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Form 990-EZ

# 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)

OMB No 1545-1150

2012

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

- 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 **11/01/12**, and ending **10/31/13**

B Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization

**FLORIDA ACADEMY OF  
GENERAL DENTISTRY, INC.**

Number and street (or P O box, if mail is not delivered to street address)

**2372 NW 8TH STREET**

D Employer identification number

**23-7354466**

City or town, state or country, and ZIP + 4

**DELRAY BEACH FL 33445-2039**

E Telephone number

**866-620-0773**

F Group Exemption

Number ►

G Accounting Method  Cash  Accrual Other (specify) ►I Website: ► **WWW.FLAGD.ORG**J Tax-exempt status (check only one) —  501(c)(3)  501(c) ( 6 ) (insert no)  4947(a)(1) or  527H 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

► \$ **106,664****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

1 Contributions, gifts, grants, and similar amounts received	1	
2 Program service revenue including government fees and contracts	2	<b>18,441</b>
3 Membership dues and assessments	3	<b>87,020</b>
4 Investment income	4	<b>1,203</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)		
6 Gaming and fundraising events	5c	
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
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)	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)		
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)		
8 Other revenue (describe in Schedule O)	7c	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	8	
	9	<b>106,664</b>
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	<b>50,895</b>
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	<b>10,064</b>
16 Other expenses (describe in Schedule O)	16	<b>43,208</b>
17 Total expenses. Add lines 10 through 16	17	<b>104,167</b>
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<b>2,497</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)	19	<b>178,216</b>
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	<b>180,713</b>

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)

5P

**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	23
22 Cash, savings, and investments	178,216	22	180,713
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	178,216	25	180,713
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)	178,216	27	180,713

**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 II.*

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

28 SEE SCHEDULE Q

(*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)

**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
CHRIS WUJICK DMD PRES-ELECT	2.00	0	0	0
JASON LEWIS, DDS PRES	4.00	0	0	0
MARK FALCO DMD SECRETARY	2.00	0	0	0
HARVEY GORDON, DDS TREASURER	5.00	0	0	0
ROSALIE A SMALL EXEC DIRECTOR	30.00	0	0	0
(ROSALIE SMALL IS COMPENSATED BY SMALL GROUP MANGMNT)				

**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

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

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  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

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  X

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  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

b Gross receipts, included on line 9, for public use of club facilities 40b

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► \_\_\_\_\_, section 4912 ► \_\_\_\_\_, section 4955 ► \_\_\_\_\_ 40c

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 40d

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 40e  X

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

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 40g

41 List the states with which a copy of this return is filed ► **NONE**

42a The organization's books are in care of ► **SMALL MANAGEMENT ASSOCIATION INC** Telephone no ► **305-613-2742**

2380 NW 12TH STREET

Located at ► **DELRAY BEACH**

FL

ZIP + 4

► **33445**

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 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  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

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

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  X



**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**Open to Public  
Inspection

Name of the organization

**FLORIDA ACADEMY OF  
GENERAL DENTISTRY, INC.**Employer identification number  
**23-7354466**
**FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES**
**DESCRIPTION** **AMOUNT**
**EXPENSES**

ATTENDANCE AT BOD MTGS	\$	122
TRAVEL-ANNUAL AGD DELEGATES	\$	1,923
IN STATE MEETINGS	\$	2,620
CONSTITUENT EXECS MTGS	\$	317
REGIONAL CE SEMINARS	\$	3,502
TELECONFERENCES	\$	30
BOARD MEETINGS	\$	9,272
GENERAL ASSEMBLY	\$	5,143
FNDC	\$	364
NATIONAL MEETINGS	\$	9,322
STUDENT LUNCH & LEARN	\$	78
INSURANCE-LIABILITY	\$	701
SOFTWARE	\$	216
TELEPHONE	\$	241
CORPORATE ANNUAL REPORT	\$	61
REGIONAL DUES	\$	2,960
AWARDS-MEMB ACHIEVEMENT	\$	1,473
RECRUITMENT	\$	1,725
GIFTS & DONATIONS	\$	277
STUDENT DUES	\$	2,496
SUPPLIES	\$	145
WEBSITE	\$	220

## Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization

**FLORIDA ACADEMY OF**

Employer identification number

**23-7354466****TOTAL \$ 43,208****FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE**

**ASSIST MEMBERS IN PROVIDING QUALITY CARE AND DENTAL EDUCATION TO THEIR PATIENTS**

**FORM 990-EZ, PART III, LINE 28 - FIRST ACCOMPLISHMENT**

**SERVE AS AN ADVOCATE FOR GENERAL DENTISTS, PROMOTE IMPROVED DELIVERY OF PATIENT CARE BY FOSTERING CONTINUING EDUCATION AND TO INCREASE PUBLIC AWARENESS OF QUALITY DENTISTRY AND THOSE WHO PROVIDE IT THROUGHOUT THE STATE OF FLORIDA.**