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Form **990-EZ****Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2010**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceUnder 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.

A For the 2010 calendar year, or tax year beginning **November 1**, 2010, and ending **October 31**, 20 **11****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)

2372 NW 8th St.

Room/suite

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) ►**I** Website: ► **www.flagd.org****H** Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**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 | 1 | Contributions, gifts, grants, and similar amounts received | 1 | 0 |
| | 2 | Program service revenue including government fees and contracts | 2 | 28,755 |
| | 3 | Membership dues and assessments | 3 | 86,999 |
| | 4 | Investment income | 4 | 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 | | 0 |
| | 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 50% of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b | | |
| | c | Less: direct expenses from gaming and fundraising events 6c | | |
| | d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d | | 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 in Schedule O) 8 | | 0 |
| | 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. ► 9 | | 117,257 |
| Net Assets | 10 | Grants and similar amounts paid (list in Schedule O) 10 | | 0 |
| | 11 | Benefits paid to or for members 11 | | 0 |
| | 12 | Salaries, other compensation, and employee benefits 12 | | 0 |
| | 13 | Professional fees and other payments to independent contractors 13 | | 53,688 |
| | 14 | Occupancy, rent, utilities, and maintenance 14 | | 0 |
| | 15 | Printing, publications, postage, and shipping 15 | | 11,602 |
| | 16 | Other expenses (describe in Schedule O) 16 | | 51,193 |
| | 17 | Total expenses. Add lines 10 through 16. ► 17 | | 116,483 |
| | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) 18 | | 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) 19 | | 173,930 |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) 20 | | 0 |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20. ► 21 | | 174,704 |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

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 ☐

| | (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 ☐What is the organization's primary exempt purpose? **To provide educational benefits to members**

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 section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

| | | |
|---|------------|----------------|
| 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 \$) 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 \$) 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 \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | 90,493 |
| 31 Other program services (describe in Schedule O) (Grants \$) 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 ☐

| (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 |
|---|--|---|---|--|
| 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 |
| | | | | |
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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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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. | | |
| 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0 | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did the organization file Form 1120-POL for this year? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b | | |
| 39 Section 501(c)(7) organizations. Enter: | | |
| 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 ▶ ; 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 41 List the states with which a copy of this return is filed. ▶ none | | |
| 42a The organization's books are in care of ▶ <u>Small Association Management, Inc.</u> Telephone no. ▶ <u>305-613-2742</u> Located at ▶ <u>2372 NW 8th St., Delray Beach, FL</u> ZIP + 4 ▶ <u>33445-2039</u> | | |
| 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)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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.? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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 ▶ <input type="checkbox"/> 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c Did the organization receive any payments for indoor tanning services during the year? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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 | <input type="checkbox"/> | <input type="checkbox"/> |

| | Yes | No |
|---|-----|-------------------------------------|
| 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? | | <input checked="" type="checkbox"/> |
| 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) | | <input checked="" type="checkbox"/> |
| 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 | | <input checked="" 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 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 | | |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | | |
| b If "Yes," was the related organization a section 527 organization? | | |
| 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." | | |

| (a) Name and 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 |
|--|--|------------------|---|--|
| | | | | |
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| | | | | |

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 |
|--|---------------------|------------------|
| | | |
| | | |
| | | |
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| | | |

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 | Signature of officer <u>Harvey G. Gordon, DDS</u> | | Date <u>10/10/12</u> | |
| | Type or print name and title <u>Dr. Harvey Gordon, Treasurer</u> | | | |
| Paid Preparer Use Only | Preparer's name <u>ROSALIE A. SMALL</u> | | Preparer's signature <u>Rosalie A. Small</u> | |
| | Firm's name <u>Small Association Management</u> | | Firm's EIN <u>20-3886355</u> | |
| | Firm's address <u>2372 NW 8th St., Delray Beach, FL 33445-2039</u> | | Phone no <u>305-613-2742</u> | |
| May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |