



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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.

A For the 2012 calendar year, or tax year beginning

, and ending

B	Check if applicable	C	Name of organization	D	Employer identification number
<input type="checkbox"/>	Address change	THE ACADEMY FOR SPORTS DENTISTRY			75-2205793
<input type="checkbox"/>	Name change	Number and street (or P O box, if mail is not delivered to street address)			E Telephone number
<input type="checkbox"/>	Initial return	118 FAYE STREET			(217) 227-3431
<input type="checkbox"/>	Terminated	City or town	state or country	ZIP + 4	F Group Exemption Number ►
<input type="checkbox"/>	Amended return	FARMERSVILLE	IL	62533	
<input type="checkbox"/>	Application pending				

G Accounting Method Cash Accrual Other (specify) ►**I Website:** ► WWW.ACADEMYFORSPORTSDENTISTRY.ORG**J Tax-exempt status (check only one)** — 501(c)(3) 501(c)() ◀ (insert no) 4947(a)(1) or 527**H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)****K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 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 ► \$ 153,458

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	10,921
	2 Program service revenue including government fees and contracts	2	57,981
	3 Membership dues and assessments	3	82,039
	4 Investment income	4	27
	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 \$ 1,275 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	2,490
	c Less direct expenses from gaming and fundraising events	6c	2,490
	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	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	150,968
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	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	40,342
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	48,314
	16 Other expenses (describe in Schedule O)	16	54,926
	17 Total expenses. Add lines 10 through 16	17	143,582
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,386
	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	149,534
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	156,920

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form 990-EZ (2012)

SCANNED AUG 27 2013

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	149,534	22 156,920
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	149,534	25 156,920
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	149,534	27 156,920

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? SEE SCHEDULE O

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

Expenses

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

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 \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	46,737
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 \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	45,590
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 \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	612
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	374
32 Total program service expenses. (add lines 28a through 31a) ► <input type="checkbox"/>	32	93,313

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JEFF LLOYD, DDS PRESIDENT	Hr/WK 6 00	0		
RICHARD KNOWLTON, DMD PRESIDENT-ELECT	Hr/WK 4 00	0		
JEFFREY HOY, DDS SECRETARY	Hr/WK 3 00	0		
W ROBERT HOWARTH, DDS TREASURER	Hr/WK 4 00	0		
PAUL NATIVI, DMD IMMED PAST PRES.	Hr/WK 2 00	0		
EMILIO CANAL, JR., DDS BOARD MEMBER	Hr/WK 1 50	0		
ALEX M. DELLA BELLA, DMD BOARD MEMBER	Hr/WK 1 50	0		
EDWARD BICK, DDS BOARD MEMBER	Hr/WK 1 50	0		
JIM LOVELACE, DDS BOARD MEMBER	Hr/WK 1 50	0		
MICHAEL NANNE, DDS BOARD MEMBER	Hr/WK 1.50	0		
RYAN SALAZAR, RDAEF BOARD MEMBER	Hr/WK 1 50	0		
EMILIO CANAL, JR., DDS BOARD MEMBER	Hr/WK 1 50	0		

Part V 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.

	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	X
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	X
35 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	X
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	
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	X
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	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
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 tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____	40b	X
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		
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 8868-T	40e	X
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.	42b	X
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country. ► _____	42c	X
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		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
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	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
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	
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b 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	X

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

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 or have a section 501(h) election in effect during the tax year? 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 title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans and deferred compensation	(e) Estimated amount of other compensation
Name None				
Title	Hr/WK 00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			

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
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 ►

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 W ROBERT HOWARTH, DDS	Date 6/20/2013	
			TREASURER

Paid Preparer Use Only	Print/Type preparer's name JOYCE STEELE	Preparer's signature Joyce L Steele, CPA	Date 6/20/2013	Check <input type="checkbox"/> if self-employed	PTIN P00319554
	Firm's name ► THIELEN AND COMPANY			Firm's EIN ► 31-1681206	
	Firm's address ► 7835 REMINGTON ROAD, CINCINNATI, OH 45242			Phone no (513) 793-2251	

