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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 private foundations)

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 2015 calendar year, or tax year beginning 11/01/15, and ending C Name of organization D Employer identification number Address change Name change Mt Dental Hygienists Association 81-0412519 Initial return Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number Final return/terminated PO Box 160015 406-256-7384 City or town, state or province, country, and ZIP or foreign postal code Amended return F Group Exemption Application pending Big Sky MT 59716-0015 Number > Accounting Method X Cash Accrual Other (specify) ▶ Check ► X if the organization is not Website: ▶ www.montanadha.org required to attach Schedule B Tax-exempt status (check only one) — 501(c)(3) X 501(c)(6) **(**(insert no) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF) Form of organization Corporation Trust X Association Other 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 62,649 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 2 Program service revenue including government fees and contracts 57,778 2 3 Membership dues and assessments 3 4 Investment income 4 5a Gross amount from sale of assets other than inventory 5a Less cost or other basis and sales expenses 5b

Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15,000) 6a Gross income from fundralsing events (motivacioning \$ 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 Less direct expenses from Gaming and fundraising events Net income or loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) UGDEN. 7a Gross sales of inventors 7a Less cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors 13 14 *Occupancy, rent, utilities, and maintenance

Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with

32,735 16 42,034 17 20,615 18

1,686

<u>6,313</u>

1,776

62,649

105,670 19 20 126,285 21

Form 990-EZ (2015)

50

6d

7c

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Net

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Printing, publications, postage, and shipping

end-of-year figure reported on prior year's return)

For Paperwork Reduction Act Notice, see the separate instructions.

Excess or (deficit) for the year (Subtract line 17 from line 9)

Other changes in net assets or fund balances (explain in Schedule O)

Net assets or fund balances at end of year Combine lines 18 through 20

Other expenses (describe in Schedule O)

Total expenses. Add lines 10 through 16

POF	m 990, EZ (2015) Mt Dental Hygienists	Associat	ion 81-04	12519		Page 2		
F	Part II Balance Sheets (see the instructions for F	Part II)	 					
	Check if the organization used Schedule O t	o respond to any	question in this Part	<u> </u>				
			(A) Be	ginning of year		(B) End of year		
22	Cash, savings, and investments		<u> </u>	105,670	22	126,285		
23	Land and buildings			0	23			
24	Other assets (describe in Schedule O)			0	24			
25	Total assets			105,670	25	126,285		
26	Total liabilities (describe in Schedule O)			0	26	0		
27	Net assets or fund balances (line 27 of column (B) must agr			105,670	27	126,285		
F	Part III Statement of Program Service Accom	plishments (se	e the instructions for	Part III)				
	Check if the organization used Schedule O to	o respond to any	question in this Part	III 🗡 🔀		Expenses		
Wh	nat is the organization's primary exempt purpose?					quired for section		
	To advance the art and sciance of dental hygien	e				(c)(3) and 501(c)(4)		
Des	scribe the organization's program service accomplishments for	each of its three la	rgest program services,		organizations, optional for			
as	measured by expenses. In a clear and concise manner, describ	e the services pro	vided, the number of		othe	ers)		
per	sons benefited, and other relevant information for each progran	n title						
28	Annual meeting provides members with a varie	ty of continui	ng education					
	opportunities desuigned to improve their pract	ctical skills	and knowledge		İ			
	Vendors display new products and technology							
	(Grants \$) If this amount includes	foreign grants, che	ck here	>	28a			
29	Spring CE meeting provides members with a var	riety of conti	nuing education	-				
	opportunities designed to improve their prac-	tıcal skılls a	nd knowledge		İ			
	(Grants \$) If this amount includes	foreign grants, che	ck here	▶ □	29a			
30	Employment ad website is maintained to advet:	ise positions	directed at		Ī.			
	hiring dental hygenist professionals across h	Montana						
	(Grants \$) If this amount includes	foreign grants, che	ck here	▶ □	30a			
31	Other program services (describe in Schedule O)							
	(Grants \$) If this amount includes	foreign grants, che	ck here	▶□	31a			
32	Total program service expenses (add lines 28a through 31a)			•	32			
P	art IV List of Officers, Directors, Trustees, and Key E							
	List of Officers, Directors, Trustees, and Key E	mployees (list eac	h one even if not compe	nsated — see the	nstruc	ctions for Part IV)		
	Check if the organization used Schedule O to resp	ond to any question	h one even if not compe n in this Part IV (c) Reportable			ctions for Part IV)		
	Check if the organization used Schedule O to response (a) Name and title	(b) Average hours per week	n in this Part IV (c) Reportable compensation	(d) Heath bene contributions to er	efits, mployee	(e) Estimated amount of		
	Check if the organization used Schedule O to resp	ond to any question (b) Average	n in this Part IV (c) Reportable	(d) Heath bene	efits, mployee and	X		
_	Check if the organization used Schedule O to responsible (a) Name and title Heide Halverson RDH	(b) Average hours per week	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Heath bene contributions to er benefit plans,	efits, mployee and	(e) Estimated amount of		
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Trustee

