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Short Form
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)**

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
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*

OMB No 1545-1150

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning November 1, 2010, and ending October 31, 2011

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization	
Florida Academy of General Dentistry (Florida AGD)	
Number and street (or P O box, if mail is not delivered to street address)	Room/suite
2372 NW 8th St.	
City or town, state or country, and ZIP + 4	
Delray Beach, FL 33445-2039	

D Employer identification number
23-7354466

E Telephone number
866-620-0773

F Group Exemption
Number ►

G Accounting Method Cash Accrual Other (specify) ►

| Website: ► www.flagd.org

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (6) ► (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

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

Revenue	0
1 Contributions, gifts, grants, and similar amounts received	0
2 Program service revenue including government fees and contracts	28,755
3 Membership dues and assessments	86,999
4 Investment income	1,503
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 6a) 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)	0
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	117,257
2015 ANNUAL REPORT	
Net Assets	0
10 Grants and similar amounts paid (list in Schedule O)	0
11 Benefits paid to or for members	0
12 Salaries, other compensation, and employee benefits	0
13 Professional fees and other payments to independent contractors	53,688
14 Occupancy, rent, utilities, and maintenance	0
15 Printing, publications, postage, and shipping	11,602
16 Other expenses (describe in Schedule O)	51,193
17 Total expenses. Add lines 10 through 16 ►	116,483
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	774
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)	173,930
20 Other changes in net assets or fund balances (explain in Schedule O)	0
21 Net assets or fund balances at end of year Combine lines 18 through 20 ►	174,704

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2010)

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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 <input type="checkbox"/>		
		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments		22	
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	Total assets	173,930	25 174,704	
26	Total liabilities (describe in Schedule O)		26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	173,930	27 174,704	
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 <input type="checkbox"/>		
What is the organization's primary exempt purpose? To provide educational benefits to members		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)		
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	Continuing Educational Seminars - classes offered throughout the State of Florida to allow Florida AGD members to fulfill their requirements for relicensure in Florida and in the National AGD, as well as to become current on dental products and services	(Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 14,388	
29	Publication of the Florida Focus, a newsletter sent to approximately 1,800 dentists and dental students in Florida three times a year to provide valuable information necessary for their practice and for the proper management of the Florida AGD	(Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here <input type="checkbox"/>	29a 11,602	
30	Costs to manage the Florida AGD, including contracted management company, expenses for officers and Board members to attend meetings, membership recruitment and retention, web site maintenance, supplies, telephone, fax, files, and other office expenses.	(Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here <input type="checkbox"/>	30a 90,493	
31	Other program services (describe in Schedule O)	(Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)		32 116,483	
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 <input type="checkbox"/>		
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-) <input type="checkbox"/>	(d) Contributions to employee benefit plans & deferred compensation <input type="checkbox"/>	(e) Expense account and other allowances <input type="checkbox"/>
Dr. E. Donald Thomas 201 N. Lakemont Ave. #300, Winter Park, FL 32792	President, 4 hours	0	0	0
Dr. L. Michael Badger 9672 Camberley Circle, Orlando, FL 32836	President-Elect, 2 hours	0	0	0
Dr. Tony Menendez 4120 Tamiami Trail, Suite A, Port Charlotte, FL 333952	Vice President, 2 hours	0	0	0
Dr. Irma Tassi 13000 Bruce B. Downs Blvd., Tampa, FL 33612	Secretary, 2 hours	0	0	0
Dr. Harvey Gordon 4949 SW 33rd Way, Ft. Lauderdale, FL 33312	Treasurer, 5 hours	0	0	0
Dr. Roderick Shaw, III 317 N. Duval St., Madison, FL 32340	Past President, 1 hour	0	0	0
Dr. B. Laurel Casey 399 150th Ave., #317, Madeira Beach, FL 33708	Editor, 2 hours	0	0	0
Dr. Bipin Sheth 5329 Coconut Creek Pkwy, Margate, FL 33063	Board Member, 1 hour	0	0	0
Dr. Jeffrey Oppenberg 11935 85th St., Tampa, FL 33612	Board Member, 1 hour	0	0	0
Dr. Jason Lewis 130 Gateway Circle, St. Johns, FL 32259	Board Member, 1 hour	0	0	0

Part V Other Information (Note the 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 activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
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	✓
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, explain in Schedule O why the organization did not report the income on Form 990-T.	35a	✓
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35b	✓
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	36	✓
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	0
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a	37b	✓
b Did the organization file Form 1120-POL for this year?	38a	✓
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?	38b	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	✓
39 Section 501(c)(7) organizations. Enter:	39b	✓
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) and 501(c)(4) 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) 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 ► _____		
d Section 501(c)(3) and 501(c)(4) 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.	40e	✓
41 List the states with which a copy of this return is filed. ► none		
42a The organization's books are in care of ► Small Association Management, Inc. Telephone no. ► 305-613-2742 Located at ► 2372 NW 8th St., Delray Beach, FL ZIP + 4 ► 33445-2039		
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)?	42b	✓
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 .	42c	✓
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		
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	✓
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	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
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	✓

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	✓
a	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)	45a	✓
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	✓

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 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? 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 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

f Total number of other employees paid over \$100,000 ► **None**
 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

d Total number of other independent contractors each receiving over \$100,000 ► **None**
 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts 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	<i>Harvey P. Gordon, DDS</i>		Date <i>10/10/12</i>
	Signature of officer		
	Dr. Harvey Gordon, Treasurer		
Type or print name and title			

Paid Preparer Use Only	Part/Type preparer's name <i>ROSALIE A. SMALL</i>	Preparer's signature <i>Rosalie A. Small</i>	Date <i>10/10/12</i>	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ► Small Association Management			Firm's EIN ► 20-3886355	
	Firm's address ► 2372 NW 8th St., Delray Beach, FL 33445-2039			Phone no	305-613-2742

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