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## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

OMB No. 1545-1150

2009

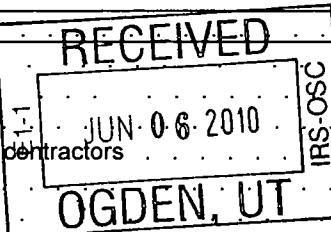
Open to Public  
Inspection

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning	, and ending		
B Check if applicable	D Employer identification number		
<input type="checkbox"/> Address change	75-2205793		
<input type="checkbox"/> Name change	E Telephone number		
<input type="checkbox"/> Initial return	(217) 227-3431		
<input type="checkbox"/> Terminated	F Group Exemption		
<input type="checkbox"/> Amended return	Number ►		
<input type="checkbox"/> Application pending			
G Accounting Method. <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►			
H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)			
I Website: ► WWW ACADEMYFORSPORTSDENTISTRY.ORG			
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) ( 3 ) ► (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return			
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 175,580			

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

1 Contributions, gifts, grants, and similar amounts received . . . . .	1	20,289
2 Program service revenue including government fees and contracts . . . . .	2	69,958
3 Membership dues and assessments . . . . .	3	80,990
4 Investment income . . . . .	4	69
5a Gross amount from sale of assets other than inventory . . . . .	5a	0
b Less: cost or other basis and sales expenses . . . . .	5b	0
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	0
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>		
a Gross revenue (not including \$ 2,156 of contributions reported on line 1) . . . . .	6a	4,274
b Less: direct expenses other than fundraising expenses . . . . .	6b	4,274
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c	0
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	0
8 Other revenue (describe ► ) . . . . .	8	0
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	9	171,306
10 Grants and similar amounts paid (attach schedule) . . . . .	10	0
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	39,405
14 Occupancy, rent, utilities, and maintenance . . . . .	14	
15 Printing, publications, postage, and shipping . . . . .	15	42,441
16 Other expenses (describe ► See Attached Statement) . . . . .	16	71,625
17 Total expenses. Add lines 10 through 16 ►	17	153,471
18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	17,835
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	74,480
20 Other changes in net assets or fund balances (attach explanation) . . . . .	20	0
21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	92,315



## Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments . . . . .	74,480	22 92,315
23 Land and buildings . . . . .		23
24 Other assets (describe ► ) . . . . .	0	24 0
25 Total assets . . . . .	74,480	25 92,315
26 Total liabilities (describe ► ) . . . . .	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	74,480	27 92,315

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)				Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )
What is the organization's primary exempt purpose? PREVENT & TREATMENT OF OROFACIAL ATHLETIC INJURIES				
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.				
28 THE ANNUAL SYMPOSIUM IS A YEARLY MEETING OF SCIENTIFIC SESSIONS FOCUSING ON THE PREVENTION & TREATMENT OF OROFACIAL ATHLETIC INJURIES, INCLUDING A COURSE ON DIAGNOSING & DESIGNING MOUTHGUARDS (Grants \$ 0 ) If this amount includes foreign grants, check here ► <input type="checkbox"/>				28a 57,240
29 "DENTAL TRAUMATOLOGY" IS THE OFFICIAL JOURNAL OF THE ACADEMY THIS BI-MONTHLY JOURNAL EDUCATES WITH UP TO DATE INFO ON CURRENT TREATMENTS AND CONTINUING RESEARCH ON OROFACIAL ATHLETIC INJURIES (Grants \$ 0 ) If this amount includes foreign grants, check here ► <input type="checkbox"/>				29a 40,998
30 WWW ACADEMYFORSPORTSDENTISTRY.ORG IS THE OFFICIAL WEBSITE OF THE ACADEMY IT INCLUDES INFO ON THE ORGANIZATION, CONTACT NUMBERS, SYMPOSIUM INFORMATION AND LINKS TO WEBSITES WITH RELATED INFORMATION. (Grants \$ 0 ) If this amount includes foreign grants, check here ► <input type="checkbox"/>				30a 1,468
31 Other program services (attach schedule) (Grants \$ 0 ) If this amount includes foreign grants, check here ► <input type="checkbox"/>				31a 3,225
32 Total program service expenses. (add lines 28a through 31a)				32 102,931
Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
EMILIO CANAL, JR., DDS 11290 STONES THROW DR RESTON VA 20190	Title PRESIDENT Hr/WK 6.00	0	0	0
RAY PADILLA, DDS 14650 AVIATION BLVD, SUITE 150 HAWTHORNE CA 90250	Title PRESIDENT-ELECT Hr/WK 4.00	0	0	0
HANS M. STASIUK, DMD BOX 836 PORTAGE LA PRAIRIE MANITOBA R1N 3C3 Canada	Title SECRETARY Hr/WK 3.00	0	0	0
ALEX M. DELLA BELLA 7835 REMINGTON ROAD CINCINNATI OH 45242	Title TREASURER Hr/WK 4.00	0	0	0
JEFFREY HOY, DDS 3440 W LOMITA BLVD, SUITE 340 TORRANCE CA 90505	Title IMMED. PAST PRES Hr/WK 2.00	0	0	0
DAVID KENNY, DDS, PhD 53 LASCELLES BL TORONTO, ONTARIO M5P 2C9 Canada	Title BOARD MEMBER Hr/WK 1.50	0	0	0
DR. RICHARD KNOWLTON 291 POPLAR LANE ELIZABETHTOWN PA 17022	Title BOARD MEMBER Hr/WK 1.50	0	0	0
DR. GREG LADD 608 WENTWORTH MCKINNEY TX 75070	Title BOARD MEMBER Hr/WK .00	0	0	0
JEFF LLOYD, DDS 9310 BASELINE ROAD RANCHO CUCAMONGA CA 91701	Title BOARD MEMBER Hr/WK 1.50	0	0	0
JIM LOVELACE, DDS 115 EAST FIRST STREET HINSDALE IL 60521	Title BOARD MEMBER Hr/WK 1.50	0	0	0
REGAN L. MOORE, DDS, MSD U OF LOUISVILLE SCH OF DENTISTRY LOUISVILLE KY 40292	Title BOARD MEMBER Hr/WK 1.50	0	0	0
MICHAEL NANNE, DDS 675 E NICOLLET BLVD, STE 120 BURNSVILLE MN 55337	Title BOARD MEMBER Hr/WK 1.50	0	0	0
PAUL NATIVI, DMD 1009 BERRY LANE EDWARDSVILLE IL 62025	Title BOARD MEMBER Hr/WK 1.50	0	0	0
RYAN SALAZAR, RDAEF 10737 CAMINO RUIZ, STE 145 SAN DIEGO CA 92126	Title BOARD MEMBER Hr/WK 1.50	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK .00	0	0	0

