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Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2014
Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 04-01-2014, and ending 03-31-2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICAN ACADEMY OF RESTORATIVE DENTISTRY INC		D Employer identification number 46-1861202
	Doing business as		E Telephone number (918) 455-2380
	Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 1764	G Gross receipts \$ 206,420	
	City or town, state or province, country, and ZIP or foreign postal code BROKEN ARROW, OK 74013		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number
F Name and address of principal officer		I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(6) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: www.restorativeacademy.com K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other L Year of formation 2012 M State of legal domicile OK	

Part I Summary

1 Briefly describe the organization's mission or most significant activities PROMOTE THE IMPROVEMENT OF PUBLIC HEALTH & QUALITY OF THE ART & SCIENCE OF RESTORATIVE DENTISTRY			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
3 Number of voting members of the governing body (Part VI, line 1a)	3 5		
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 5		
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5 1		
6 Total number of volunteers (estimate if necessary)	6 90		
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0		
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		19,000
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		187,290
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-22
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,375
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		23,489
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) \rightarrow 0		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		317,413
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		343,277
19 Revenue less expenses Subtract line 18 from line 12		-137,009	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)		820,859
	22 Net assets or fund balances Subtract line 21 from line 20		0
			820,859

Part II Signature Block

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	2015-07-20 Date
	DR CLIFFORD P WILLIAMS Secretary/Treasurer Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name PATRICIA S GATES CPA	Preparer's signature PATRICIA S GATES CPA	Date	Check <input type="checkbox"/> if self-employed	PTIN P00151327
	Firm's name \rightarrow GATES WINDEN & ASSOCIATES PC			Firm's EIN \rightarrow	
	Firm's address \rightarrow 1924 S UTICA AVE STE 710 TULSA, OK 741046513			Phone no (918) 745-0297	

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission

PROMOTE THE IMPROVEMENT OF PUBLIC HEALTH & QUALITY OF THE ART & SCIENCE OF RESTORATIVE DENTISTRY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ including grants of \$) (Revenue \$)
THE AMERICAN ACADEMY OF RESTORATIVE DENTISTRY, A SECTION 501(C)(6) ORGANIZATION, CONDUCTS AN ANNUAL TWO DAY MEETING DEVOTED TO THE EXCHANGE OF CLINICAL AND ACADEMIC INFORMATION THROUGH LECTURES, CLINICS AND INTERACTIONS BETWEEN MEMBERS AND GUESTS FROM AROUND THE WORLD THIS CONFERENCE IS DESIGNED TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION TO PROMOTE THE IMPROVEMENT OF THE PUBLIC HEALTH AND QUALITY OF THE ART AND SCIENCE OF RESTORATIVE DENTISTRY A TOTAL OF 536 ATTENDEES BENEFITTED FROM THE MEETINGS THIS FISCAL YEAR

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)
THE ACADEMY PRODUCES A LIBRARY OF DENTAL EDUCATION VIDEOS UTILIZING ADVANCED TECHNOLOGICAL EQUIPMENT EACH VIDEO IS A COMPLETE EXERCISE IN CONTINUING EDUCATION

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> <input checked="" type="checkbox"/>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> <input checked="" type="checkbox"/>		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> <input checked="" type="checkbox"/>	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/>	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . .</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . .</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . .</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . .</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . .	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . .</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . .</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . .</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . .</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . .</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . .</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . .</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . .</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . .</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . .</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . .</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . .</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . .</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . .</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . .</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . .</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O . . .	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question number, question text, sub-part number, and Yes/No columns. Rows include questions 1a-1b, 1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a The governing body?	Yes	
8b	b Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	Yes	

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?		No
14	Did the organization have a written document retention and destruction policy?		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official		No
15b	b Other officers or key employees of the organization		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed OK
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
 CYNTHIA METCALF
 2512 W KENT ST
 BROKEN ARROW, OK 740131764 (918) 455-2380

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII 

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GLENN E DUPONT CNCL VICE-CHAIR	2 00 0 00			X				0	0	0
(2) MICHAEL J HERRERA President	2 00 0 00			X				0	0	0
(3) THAD LANGFORD PRESIDENT-ELECT	2 00 0 00			X				0	0	0
(4) J WILLIAM ROBBINS COUNCIL CHAIR	2 00 0 00			X				0	0	0
(5) CLIFFORD P WILLIAMS SECRETARY-TREAS	5 00 0 00			X				0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶0

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	19,000				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f	19,000				
Program Service Revenue	2a	CONVENTION FEES	611600	176,370	176,370		
	b	EDUC VIDEO SALES	611600	10,095	10,095		
	c	MEMBERSHIP DUES & ASSMTS	900099	825	825		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f	187,290				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	130			130	
	4	Income from investment of tax-exempt bond proceeds	0				
	5	Royalties	0				
	6a	Gross rents	(i) Real				
			(ii) Personal				
			b Less rental expenses				
			c Rental income or (loss)				
	d	Net rental income or (loss)	0				
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			b Less cost or other basis and sales expenses	152			
			c Gain or (loss)	-152			
	d	Net gain or (loss)	-152	-152			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
			b Less direct expenses b				
c Net income or (loss) from fundraising events			0				
9a	Gross income from gaming activities See Part IV, line 19	a					
		b Less direct expenses b					
		c Net income or (loss) from gaming activities	0				
10a	Gross sales of inventory, less returns and allowances	a					
		b Less cost of goods sold b					
		c Net income or (loss) from sales of inventory	0				
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d	0					
12	Total revenue. See Instructions	206,268	187,138		130		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,375	2,375		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	21,794		21,794	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	1,695		1,695	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
c	Accounting	11,535		11,535	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			
13	Office expenses	1,379		1,379	
14	Information technology	156		156	
15	Royalties	0			
16	Occupancy	0			
17	Travel	4,082	4,082		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	251,641	251,641		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	11,076	10,372	704	
23	Insurance	2,812		2,812	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	VIDEO PRODUCTION	15,619	15,619		
b	Printing and Publications	9,363	9,363		
c	CREDIT CARD FEES	5,547	608	4,939	
d	Postage and Shipping	3,169	2,569	600	
e	All other expenses	1,034	26	1,008	
25	Total functional expenses. Add lines 1 through 24e	343,277	296,655	46,622	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing		1 88,955
	2 Savings and temporary cash investments		2 711,258
	3 Pledges and grants receivable, net		3 0
	4 Accounts receivable, net		4 0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5 0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6 0
	7 Notes and loans receivable, net		7 0
	8 Inventories for sale or use		8 0
	9 Prepaid expenses and deferred charges		9 0
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 187,316	10c 20,646
	b Less accumulated depreciation	10b 166,670	
	11 Investments—publicly traded securities		11 0
	12 Investments—other securities See Part IV, line 11		12 0
	13 Investments—program-related See Part IV, line 11		13 0
	14 Intangible assets		14 0
	15 Other assets See Part IV, line 11		15 0
16 Total assets. Add lines 1 through 15 (must equal line 34)	0	16 820,859	
Liabilities	17 Accounts payable and accrued expenses		17
	18 Grants payable		18
	19 Deferred revenue		19
	20 Tax-exempt bond liabilities		20
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22
	23 Secured mortgages and notes payable to unrelated third parties		23
	24 Unsecured notes and loans payable to unrelated third parties		24
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25
	26 Total liabilities. Add lines 17 through 25	0	26 0
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets		27 820,859
	28 Temporarily restricted net assets		28
	29 Permanently restricted net assets		29
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds		30
	31 Paid-in or capital surplus, or land, building or equipment fund		31
	32 Retained earnings, endowment, accumulated income, or other funds		32
33 Total net assets or fund balances	0	33 820,859	
34 Total liabilities and net assets/fund balances	0	34 820,859	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	206,268
2	Total expenses (must equal Part IX, column (A), line 25)	2	343,277
3	Revenue less expenses Subtract line 2 from line 1	3	-137,009
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	0
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	957,868
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	820,859

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2014

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Table with 2 columns: Name of the organization (AMERICAN ACADEMY OF RESTORATIVE DENTISTRY INC) and Employer identification number (46-1861202)

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures \$
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization

