
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 . . . . .	40b	
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 <input type="checkbox"/>		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . <input type="checkbox"/>		
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 <input type="checkbox"/>		
42a	The organization's books are in care of <input type="checkbox"/> DR RICHARD ROSENBLOOM Telephone no <input type="checkbox"/> (845) 471-1186 Located at <input type="checkbox"/> PO BOX 3748 POUGHKEEPSIE, NY ZIP + 4 <input type="checkbox"/> 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 <input type="checkbox"/>	42b	No
See the instructions for exceptions and filing requirements for <b>FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b>			
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 <input type="checkbox"/>	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> <b>43</b>		
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

		Yes	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 . . . . .		
		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	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 . . . . .	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	
b	If "Yes," was the related organization a section 527 organization? . . . . .	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 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	<div>*****</div> <div>Signature of officer</div>		<div>2016-06-02</div> <div>Date</div>				
	<div>DR RICHARD ROSENBLUM TREASURER</div> <div>Type or print name and title</div>						
Paid Preparer Use Only	Prnt/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 <div>►</div> D'ARCANGELO & CO LLP					Firm's EIN <div>►</div> 13-2550103	
	Firm's address <div>►</div> 510 HAIGHT AVE POUGHKEEPSIE, NY 12603					Phone no (845) 473-7774	
May the IRS discuss this return with the preparer shown above? See instructions . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No							

Additional Data

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

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

Describe what was achieved in carrying out the organization's exempt purposes. 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 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
<div>28</div> <div>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</div> <div>(Grants \$ )<div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div></div>		28a	
<div>29</div> <div>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</div> <div>(Grants \$ )<div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div></div>		29a	

SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.  
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

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 514 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