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Short Form  
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

Open to Public  
Inspection

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. 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 **MAY 1, 2012** and ending **APR 30, 2013**

B Check if applicable	C Name of organization <b>PEORIA DISTRICT DENTAL SOCIETY</b>		D Employer identification number <b>37-6063365</b>
<input type="checkbox"/> Address change	Number and street (or P.O. box, if mail is not delivered to street address) <b>11302 STONE CREEK DRIVE</b>		E Telephone number <b>309-643-4615</b>
<input type="checkbox"/> Name change	Room/suite		
<input type="checkbox"/> Initial return	City or town, state or country, and ZIP + 4 <b>DUNLAP, IL 61525</b>		F Group Exemption Number ►
<input type="checkbox"/> Terminated			
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending			

G Accounting Method:  Cash  Accrual Other (specify) ►I Website: ► [WWW.PDDS.ORG](http://WWW.PDDS.ORG)J Tax-exempt status (check only one) —  501(c)(3)  501(c)(6) (insert no.)  4947(a)(1) or  527K 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 ► \$ **87,330.****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	
	2 Program service revenue including government fees and contracts	2	<b>3,850.</b>
	3 Membership dues and assessments	3	<b>75,043.</b>
	4 Investment income	4	<b>133.</b>
	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	6a	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b	<b>8,167.</b>
	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6c	<b>6,859.</b>
	c Less: direct expenses from gaming and fundraising events	6d	<b>1,308.</b>
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	7a	
	7a Gross sales of inventory, less returns and allowances	7b	
	b Less: cost of goods sold	7c	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	<b>137.</b>
	8 Other revenue (describe in Schedule O)	9	<b>80,471.</b>
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	10	<b>1,000.</b>
10 Grants and similar amounts paid (list in Schedule O)	11		
11 Benefits paid to or for members	12	<b>15,001.</b>	
12 Salaries, other compensation, and employee benefits	13	<b>1,149.</b>	
13 Professional fees and other payments to independent contractors	14	<b>378.</b>	
14 Occupancy, rent, utilities, and maintenance	15	<b>1,390.</b>	
15 Printing, publications, postage, and shipping	16	<b>28,895.</b>	
16 Other expenses (describe in Schedule O)	17	<b>47,813.</b>	
17 Total expenses. Add lines 10 through 16	18	<b>32,658.</b>	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	<b>93,377.</b>	
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)	20	<b>0.</b>	
20 Other changes in net assets or fund balances (explain in Schedule O)	21	<b>126,035.</b>	
21 Net assets or fund balances at end of year. Combine lines 18 through 20			

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)

**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	92,670.22	125,706.
23	Land and buildings		23
24	Other assets (describe in Schedule O)	707.24	329.
25	Total assets	93,377.25	126,035.
26	Total liabilities (describe in Schedule O)	0.26	0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	93,377.27	126,035.

**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 CONDUCTED CONTINUING EDUCATION CONFERENCES TO EDUCATE MEMBERS. CONDUCTED COMMUNITY EVENTS TO EDUCATE THE PUBLIC REGARDING THE SCIENCE OF DENTISTRY.**

(Grants \$ ) If this amount includes foreign grants, check here 

28a

29

(Grants \$ ) 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

**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
DR DENISE FLYNN PAST PRESIDENT	0.40	0.	0.	0.
DR JOHN STEINWEDEL PRESIDENT	0.40	0.	0.	0.
DR NATHAN SCHROEDER TREASURER	0.40	0.	0.	0.
DR STEPHEN BENJAMIN VICE-PRESIDENT	0.40	0.	0.	0.
DR SCOTT ANDERSON SECRETARY	0.40	0.	0.	0.
DR CHRISTOPHER LOUDERMILK DIRECTOR	0.40	0.	0.	0.
DR J TODD GRAY DIRECTOR	0.40	0.	0.	0.
DR DEREK GRZANICH DIRECTOR	0.40	0.	0.	0.
DR REZA VAKILLI DIRECTOR	0.40	0.	0.	0.
DR JOHN ZIMDARS DIRECTOR	0.40	0.	0.	0.
DR FABIAN HOSEIN DIRECTOR	0.40	0.	0.	0.
MELISSA ROEHM STIGALL DIRECTOR	0.40	0.	0.	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 Sch. O to respond to any question in this Part V

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

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

35a 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

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  N/A

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

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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions  37a  0.

b Did the organization file Form 1120-POL for this year?  37b

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

b If "Yes," complete Schedule L, Part II and enter the total amount involved  38b  N/A

39 Section 501(c)(7) organizations. Enter:  39a  N/A

a Initiation fees and capital contributions included on line 9  39b  N/A

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  N/A ; section 4912  N/A ; section 4955  N/A

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  N/A

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  40c  N/A

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  40d  N/A

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  NATHAN SHROEDER Telephone no.  309-643-4615  
Located at  11302 N STONE CREEK DRIVE, DUNLAP, IL ZIP + 4  61525