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												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	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		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
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													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a If zero or less, enter -0-														
i Subtract line 1f from line 1c If zero or less, enter -0-														
j 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f 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	No
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2 Yes	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	No

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	
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	
b Carryover from last year	2b	
c Total	2c	
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	

Part IV Supplemental Information

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, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization AMERICAN ACADEMY OF RESTORATIVE DENTISTRY INC

Employer identification number 46-1861202

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements..., 2 Complete lines 2a through 2d..., 3 Number of conservation easements..., 4 Number of states..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116..., 1b If the organization elected, as permitted under SFAS 116..., 2 If the organization received or held works of art..., a Revenue included..., b Assets included...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		187,316	166,670	20,646
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				20,646

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation

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.

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

2014

Open to Public Inspection

Name of the organization
AMERICAN ACADEMY OF RESTORATIVE
DENTISTRY INC

Employer identification number

46-1861202

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	
Form 990, Part VI, Line 9 Officer, Director, Trustee, Key Employee Mailing Address	MICHAEL J HERRERA, PRESIDENT267 BRINKBY AVERENO, NV 89509THAD LANGFORD, PRESIDENT-ELECT80 56 SE 141ST AVEPORTLAND, OR 97236CLIFFORD P WILLIAMS, SECRETARY-TREASURER1 ROCKEFELLER PL AZA, STE 2229NEW YORK, NY 10020J WILLIAM ROBBINS, COUNCIL CHAIR1202 E SONTERRA BLVD, STE 402SAN ANTONIO, TX 78258GLENN E DUPONT, COUNCIL VICE-CHAIR390 4TH ST N, STE 101ST PETERS BURG, FL 33701
Form 990, Part VI, Line 11b Form 990 Review Process	AN OFFICER OF THE GOVERNING BODY REVIEWS THE FORM 990 PRIOR TO FILING THE RETURN
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	A COPY OF THE CONFLICT OF INTEREST POLICY FOR THE ACADEMY IS SUPPLIED TO EACH OFFICER TO REVIEW, AGREE TO, AND SIGN THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	THE ACADEMY PROVIDES GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ANNUALLY TO OFFICERS AND UPON REQUEST TO THE PUBLIC
Other Changes In Net Assets Or Fund Balances - Other Increases	TRANSFER FROM MERGED ENTITY = \$957868