Trustee

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Ellie Bicha RDH

Kelly Boniecke RDH

Mt Dental Hygienists Association 81-0412519

Page 3

Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a disclared description of each activity in Schedule O 4 were any significant changes made to the organization of the organization in the Change of Schedule O 4 were any significant changes made to the organization of the organization in the Change of the organization in the Change of the organization in the Change of the organization in the Change of the organization in the Change of the organization in the Change of the organization in the Change of the organization in the Change of the Organization of the Sch. Sch. and 7a. arming others; to lime 35s. has the organization of lied a Form 990-11 or the year? If "No." provide an explanation in Schedule O 5 sp. 1 the Organization in the Organization of the Year of Iris year. If No." provide an explanation in Schedule O 5 sp. 1 the Year of Iris year? If "Yes," to lime 35s. has the organization of the Year of Iris year? If Yes, to implice 35s. has the organization of the Year of Iris year? If Yes, to implice 35s. If Iris year of Iris year of Iris year? Iris year of Iris year of Iris year of Iris year of Iris year of Iris year of Iris year of Iris year of Iris year of Iris year of Iris year of Iris year of Iris year of Iris year of Iris year of Iris year of Iris year of Iris year of Iris year of	P	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			
detailed decomption of each activity in Schedule O Were any significant changes and the the organization of provided the provided copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 359. Of the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2.6 s., and 7.a. among otherwise). 519. If "Yes," to line 35s., has the organization filed a Form 990-T for the year? If "Yes," provide an explanation in Schedule O 520. Was the organization assertion of \$1,000 or more during the year from business activities (such as those reported on lines 2.6 s., and 7.a. among otherwise). 520. If "Yes," the provided is shown a provided on line 3.6 s., and 7.a. among otherwise). 531. If "Yes," the provided of the provided on the provided of the pro				Yes	No
34 Were any significant changes made to the organization of open decimination of the programment of programment of the programment of the programment of the programment of the programment of the programment of the programment of programment of the programment of programment of the programment of programment of the programment of programment of the programment of the programment of programment of the programment of programment of the programme	33		22		v
copy of the amended documental fithey reflect a change to the organization's name. Otherwise, explain the change on Schedule (2 (see instructions) 34	34	·	33		<u> </u>
change on Schedule O (see instructions) 30 Oif 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, 5a, and 7a, among others)? 55 Off the organization as action \$010(c)(4, 501(c)(5), or 501(c)(6) organization subject to section \$033(e) notice, reporting, and proxy tax requirements during the year? If "Nes," complete Schedule C, Part III 18 56 Off the organization undergo a liquidation, dissolution lemination, or significant disposition of net assets during the year? If "Nes," complete Schedule C, Part III 18 57.2 Effect amount of political expenditures, direct or indirect, as described in the instructions 58.	34				
Sab Dit 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, 6, and 7a, among others?)			34		x
activities (such as those reported on lines 2, 6a, and 7a, among others)? b If Yes,* (to the 35a, has the organization filed at Form 990-T for the year? If Yes,* (provide an explanation in Schedule 0 c Was the organization a section 501c(s)4, 501c(s)5; or 501c(s)6 organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If Yes,* (complete Schedule C, Part III) Did the organization undergy a liquidation, dissolution, termination, or significant deposition of political exploration subject of indirect, as described in the instructions Territar amount of political explorations provided in the instructions Territar amount of political explorations of the complete schedule C, Part II and one time of the tax year covered by this return? 37b	35a				
b 1"res," to line 35a, has the organization field a Form 990-T for the year? If "No," provide an explanation in Schedule 0 Was the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) or 501(· ·	35a		X
reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part II 35c X 38 Did the organization undergo a biquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37a 38 X 38 X 37b 37a 37a 37b 37a 37a 37a 37a 37b 37a b					
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parks of Schedule N N 38 X X Enter amount of political expenditures, direct or indirect, as described in the instructions 37	C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
dung the year? If "Yes," complete applicable parts of Schedule N 27a Effeter amount of political septenditures, direct or undirect, as described in the instructions ▶ 137a 27b Did the organization file Form 1120-POL for this year? 28a 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 provey ear and still outstanding at the end of the tax year covered by this return? 28b 17*es," complete Schedule L, Part II and entire the total amount involved 38c Section 301(c)(7) organizations. Enter 28c 18c Section 301(c)(3) organizations is enter the total amount involved 38c Section 301(c)(3) organizations Enter amount of tax imposed on the organization during the year under 38c Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations Did the organization during the year under 38c section 501(c)(3), 501(c)(4), and 501(c)(20) organizations Did the organization engage in any section 4958 38c excess benefit transaction during the year or did it engage in an excess benefit transaction any of fast profems 980 or 996-227 If "Yes," complete Schedule L, Part I 38c 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 40 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on time 40 rembursored by the organization 40 rembursored by the organization 40 rembursored by the organization 40 rembursored by the organization 40 rembursored by the organization 40 rembursored by the organization 40 rembursored by the organization 40 rembursored by the organization 40 rembursored by the organization 40 rembursored by the organization in a foreign country (such as a bank account, securities account, or other financial accountry? 40 remains a financial account in a foreign country (such as a bank account, securities account, or other financial accountry? 41 results a financial account in a for		reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		_X_
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
b Old the organization file Form 1120-PQL for this year? 37b		during the year? If "Yes," complete applicable parts of Schedule N	36		_X_
38a Dit 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 38c X b if Yes,** complete Schedule I., Part II and enter the total amount involved 38b	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
any such leans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a	b	Did the organization file Form 1120-POL for this year?	37b		X
b if "Yes," complete Schedule L. Part II and enter the total amount involved 3 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 fecilities 4 Section 501(c)(3) organizations. Enter amount of lax imposed on the organization during the year under section 4911 ▶ section 4912 ▶ section 4915 ▶ section 4915 ▶ section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4956 ▶ sexcess 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-E27 If "Yes," complete Schedule L. Part I 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 in the work of the organization and applies for missactions? If "Yes," complete Form 8886-T 1. List the states with which a copy of this return is filed ▶ NOne The organizations of the riting that the organization have an interest in or a signature or the authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accountry? 1 "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 accountry in a foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounfis (FBAR) 1 "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 Accounfis (FBAR) 1 "Yes," enter the name of the foreign country ▶ See the instruct	38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
39 Section 501(c)(7) organizations. Enter al Indiation fees and capital contributions included on line 9 39a b Gross recepts, 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 ▶		any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		<u>X</u>
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9 of for public use of club facilities 39b	þ	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
b Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶	39	· // · •			
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4915 \(\) b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4955 excess benefit transaction during the year, or did it engage in any section 4956 excess benefit transaction during the year, or did it engage in any section 4956 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-EZ2 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 All organizations At any time during the tax year, was the organization a party to a prohibited tax shefter transaction? If "Yes," complete Form 8886-T Located at Signatury	а				
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Form 990-	EZ (2015)	Mt	Dental	Hygienist:	s Associat	ion	81-04	12519			F	age 4
	_			or indirectly, in politic ," complete Schedule		es on behalf	of or in oppo	sition		46	Yes	No X
Part V	N Se All 50	ction 50 section 5 and 51	01(c)(3) org 501(c)(3) orga	anizations only anizations must an	swer questions 47			-	les for lin		<u> </u>	
47 Dia	the organ	ration on	gage in Johnwin	a activities or have a	section 501(h) aloc	tion in official	t during the t				Yes	No
	_		e Schedule C, I	ig activities or have a Part II	section 501(n) elec	alon in elleci	t during the t	ax		47		
•		•		ed in section 170(b)	(1)(A)(ıı)? If "Yes," c	omplete Sch	edule E			48		
	_		-	rs to an exempt non-		ganization?				49a		
	If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key					49b	_					
				n's tive highest comp han \$100,000 of con								
			title of each emp		(b) Average hours per week devoted to position	(c) Rep	portable ensation 1/1099-MISC)	(d) Health be contributions to e benefit plans deferred compe	nefits, employee , and	(e) Estimate other com		
												
