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Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	232,040	22	239,803
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	Total assets	232,040	25	239,803
26	Total liabilities (describe in Schedule O)		26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	232,040	27	239,803

Part III

Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? AN ORGANIZATION OF INDIVIDUALS WHOSE PRIMARY CONCERN IS THE PRACTICE, TEACHING, AND/OR RESEARCH SPECIFICALLY RELATED TO THE SPECIALTY OF PEDIATRIC DENTISTRY ITS PURPOSE IS THE ADVANCEMENT OF THE SPECIALTY OF PEDIATRIC DENTISTRY FOR THE BENEFIT OF THE HEALTH OF THE PUBLIC		(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28 THE SOCIETY PUBLISHED AN INFORMATIVE AND EDUCATIONAL NEWSLETTER THREE TIMES DURING 2011, WHICH IS CIRCULATED TO APPROXIMATELY 592 MEMBERS (Grants \$ 8,023) If this amount includes foreign grants, check here ▶ ☐		28a	
29 TO PROMOTE THE ACHIEVEMENT OF HIGH EDUCATIONAL STANDARDS BY PROVIDING CONTINUING EDUCATIONAL PROGRAMS FOR ITS MEMBERS (Grants \$ 139,157) If this amount includes foreign grants, check here ▶ ☐		29a	
30 (Grants \$) If this amount includes foreign grants, check here ▶ ☐		30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ▶ ☐		31a	
32 Total program service expenses (add lines 28a through 31a)▶		32	147,180

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
See Additional Data Table				

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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	No
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
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?	38a	No
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	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
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	No
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ JUDY SALISBURY Telephone no ▶ (812) 923-2700 10032 WIND HILL DRIVE Located at ▶ GREENVILLE, IN ZIP + 4 ▶ 471249673		
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 .	42b	No
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 ▶	42c	No
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? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

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

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.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school 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?		
49b	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
NONE				
f Total number of other employees paid over \$100,000				

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "		
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d	Total number of other independent contractors each receiving over \$100,000	
52	Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations 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	*****	2012-08-13			
	Signature of officer	Date			
	JUDITH SALISBURY Executive Direc				
	Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	DELBERT W HANNEMAN CPA	Date	Check if self-employed	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	Hanneman CPA PA			EIN
		3455 N Amidon Ave			Phone no
		Wichita, KS 672044147			(316) 832-1123
May the IRS discuss this return with the preparer shown above? See instructions					☒ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011**Open to Public
Inspection**Name of the organization
SOUTHWESTERN SOCIETY OF PEDIATRIC
DENTISTRY**Employer identification number**

75-1427674

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 8	Other Expenses 8	TAX -STATE \$40
Form 990-EZ, Part I, Line 16 7	Other Expenses 7	AWARDS \$541
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	OFFICE OVERHEAD \$964
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	SUPPLIES \$998
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	TELEPHONE \$1378
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	BANK CHARGES \$4888
Form 990-EZ, Part I, Line 16 1007	Other Expenses 1007	Conferences, Conventions, and Meetings \$123666
Form 990-EZ, Part I, Line 16 1005	Other Expenses 1005	Travel \$113

Additional Data

Software ID: 11000144
Software Version: 2011v1.2
EIN: 75-1427674
Name: SOUTHWESTERN SOCIETY OF PEDIATRIC
DENTISTRY

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
TANDI DONALDSON 7578 SHERIDAN BLVD ARVADA,CO 80003	President 1 00	0		
JASON CLAPP 2000 HIGHLAND VILLAGE RD C HIGHLAND VILLAGE,TX 75077	Past President 1 00	0		
ROB DELAROSA 9000 AIRLINE HWY 100 BATON ROUGE,LA 708154103	Director 1 00	0		
MARVIN CAVALLINO 3116 6TH ST 201 METAIRIE,LA 70002	President-Elect 1 00	0		
LISA FOX 9358 DORCHESTER ST 106 HIGHLANDS RANCH,CO 801292432	Secretary-Treas 1 00	0		
KELLI ETTTELBRICK 3333 PRESTON RD 104 FRISCO,TX 75034	Director 1 00	0		
JUDITH SALISBURY 10032 WIND HILL DR GREENVILLE,IN 47124	Executive Direc 10 00	18,993		
KEVIN HANEY 1201 N STONEWALL AVENUE OKLAHOMA CITY,OK 73117	Vice President 1 00	0		