AMERICAN ACADEMY RESTORATIVE DENTISTRY 2015

Federal ID # 46-1861202

Asset Summary - Federal Tax Basis

Period Ended 3/31/15

Grp	Num	Property Description	Acquired	T	Method	Life	Cost/Basis	179 Exp/AFD	Add SDA	Prior Depr.	Current Depr.	Ending Depr.
Location # 1 COLOR ADO-VIDEO COMMITTEE												
Group # 1 COMPUTER EQUIPMENT												
1	5	Digital Computer Equip	03 02 99	N	MACRS	5	7,155 00	0 00	0 00	7,155 00	0 00	7,155 00
1	12	New Computer & Softwa	10 30 00	N	MACRS	5	3,015 03	0 00	0 00	3,015 03	0 00	3,015 03
1	13	Apple Computer w SW	05 09 03	N	MACRS	5	7,348 92	0 00	0 00	7,348 92	0 00	7,348 92
1	14	160GB Firewire HD	08 22 03	N	MACRS	5	264 93	0 00	0 00	264 93	0 00	264 93
1	15	Portable Mouse	08 22 03	N	MACRS	5	41 50	0 00	0 00	41 50	0 00	41 50
1	16	Davtona Tape Drive	01 20 04	N	MACRS	5	2,506 34	0 00	0 00	2,506 34	0 00	2,506 34
1	21	SCSI Card Adapter	01 21 04	N	MACRS	5	314 86	0 00	0 00	314 86	0 00	314 86
1	24	Computer Hardware	06 18 04	N	MACRS	5	275 45	0 00	0 00	275 45	0 00	275 45
1	25	Computer Outlet Parts	08 13 04	N	MACRS	5	72 34	0 00	0 00	72 34	0 00	72 34
1	26	Comp Harddrive Install	09 02 04	N	MACRS	5	429 14	0 00	0 00	429 14	0 00	429 14
1	27	LaCie External Hard Dr	02 16 05	N	MACRS	5	315 89	0 00	0 00	315 89	0 00	315 89
1	30	Power Mac G5 Compute	06 21 05	N	MACRS	5	6,827 17	0 00	0 00	6,827 17	0 00	6,827 17
1	31	Nikon Coolscan V ED F1	01 15 06	N	MACRS	5	644 35	0 00	0 00	644 35	0 00	644 35
1	32	Apple VDI-ADC Adapter	06 21 05	N	MACRS	5	107 07	0 00	0 00	107 07	0 00	107 07
1	33	6 Port Ext FireWire Hu	06 21 05	N	MACRS	5	125 54	0 00	0 00	125 54	0 00	125 54
1	34	LaCie d2 Hard Drive	05 10 06	N	MACRS	5	399 99	0 00	0 00	399 99	0 00	399 99
1	35	LaCie Big Disk - 1 TB	02 28 07	N	MACRS	5	645 99	0 00	0 00	645 99	0 00	645 99
1	37	Standalone Drive Kit 75	12 02 07	N	MACRS	5	531 94	0 00	0 00	531 94	0 00	531 94
1	38	Intuos3 6x11	12 02 07	N	MACRS	5	369 00	0 00	0 00	369 00	0 00	369 00
1	39	Mac Pro. CTO	07 03 07	N	MACRS	5	5,630 69	0 00	0 00	5,630 69	0 00	5,630 69
1	40	LaCie Big Disk - 1 TB	04 01 07	N	MACRS	5	545 99	0 00	0 00	545 99	0 00	545 99
1	41	LaCie Big Disk - 1 TB	08 07 08	N	MACRS	5	269 99	0 00	0 00	269 99	0 00	269 99
1	43	Lacie Rugged 500 GB H	03 03 10	N	MACRS	5	182 53	0 00	0 00	172 02	10 51	182 53
1	46	MAC Pro 12-Core	09 23 10	N	MACRS	5	7,099 00	0 00	0 00	5,872 29	817 81	6,690 10
1	47	Internal 1TB 3 5" SATA	09 23 10	N	MACRS	5	107 39	0 00	0 00	88 83	12 37	101 20