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No 1545-0047

2012

Open to Public
Inspection

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—Non-functionally integrated
- 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)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

HTA

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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
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
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 2012 (line 6, column (f) divided by line 11, column (f))	14	0 00%
15 Public support percentage from 2011 Schedule A, Part II, line 14.	15	0 00%
16a 33 1/3% support test—2012. 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—2011. 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—2012. 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—2011. 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 or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	79,004	93,249	98,260	87,960	89,195	447,668
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	44,789	69,958	79,114	86,350	82,039	362,250
3 Gross receipts from activities that are not an unrelated trade or business under section 513	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
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
6 Total. Add lines 1 through 5	123,793	163,207	177,374	174,310	171,234	809,918
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	17,068	18,076	18,218	15,685	15,347	84,394
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	17,068	18,076	18,218	15,685	15,347	84,394
8 Public support (Subtract line 7c from line 6)						725,524

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	123,793	163,207	177,374	174,310	171,234	809,918
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	117	69	86	75	27	374
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	117	69	86	75	27	374
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)	123,910	163,276	177,460	174,385	171,261	810,292
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 2012 (line 8, column (f) divided by line 13, column (f))	15	89 54%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	88 43%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	0 05%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	0 09%
19a 33 1/3% support tests—2012. 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—2011. 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. Also complete this part for any additional information. (See instructions).

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

2012Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Name of the organization

THE ACADEMY FOR SPORTS DENTISTRY

Employer identification number
75-2205793

Form 990-EZ, Part III, Line 31. 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, Program service expenses: 374.

Form 990-EZ, Part I, Line 16, Other Expenses Travel 6,552

Form 990-EZ, Part I, Line 16, Other Expenses Interest 3

Form 990-EZ, Part I, Line 16, Other Expenses Supplies 210

Form 990-EZ, Part I, Line 16, Other Expenses Telephone 1,141

Form 990-EZ, Part I, Line 16, Other Expenses Bank fees 6,062

Form 990-EZ, Part I, Line 16, Other Expenses Dues & subscriptions 240

Form 990-EZ, Part I, Line 16, Other Expenses Insurance 1,116

Form 990-EZ, Part I, Line 16, Other Expenses Licenses & permits: 25

Form 990-EZ, Part I, Line 16, Other Expenses Symposium expenses 38,617

Form 990-EZ, Part I, Line 16, Other Expenses Website 960

Form 990-EZ Part III Line PURPOSE The primary exempt purpose of the organization is
education, service and research pertaining to the prevention and treatment of sports related
orofacial injuries and diseases

Form 990-EZ Part V Line 34 The membership approved the elimination of the corporate membership
designation. They also made a couple of minor clarifications in the bylaws

Name of the organization

THE ACADEMY FOR SPORTS DENTISTRY

Employer identification number

75-2205793

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

Page 1 of 1 of Part IV

Name of Organization

Employer identification number

THE ACADEMY FOR SPORTS DENTISTRY

75-2205793

Status History	
Created	5/15/2013
Transmitted to EFC	5/15/2013
Transmitted to Agency	5/15/2013
Accepted	5/15/2013

Current Acknowledgement Detail	
Ack Status	Date: 5/15/2013
Accepted Code:	Accepted
Debt Code:	
PIN Indicator:	
Payment Ack:	---
Birth Date Validity:	---
Number of Errors:	0
Error Rejected Codes:	

Return Name: 90EZ ACADEMY FOR SPORTS DENTISTRY	
SSN: 752205793	Refund: 0
DCN: 31497720131354344015	Status Date: 5/15/2013
Status: Accepted	
Jurisdiction: Federal	
Type: 8868 Pg 1	
Sub Type: Extension	
Service Center: Unknown	