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

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

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45a

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

	Yes	No
33		<input checked="" type="checkbox"/>
34		<input checked="" type="checkbox"/>
35a		<input checked="" type="checkbox"/>
35b	<input type="checkbox"/> N/A	
35c	<input checked="" type="checkbox"/>	
36		<input checked="" type="checkbox"/>
37b		<input checked="" type="checkbox"/>
38a		<input checked="" type="checkbox"/>
38b	<input type="checkbox"/> N/A	
39a	<input type="checkbox"/> N/A	
39b	<input type="checkbox"/> N/A	
40b	<input type="checkbox"/> N/A	
40c		<input checked="" type="checkbox"/>
40d		<input type="checkbox"/>
40e		<input checked="" type="checkbox"/>
42b		<input checked="" type="checkbox"/>
42c		<input checked="" type="checkbox"/>
43		<input type="checkbox"/>
44a		<input checked="" type="checkbox"/>
44b		<input checked="" type="checkbox"/>
44c		<input checked="" type="checkbox"/>
44d		<input type="checkbox"/>
45a		<input checked="" type="checkbox"/>
45b		<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

46	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

**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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. 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 title of each employee paid more than \$100,000  N/A	(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

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."  N/A

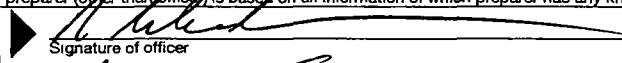
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

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

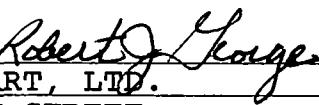
Sign Here

 Signature of officer

8/13/13  
Date

 Type or print name and title

TREASURER

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	ROBERT J. GEORGE	 Robert J. George	8/8/13		P00072160
	Firm's name ► HEINOLD-BANWART, LTD.				Firm's EIN ► 37-1196235
	Firm's address ► 2400 N. MAIN STREET EAST PEORIA, IL 61611-1795				Phone no. (309) 694-4251

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

Form 990-EZ (2012)



**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check ►  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check ►  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)			
<b>d</b> Other exempt purpose expenditures			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)			
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)			
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-			
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-			
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	X
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	X

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	75,043.
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	1,000.
b Carryover from last year	2b	
c Total	2c	1,000.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	1,000.

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 990-EZ or to provide any additional information.  
► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2012**  
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Name of the organization

PEORIA DISTRICT DENTAL SOCIETY

Employer identification number  
37-6063365

**FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:**

**DESCRIPTION OF PROPERTY:** **AMOUNT:**

INTEREST INCOME 133.

**FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:**

**DESCRIPTION OF OTHER REVENUE:** **AMOUNT:**

MISCELLANEOUS INCOME 137.

**FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:**

**ACTIVITY CLASSIFICATION:** SCHOLARSHIP

**GRANTEE RELATIONSHIP:** N/A

**PROPERTY DESCRIPTION:** CASH

**DATE OF GIFT:** 06/27/12

**AMOUNT GIVEN:** 1,000.

**FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE:**

**DESCRIPTION OF EXPENSES:** **AMOUNT:**

DEPRECIATION 378.

**FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:**

**DESCRIPTION OF OTHER EXPENSES:** **AMOUNT:**

TRAVEL 996.

MEETINGS 20,044.

MISCELLANEOUS 1,419.

AUTO 78.

**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 990-EZ or to provide any additional information.  
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Name of the organization

PEORIA DISTRICT DENTAL SOCIETY

Employer identification number  
37-6063365

<u>DONATIONS</u>	3,448.
<u>MEMORIALS</u>	292.
<u>GIFTS</u>	320.
<u>EDUCATION EXPENSE</u>	-179.
<u>LICENSE &amp; FEES</u>	10.
<u>BANK CHARGES</u>	21.
<u>ADVERTISING</u>	426.
<u>OFFICE</u>	1,870.
<u>INSURANCE</u>	150.
<u>TOTAL TO FORM 990-EZ, LINE 16</u>	28,895.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
<u>EQUIPMENT &amp; FURNITURE</u>	6,436.	6,436.
<u>ACCUMULATED DEPRECIATION</u>	-5,729.	-6,107.
<u>TOTAL TO FORM 990-EZ, LINE 24</u>	707.	329.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE PRIMARY EXEMPT PURPOSE  
OF THE ORGANIZATION IS TO REPRESENT THE INTERESTS OF THE DENTAL  
PROFESSION AND THE PATIENTS THEY SERVE. ANOTHER OBJECTIVE OF THE  
ORGANIZATION IS TO ENSURE THAT THE HIGHEST QUALITY DENTAL CARE IS  
PROVIDED TO THE PUBLIC.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,  
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

**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 990-EZ or to provide any additional information.  
► Attach to Form 990 or 990-EZ.

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**2012**  
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Name of the organization

**PEORIA DISTRICT DENTAL SOCIETY**

Employer identification number  
**37-6063365**

**THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,**  
**OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.**

Name of the organization

## PEORIA DISTRICT DENTAL SOCIETY

**Employer identification number**  
**37-6063365**

**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 title	(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
JOEL LOVELL	0.40	0.	0.	0.
DIRECTOR				
DAN LOVELL	0.40	0.	0.	0.
DIRECTOR				
JAMIE SMITH	0.40	0.	0.	0.
DIRECTOR				