1	48	G-Tech G-RAID v4 4 T	10 20 10	N	MACRS	5	530 50	0 00	0 00	438 83	61 11	499 94
1	49	Apple Drive Module - 1	12 31 10	N	MACRS	5	321 13	0 00	0 00	265 64	36 99	302 63
1	50	MAC Pro 2 TB SATA H	03 16 11	N	MACRS	5	289 01	0 00	0 00	239 07	33 29	272 36
1	51	2 - 1 TB HDD Port	03 16 11	N	MACRS	5	438 89	0 00	0 00	363 05	50 56	413 61
1	61	Blue Ray Burner	06 22 11	N	MACRS	5	415 99	0 00	0 00	296 19	47 92	344 11
1	62	8 TB Backup	06 22 11	N	MACRS	5	1,373 38	0 00	0 00	977 85	158 21	1,136 06
1	63	Apple 27" Displav	11 03 11	N	MACRS	5	1,019 28	0 00	0 00	725 73	117 42	843 15
1	65	Lacie 1 TB Backup	04 05 12	N	MACRS	5	234 99	0 00	0 00	122 20	45 12	167 32
1	66	G Tech Backup	11 07 12	N	MACRS	5	1,206 45	0 00	0 00	627 35	231 64	858 99
1	67	8 TB Q Raid Arrav	01 04 13	N	MACRS	5	1,140 28	0 00	0 00	592 95	218 93	811 88
Group # 1 Total							52,195 94	0 00	0 00	48,619 12	1,841 88	50,461 00
Group # 3 AUDIO VISUAL EQUIPMENT												
3	1	1 2 Headmount Camera	05 23 95	N	MACRS	7	3,721 50	0 00	0 00	3,721 50	0 00	3,721 50
3	2	1 2 Headmount Camera	06 29 95	N	MACRS	7	3,721 50	0 00	0 00	3,721 50	0 00	3,721 50
3	3	Lighting Kit & Case	07 25 95	N	MACRS	7	1,217 47	0 00	0 00	1,217 47	0 00	1,217 47
3	4	Monitor, Anvil Case	04 07 96	N	MACRS	7	733 97	0 00	0 00	733 97	0 00	733 97
3	5	Sony Digital Camcorder	05 07 96	N	MACRS	7	3,725 00	0 00	0 00	3,725 00	0 00	3,725 00
3	6	Equipment - '95 Expo	06 18 96	N	MACRS	7	5,617 69	0 00	0 00	5,617 69	0 00	5,617 69
3	7	D&W Travel, Anvil Cas	08 10 96	N	MACRS	7	734 75	0 00	0 00	734 75	0 00	734 75
3	8	Sony Digital Camcorder	08 10 96	N	MACRS	7	4,832 85	0 00	0 00	4,832 85	0 00	4,832 85
3	9	Murray Travel Anvil Cas	08 10 96	N	MACRS	7	978 35	0 00	0 00	978 35	0 00	978 35
3	10	TV-VCR Player	03 12 97	N	MACRS	7	322 57	0 00	0 00	322 57	0 00	322 57
3	11	VCRS, Misc, Chig Exp	04 01 97	N	MACRS	7	846 80	0 00	0 00	846 80	0 00	846 80
3	13	Zeiss Loupes	04 09 97	N	MACRS	7	1,325 00	0 00	0 00	1,325 00	0 00	1,325 00
3	14	Tripod	08 14 97	N	MACRS	7	201 59	0 00	0 00	201 59	0 00	201 59
3	15	Digital decks	08 14 97	N	MACRS	7	5,054 09	0 00	0 00	5,054 09	0 00	5,054 09
3	18	Equipment	09 22 99	N	MACRS	5	1,908 74	0 00	0 00	1,908 74	0 00	1,908 74
3	21	Alos 1 4 Inch Camera-2	06 10 00	N	MACRS	5	4,339 50	0 00	0 00	4,339 50	0 00	4,339 50
3	22	Headset Microphone	09 05 00	N	MACRS	5	374 98	0 00	0 00	374 98	0 00	374 98