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity. 33  Yes  No

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes. 34  Yes  No

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T 35a  Yes  No

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 35b  Yes  No

b If "Yes," has it filed a tax return on Form 990-T for this year? 36  Yes  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. 37a  Yes  No

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 37b  Yes  No

b Did the organization file Form 1120-POL for this year? 38a  Yes  No

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 period covered by this return? 38b  Yes  No

b If "Yes," complete Schedule L, Part II and enter the total amount involved 39a  Yes  No

39 Section 501(c)(7) organizations Enter 39b  Yes  No

a Initiation fees and capital contributions included on line 9. 40a  Yes  No

b Gross receipts, included on line 9, for public use of club facilities. 40b  Yes  No

40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► 0 ; section 4912 ► 0 ; section 4955 ► 0 40c  Yes  No

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. 40d  Yes  No

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 40e  Yes  No

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 40f  Yes  No

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. 40g  Yes  No

41 List the states with which a copy of this return is filed. ► IL

42 a The organization's books are in care of ► SHELLY LOTT Telephone no. ► (217) 227-3431  
Located at ► 118 FAYE STREET City. FARMERSVILLE ST. IL ZIP + 4 ► 62533

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 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.?

If "Yes," enter the name of the foreign country: ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here

and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A

	Yes	No
42b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
42c	<input checked="" type="checkbox"/>	<input type="checkbox"/>

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ

	Yes	No
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>
45	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. . . . . Yes  No  46  X

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. . . . . 47  X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . 48  X

49 a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 49a  X

b If "Yes," was the related organization a section 527 organization? . . . . . 49b

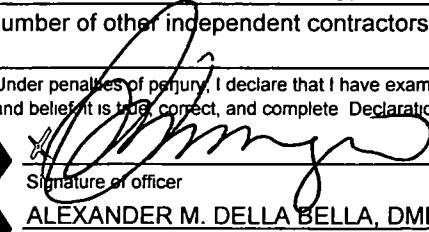
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." . . . . .

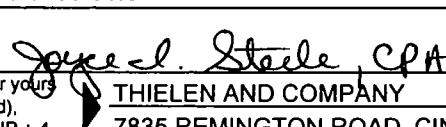
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str	Title			
City ST ZIP	Hr/WK 00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK 00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
f Total number of other employees paid over \$100,000 . . . . . ► 0				

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
d Total number of other independent contractors each receiving over \$100,000 . . . . . ► 0		

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 6/23/10  
 ALEXANDER M. DELLA BELLA, DMD Date  
 Type or print name and title TREASURER

Paid Preparer's Use Only	Preparer's signature 	Date 6/3/2010	Check if self- employed <input type="checkbox"/>	Preparer's identifying number (See instructions) P00319554
	Firm's name (or yours if self-employed), address, and ZIP + 4 THIELEN AND COMPANY 7835 REMINGTON ROAD, CINCINNATI, OH 45242		EIN <input type="checkbox"/> 31-1681206	Phone no <input type="checkbox"/> (513) 793-2251