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52 Did	the organ	zation cor	•	ntractors each receiv le A? Note: All section	•	ations must	attach a					
Under pen		jury, I decla		amined this return, incl er (other than officer) is					my knowled	Yes ige and belie		No
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Sign Signature of officer Tamara Helmer ROH Prosident Treasurer Here Reido Halverson RDH Prosident												
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May the	IRS discus	s this retu	rn with the pre	parer shown above?	See instructions			<u> </u>		Form 99		No (2015)

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.

Total \$

provide any additional information.

Form 990 or 990-EZ.

Open to Public

Department of the Treasury Internal Revenue Service ► 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.

1,686

Name of the organization

Employer identification number 81-0412519

OMB No 1545-0047

Inspection

Mt Dental Hygienists Association

Description	Amount
Misc income	\$ 1,686

Form 990-EZ, Part I, Line 8 - Other Revenue

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

Description		Amount
Expenses		
Annual Meeting	\$	15,816
Delegates	\$	6,932
Spring Ce	\$	6,586
Insurance	\$	423
Administration	\$	1,097
Adwards	\$	36
Communications	\$	417
Misc	\$	421
Strategic planning	\$	780
Student members	\$	227
	Total \$	32,735

Form 990-EZ, Part III, Line 31 - All Other Accomplishment Annual meeting