AMERICAN ACADEMY RESTORATIVE DENTISTRY 2015

Federal ID # 46-1861202

Asset Summary - Federal Tax Basis

Period Ended 3/31/15

Grp	Num	Property Description	Acquired	T	Method	Life	Cost/Basis	179 Exp/AFD	Add SDA	Prior Depr.	Current Depr.	Ending Depr.
Group # 3 AUDIO VISUAL EQUIPMENT (Continued)												
3	23	D1 Digital Camera	10 16 00	N	MACRS	5	6,926.20	0.00	0.00	6,926.20	0.00	6,926.20
3	24	Microdrive for D1	10 30 00	N	MACRS	5	635.54	0.00	0.00	635.54	0.00	635.54
3	26	Nikon Close Up Lenses	12 02 00	N	MACRS	5	308.92	0.00	0.00	308.92	0.00	308.92
3	27	200MM Lens, Flash M	12 02 00	N	MACRS	5	1,936.32	0.00	0.00	1,936.32	0.00	1,936.32
3	28	Avio & Office	01 14 01	N	MACRS	5	3,489.86	0.00	0.00	3,489.86	0.00	3,489.86
3	29	Memory, Book, Firmware	01 14 01	N	MACRS	5	301.54	0.00	0.00	301.54	0.00	301.54
3	30	PCMCIA Socket	01 14 01	N	MACRS	5	252.35	0.00	0.00	252.35	0.00	252.35
3	31	DVD Player	08 28 01	N	MACRS	5	2,783.16	0.00	0.00	2,783.16	0.00	2,783.16
3	34	Headmount Camera	10 29 02	N	MACRS	5	4,855.14	0.00	1,456.54	4,855.14	0.00	4,855.14
3	35	ADS Pro TV Converter	09 15 03	N	MACRS	5	117.98	0.00	0.00	117.98	0.00	117.98
3	37	Sony DSR-25 DVCam	10 07 04	N	MACRS	5	2,744.06	0.00	0.00	2,744.06	0.00	2,744.06
3	38	Sony HDR-HC1 Camcor	12 20 05	N	MACRS	5	1,862.61	0.00	0.00	1,862.61	0.00	1,862.61
3	39	JVC 17" Color Monitor	12 20 05	N	MACRS	5	857.83	0.00	0.00	857.83	0.00	857.83
3	40	Samsung HD TV	12 20 05	N	MACRS	5	794.73	0.00	0.00	794.73	0.00	794.73
3	41	Sony HDV DV Camcorde	03 06 06	N	MACRS	5	2,765.34	0.00	0.00	2,765.34	0.00	2,765.34
3	42	Griffin IMIC 2 USB Audi	05 10 06	N	MACRS	5	60.09	0.00	0.00	60.09	0.00	60.09
3	43	Shewmakers Camera	10 09 07	N	MACRS	5	357.43	0.00	0.00	357.43	0.00	357.43
3	44	Nikon SB-900 AF Speedli	10 19 09	N	MACRS	5	474.65	0.00	0.00	447.31	27.34	474.65
3	45	Nikon MB-D10 Battery	10 19 09	N	MACRS	5	262.55	0.00	0.00	247.43	15.12	262.55
3	46	Nikon D300S Prof Digit	10 19 09	N	MACRS	5	1,782.60	0.00	0.00	1,679.92	102.68	1,782.60
3	47	HDTV	01 31 10	N	MACRS	5	751.79	0.00	0.00	708.49	43.30	751.79
3	48	Sony POV HD Camera w	04 19 10	N	MACRS	5	2,429.95	0.00	0.00	2,010.05	279.93	2,289.98
3	49	2-Countryman E61 Omni	05 16 10	N	MACRS	5	789.90	0.00	0.00	653.41	90.99	744.40
3	50	2-Sennheiser EW112P G	05 17 10	N	MACRS	5	1,199.98	0.00	0.00	992.63	138.23	1,130.86
3	51	Ear Phones	06 07 10	N	MACRS	5	150.20	0.00	0.00	124.24	17.31	141.55
3	52	26" TV Monitor - Film	06 07 10	N	MACRS	5	590.84	0.00	0.00	488.74	68.07	556.81