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  X Yes  No

Department of the Treasury  
Internal Revenue Service

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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**Name of the organization**

THE ACADEMY FOR SPORTS DENTISTRY

**Employer identification number**

75-2205793

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)

3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state \_\_\_\_\_

5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)

6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)

8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

9  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box \_\_\_\_\_

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_

(ii) A family member of a person described in (i) above? \_\_\_\_\_

(iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_

h Provide the following information about the supported organization(s)

Yes	No
11g(i)	
11g(ii)	
11g(iii)	

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I)
**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	0	0				0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0				0
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0				0
4 Total. Add lines 1 through 3 . . . . .	0	0	0	0	0	0
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
6 Public support. Subtract line 5 from line 4. . . . .						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 . . . . .	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	0	0				0
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0				0
11 Total support. Add lines 7 through 10 . . . . .						0
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	0 00%
15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	15	0.00%
16a 33 1/3% support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b 33 1/3% support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a ,or 17b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .	73,891	72,275	66,665	79,004	93,249	385,084
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	33,097	54,258	63,661	44,789	69,958	265,763
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0	0	0
6 Total. Add lines 1 through 5 . . . . .	106,988	126,533	130,326	123,793	163,207	650,847
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .	13,074	11,570	19,286	17,068	18,076	79,074
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .	0	0	0	0	0	0
c Add lines 7a and 7b . . . . .	13,074	11,570	19,286	17,068	18,076	79,074
8 Public support (Subtract line 7c from line 6.) . . . . .						571,773

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6 . . . . .	106,988	126,533	130,326	123,793	163,207	650,847
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	300	466	384	117	69	1,336
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .	0	0	0	0	0	0
c Add lines 10a and 10b . . . . .	300	466	384	117	69	1,336
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .	0	0	0	0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12.) . . . . .	107,288	126,999	130,710	123,910	163,276	652,183
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	87 67%
16 Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	16	87 77%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	0 20%
18 Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	18	0 25%
19a 33 1/3% support tests-2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input checked="" type="checkbox"/>		
b 33 1/3% support tests-2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

## Part IV

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

**Part I, Line 16 (990-EZ) - Other Expenses**

		71,625
1	Travel	1 5,946
2	Meals and entertainment	2 _____
3	Fundraising	3 _____
4	Amortization	4 0
5	Conferences, conventions, and meetings	5 _____
6	Depreciation	6 0
7	Depletion	7 _____
8	Equipment rental and maintenance	8 _____
9	Interest	9 _____
10	Supplies	10 60
11	Telephone	11 1,368
12	Unrelated business income taxes	12 0
13		13 _____
14	Bank fees	14 4,988
15	Dues & subscriptions	15 493
16	Insurance	16 1,052
17	Licenses & permits	17 13
18	Symposium expenses	18 54,720
19	Website	19 2,985
20		20 _____
21		21 _____
22		22 _____
23		23 _____
24		24 _____
25		25 _____
26		26 _____
27		27 _____
28		28 _____
29		29 _____
30		30 _____
31		31 _____
32		32 _____
33		33 _____
34		34 _____
35		35 _____

**Part III, Line 31 (990-EZ) - Other Program Services**

		<b>Program Service Expenses</b>
THE ACADEMY HAS DEVELOPED A SLIDE SERIES THAT MEMBERS USE TO EDUCATE THOSE IN THEIR COMMUNITIES ON THE PREVENTION OF OROFACIAL ATHLETIC INJURIES. EMERGENCY TREATMENT CARDS ARE ALSO AVAILABLE.		
(Grants and allocations \$	0.) If this amount includes foreign grants, check here <input type="checkbox"/>	3,225
(Grants and allocations \$	0.) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$	0.) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$	0.) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$	0.) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$	0.) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$	0.) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$	0.) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$	0.) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$	0.) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$	0.) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$	0.) If this amount includes foreign grants, check here <input type="checkbox"/>	0
Total	0	Total 3,225

Application for Extension of Time To File an  
Exempt Organization Return

COPY

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box. ►
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

*Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.***Part 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.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization THE ADACEMY FOR SPORTS DENTISTRY	Employer identification number 75-2205793
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions 118 FAYE STREET	
	City, town or post office, state, and ZIP code For a foreign address, see instructions FARMERSVILLE	IL 62533

Check type of return to be filed (file a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► SHELLY LOTT 118 FAYE STREET FARMERSVILLE IL 62533

Telephone No. ► (217) 227-3431 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 is for the whole group, check this box. ►  If it is for part of the group, check this box. ►  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year 2009 or

►  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$ 0

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.