



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



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 | 156,920 | 22 |
| 23 | Land and buildings | | 23 |
| 24 | Other assets (describe in Schedule O) | | 24 |
| 25 | Total assets | 156,920 | 25 |
| 26 | Total liabilities (describe in Schedule O) | | 26 |
| 27 | Net assets or fund balances (line 27 of column (B) must agree with line 21) | 156,920 | 27 |
| | | | 159,793 |

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 ► 28a 66,294

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 ► 29a 47,190

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 ► 30a 3,164

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here ► 31a 334

32 Total program service expenses. (add lines 28a through 31a)

► 32 116,982

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 |
|---|--|--|--|--|
| RICHARD KNOWLTON, DMD PRESIDENT | Hr/WK 6 00 | | | |
| W ROBERT HOWARTH, DDS PRESIDENT-ELECT | Hr/WK 4.00 | | | |
| JEFFREY HOY, DDS SECRETARY | Hr/WK 3 00 | | | |
| JIM LOVELACE, DDS TREASURER | Hr/WK 4 00 | | | |
| JEFF LLOYD, DDS IMMED PAST PRES. | Hr/WK 2 00 | | | |
| EDWARD BICK, DDS BOARD MEMBER | Hr/WK 1.50 | | | |
| E JAN CHITHALEN, DDS BOARD MEMBER | Hr/WK 1 50 | | | |
| J KENT GUEBERT, DDS BOARD MEMBER | Hr/WK 1.50 | | | |
| DANETTE MCNEW, DDS BOARD MEMBER | Hr/WK 1.50 | | | |
| WAYNE NAKAMURA, DDS BOARD MEMBER | Hr/WK 1.50 | | | |
| PAUL NATIVI, DMD BOARD MEMBER | Hr/WK 1.50 | | | |
| MICHAEL ROBINSON III, DMD BOARD MEMBER | Hr/WK 1 50 | | | |

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

| | Yes | No |
|----|-----|----|
| 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

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

| | |
|-----|---|
| 35a | X |
| 35b | |

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

| | |
|-----|---|
| 35b | |
| 35c | X |

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

| | |
|-----|---|
| 36 | X |
| 37a | |

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

| | |
|-----|---|
| 37a | X |
| 38a | |

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

| | |
|-----|---|
| 37b | X |
| 38a | |

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

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

| | |
|-----|--|
| 38b | |
| 39a | |

39 Section 501(c)(7) organizations. Enter 39a

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

| | |
|-----|---|
| 39b | |
| 40a | X |

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

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. 40a

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. 40a

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

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. 40a

| | |
|-----|---|
| 40a | 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

| | |
|-----|---|
| 42a | |
| 42b | X |

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. 42b

| | |
|-----|---|
| 42b | X |
| 42c | |

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. 42c

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

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

| | |
|-----|---|
| 44a | X |
| 44b | |

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

| | |
|-----|---|
| 44b | |
| 44c | X |

c Did the organization receive any payments for indoor tanning services during the year? 44c

| | |
|-----|--|
| 44c | |
| 44d | |

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

| | |
|-----|---|
| 44d | |
| 45a | X |

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

| | |
|-----|---|
| 45a | |
| 45b | 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

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

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.

| | Yes | No |
|----|-----|----|
| 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 | (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"

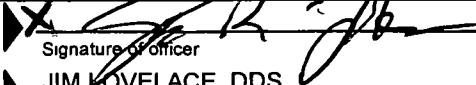
| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| Name None | Str | |
| City | ST ZIP | |
| Name | Str | |
| City | ST ZIP | |
| Name | Str | |
| City | ST ZIP | |
| Name | Str | |
| City | ST ZIP | |
| Name | Str | |
| City | ST ZIP | |

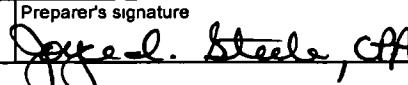
d Total number of other independent contractors each receiving over \$100,000.

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 JIM LOVELACE, DDS Type or print name and title | Date <i>6/12/14</i> | TREASURER | |
| | | | | |

| | | | | | |
|------------------------|--|--|----------------------------|---|-------------------|
| Paid Preparer Use Only | Print/Type preparer's name JOYCE STEELE | Preparer's signature  | Date 6/12/2014 | 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

Public Charity Status and Public Support

2013

Open to Public
Inspection

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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?