3	53	Sony HXR-FMU128 Flas	10 12 10	N	MACRS	5	705.15	0.00	0.00	583.30	81.23	664.53
3	54	Varizoom 16.9" LCD	10 12 10	N	MACRS	5	441.92	0.00	0.00	365.56	50.91	416.47
3	55	Sony AVCHD Camcorder	10 12 10	N	MACRS	5	4,028.46	0.00	0.00	3,332.34	464.08	3,796.42
3	56	Sony Flash Memory Uni	11 17 10	N	MACRS	5	674.95	0.00	0.00	558.32	77.75	636.07
3	57	2-Sony Flash Recording	12 08 10	N	MACRS	5	1,313.85	0.00	0.00	1,086.82	151.35	1,238.17
3	58	Sony AVCHD Camcorder	12 08 10	N	MACRS	5	3,946.60	0.00	0.00	3,264.63	454.65	3,719.28
3	59	Sony Flash Recording Un	02 03 12	N	MACRS	5	678.90	0.00	0.00	483.38	78.21	561.59
3	60	Nikon Speedlight Wirele	02 03 12	N	MACRS	5	728.90	0.00	0.00	518.98	83.97	602.95
3	61	SanDisk 128 GB Flash	04 06 12	N	MACRS	5	799.95	0.00	0.00	415.97	153.59	569.56
3	62	6 - 16 GB Sony Memory	04 06 12	N	MACRS	5	311.94	0.00	0.00	162.21	59.89	222.10
3	63	2 - 128 GB Sony Flash	04 06 12	N	MACRS	5	1,338.00	0.00	0.00	695.76	256.90	952.66
3	64	Nikon 2470 Lens	07 17 12	N	MACRS	5	1,886.95	0.00	0.00	981.21	362.30	1,343.51
3	65	Nikon D4 Digital SLR	08 30 12	N	MACRS	5	6,088.65	0.00	0.00	3,166.10	1,169.02	4,335.12
3	66	2 Sony HXR Flash	08 30 12	N	MACRS	5	1,612.90	0.00	0.00	838.71	309.68	1,148.39
3	67	Handycam HDR-NR260	04 02 13	N	MACRS	5	573.30	0.00	0.00	114.66	183.46	298.12
3	68	Nikon RIC1 Speedlight	06 24 13	N	MACRS	5	746.60	0.00	0.00	149.32	238.91	388.23
3	69	Nikon 135MM Lens	06 24 13	N	MACRS	5	1,325.89	0.00	0.00	265.18	424.28	689.46
3	70	NIKON 300 MM VRII L	05 09 14	N	MACRS	5	5,779.00	0.00	0.00	0.00	1,155.80	1,155.80
3	71	Digital 4K Video Camera	04 23 14	N	MACRS	5	4,498.00	0.00	0.00	0.00	899.60	899.60
3	72	Sony 55" 4K Ultra HD	04 23 14	N	MACRS	5	2,498.00	0.00	0.00	0.00	499.60	499.60
3	73	Nikon 85MM Lens	11 21 14	N	MACRS	5	1,613.96	0.00	0.00	0.00	322.79	322.79
Group # 3 Total							120,729.78	0.00	1,456.54	95,040.12	8,260.94	103,301.06
Group # 4 COMPUTER SOFTWARE												
4	4	Illustrator CS Software	02 10 04	N	SL	3	112.00	0.00	0.00	112.00	0.00	112.00
4	10	Iwork 05 Software	06 21 05	N	SL	3	84.85	0.00	0.00	84.85	0.00	84.85
4	11	HD Log Gold ed Softwar	01 15 06	N	SL	3	858.00	0.00	0.00	858.00	0.00	858.00
4	14	Photoshop - Extended 1	02 11 08	N	SL	3	349.00	0.00	0.00	349.00	0.00	349.00
4	15	Mac OS X 10.5 Leopard	12 02 07	N	SL	3	212.13	0.00	0.00	212.13	0.00	212.13
4	17	APP for Mac Pro Power	07 03 07	N	SL	3	199.00	0.00	0.00	199.00	0.00	199.00
4	22	Nikon Capture NX 2 Ph	11 03 09	N	SL	5	131.97	0.00	0.00	116.56	15.41	131.97