| | Yes | No |
|----------|-----|----|
| 11g(I) | | |
| 11g(II) | | |
| 11g(III) | | |

h Provide the following information about the supported organization(s)

| (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 |

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) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (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) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (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 2013 (line 6, column (f) divided by line 11, column (f)) | 14 | 0 00% |
| 15 Public support percentage from 2012 Schedule A, Part II, line 14 | 15 | 0 00% |
| 16a 33 1/3% support test—2013. 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—2012. 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—2013. 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—2012. 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) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 93,249 | 98,260 | 87,960 | 89,195 | 93,875 | 462,539 |
| 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 | 69,958 | 79,114 | 86,350 | 57,980 | 81,545 | 374,947 |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | 0 | 0 | | | | 0 |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 0 | 0 | | | | 0 |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | 0 | 0 | | | | 0 |
| 6 Total. Add lines 1 through 5 | 163,207 | 177,374 | 174,310 | 147,175 | 175,420 | 837,486 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | 18,076 | 18,218 | 15,685 | 15,347 | 15,185 | 82,511 |
| 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 | 18,076 | 18,218 | 15,685 | 15,347 | 15,185 | 82,511 |
| 8 Public support (Subtract line 7c from line 6) | | | | | | 754,975 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|----------|----------|----------|----------|--------------------------|
| 9 Amounts from line 6 | 163,207 | 177,374 | 174,310 | 147,175 | 175,420 | 837,486 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 69 | 86 | 75 | 27 | 16 | 273 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | 0 |
| c Add lines 10a and 10b | 69 | 86 | 75 | 27 | 16 | 273 |
| 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 |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | 0 | 0 | 0 | 0 | | 0 |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 163,276 | 177,460 | 174,385 | 147,202 | 175,436 | 837,759 |
| 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 2013 (line 8, column (f) divided by line 13, column (f)) | 15 | 90.12% |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15 | 16 | 89.54% |

Section D. Computation of Investment Income Percentage

| | | |
|---|----|-------------------------------------|
| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) | 17 | 0.03% |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17 | 18 | 0.05% |
| 19a 33 1/3% support tests—2013. 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—2012. 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. 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

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.

Department of the Treasury
Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

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: 334

Form 990-EZ, Part I, Line 16, Other Expenses Travel: 5,522

Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 112

Form 990-EZ, Part I, Line 16, Other Expenses Telephone: 1,589

Form 990-EZ, Part I, Line 16, Other Expenses Bank fees: 7,833

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: 57,102

Form 990-EZ, Part I, Line 16, Other Expenses Website: 7,115

Name of the organization

THE ACADEMY FOR SPORTS DENTISTRY

Employer identification number

75-2205793

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

| | | |
|---|----|--------|
| 1 Contributions | 1 | 3,000 |
| 2 Noncash contributions | 2 | 2,270 |
| 3 Membership dues and assessments (contributions from the public) | 3 | 3,700 |
| 4 Government contributions (grants) | 4 | |
| 5 Commercial co-venture | 5 | |
| 6 Special events contributions (Line 6 - Special Events) | 6 | 1,746 |
| 7 Associated organization contributions | 7 | |
| 8 | 8 | |
| 9 | 9 | |
| 10 | 10 | |
| 11 Total | 11 | 10,716 |

Part I, Line 4 (990-EZ) - Investment Income

| | | |
|--|---|----|
| 1 Interest on savings and temporary cash investments | 1 | 16 |
| 2 Dividends and interest from securities | 2 | |
| 3 Gross rents | 3 | |
| 4 Other investment income | 4 | |
| 5 Total | 5 | 16 |

THE ACADEMY FOR SPORTS DENTISTRY

75-2205793

Line 2 - PROGRAM SERVICE REVENUE

| Description | Total |
|-----------------------------|---------------|
| 1 SYMPOSIUM | 78,495 |
| 2 SLIDE SERIES & INFO CARDS | 3,050 |
| 3 | |
| Total | 81,545 |

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

Page 1 of 1 of Part IV

Name of Organization

THE ACADEMY FOR SPORTS DENTISTRY

Employer identification number

75-2205793

| Name and title | Average hours per week devoted to position | Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-.) | Health benefits contributions to employee benefit plans, and deferred compensation | Estimated amount of other compensation |
|---------------------|--|--|--|--|
| RYAN SALAZAR, RDAEF | | | | |
| BOARD MEMBER | Hr/WK | 1.50 | | |
| | Hr/WK | | | |

8868

Form (Rev. January 2014)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box.
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete

Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

| | | |
|--|--|---|
| Type or print File by the due date for filing your return. See instructions | Name of exempt organization or other filer, see instructions. THE ACADEMY FOR SPORTS DENTISTRY | Employer identification number (EIN) or 75-2205793 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 118 FAYE STREET | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. FARMERSVILLE, IL 62533 | |

Enter the Return code for the return that this application is for (file a separate application for each return). 01

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

- The books are in the care of ► SHELLY LOTT

Telephone No ► (217) 227-3431

Fax No ►

If the organization does not have an office or place of business in the United States, check this box.

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____

If this is

for the whole group, check this box. If it is for part of the group, check this box. and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2014, to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year 2013 or

► tax year beginning _____, and ending _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

| | | | | |
|----|---|----|----|---|
| 3a | If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0 |
| b | If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit | 3b | \$ | 0 |
| c | Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0 |

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2014)

HTA