AMERICAN ACADEMY RESTORATIVE DENTISTRY 2015

Federal ID # 46-1861202

Asset Summary - Federal Tax Basis

Period Ended 3/31/15

Grp	Num	Property Description	Acquired	T	Method	Life	Cost/Basis	179 Exp/AFD	Add SDA	Prior Depr.	Current Depr.	Ending Depr.
Group # 4 COMPUTER SOFTWARE (Continued)												
4	23	FC Studio Upgrade-INT	11 27 09	N	SL	5	310 66	0 00	0 00	269 23	41 43	310 66
4	24	Aperture 3 Software	03 03 10	N	SL	5	211 74	0 00	0 00	172 93	38 81	211 74
4	25	Office Pro Program	09 23 10	N	SL	5	224 10	0 00	0 00	156 87	44 82	201 69
4	26	Final Cut Pro v 10 0	11 03 11	N	SL	3	322 19	0 00	0 00	259 55	62 64	322 19
4	28	Adobe Photoshop CS6	11 07 12	N	SL	3	199 00	0 00	0 00	93 97	66 33	160 30
Group # 4 Total							<u>3,214 64</u>	<u>0 00</u>	<u>0 00</u>	<u>2,884 09</u>	<u>269 44</u>	<u>3,153 53</u>
Location # 1 Total							<u>176,140 36</u>	<u>0 00</u>	<u>1,456 54</u>	<u>146,543 33</u>	<u>10,372 26</u>	<u>156,915 59</u>
Location # 2 OKLAHOMA												
Group # 1 COMPUTER EQUIPMENT												
1	22	External Harddrive	12 19 04	N	*SOLD*	5	128 84	0 00	0 00	128 84	0 00	128 84
1	23	Mouse, Keyboard, Cable	09 02 04	N	MACRS	5	81 50	0 00	0 00	81 50	0 00	81 50
1	42	HP Compaq Bus Notebk	07 10 09	N	*SOLD*	5	779 00	0 00	0 00	734 13	22 44	756 57
1	44	Brother Printer, Copier,	08 04 10	N	*SOLD*	5	596 74	0 00	0 00	493 62	34 37	527 99
1	45	HP Officejet H470 Mobi	12 15 10	N	MACRS	5	249 54	0 00	0 00	206 42	28 75	235 17
1	52	2 5" 1 TB External HD	09 25 11	N	*SOLD*	5	107 08	0 00	0 00	76 24	6 17	82 41
1	53	Seagate 1 TB portable H	02 23 12	N	MACRS	5	131 39	0 00	0 00	93 55	15 14	108 69
1	68	HP Laserjet Pro 300	02 15 14	N	MACRS	5	542 57	0 00	0 00	108 51	173 62	282 13
1	69	HP Envys Laptop Win 7	04 08 14	N	MACRS	5	1,331 60	0 00	0 00	0 00	266 32	266 32
Sub-Total							<u>3,948 26</u>	<u>0 00</u>	<u>0 00</u>	<u>1,922 81</u>	<u>546 81</u>	<u>2,469 62</u>
Less Assets Sold							<u>1,611 66</u>	<u>0 00</u>	<u>0 00</u>	<u>1,432 83</u>	<u>62 98</u>	<u>1,495 81</u>
Group # 1 Total							<u>2,336 60</u>	<u>0 00</u>	<u>0 00</u>	<u>489 98</u>	<u>483 83</u>	<u>973 81</u>
Group # 2 OFFICE EQUIPMENT												
2	4	Credit Card Machine	08 04 03	U	*SOLD*	5	150 00	0 00	0 00	150 00	0 00	150 00
2	6	Custom Silver Gavel w	01 17 06	N	MACRS	7	8,550 00	0 00	0 00	8,550 00	0 00	8,550 00
2	7	Shredder	08 03 10	N	MACRS	5	108 13	0 00	0 00	89 45	12 45	101 90
2	64	Transcription System	04 10 12	N	MACRS	5	180 92	0 00	0 00	94 08	34 74	128 82
Sub-Total							<u>8,989 05</u>	<u>0 00</u>	<u>0 00</u>	<u>8,883 53</u>	<u>47 19</u>	<u>8,930 72</u>
Less Assets Sold							<u>150 00</u>	<u>0 00</u>	<u>0 00</u>	<u>150 00</u>	<u>0 00</u>	<u>150 00</u>
Group # 2 Total							<u>8,839 05</u>	<u>0 00</u>	<u>0 00</u>	<u>8,733 53</u>	<u>47 19</u>	<u>8,780 72</u>
Group # 4 COMPUTER SOFTWARE												
4	20	Microsoft Off Pro 2007	07 10 09	N	*SOLD*	5	459 90	0 00	0 00	436 91	22 99	459 90
4	27	Quickbooks 2012	09 12 12	N	*SOLD*	3	260 42	0 00	0 00	137 45	86 81	224 26
Sub-Total							<u>720 32</u>	<u>0 00</u>	<u>0 00</u>	<u>574 36</u>	<u>109 80</u>	<u>684 16</u>
Less Assets Sold							<u>720 32</u>	<u>0 00</u>	<u>0 00</u>	<u>574 36</u>	<u>109 80</u>	<u>684 16</u>
Group # 4 Total							<u>0 00</u>	<u>0 00</u>	<u>0 00</u>	<u>0 00</u>	<u>0 00</u>	<u>0 00</u>
Location # 2 Total							<u>11,175 65</u>	<u>0 00</u>	<u>0 00</u>	<u>9,223 51</u>	<u>531 02</u>	<u>9,754 53</u>
Grand Total							<u>189,797 99</u>	<u>0 00</u>	<u>1,456 54</u>	<u>157,924 03</u>	<u>11,076 06</u>	<u>169,000 09</u>
Less Assets Sold							<u>2,481 98</u>	<u>0 00</u>	<u>0 00</u>	<u>2,157 19</u>	<u>172 78</u>	<u>2,329 97</u>
Net Grand Total							<u>187,316 01</u>	<u>0 00</u>	<u>1,456 54</u>	<u>155,766 84</u>	<u>10,903 28</u>	<u>166,670 12</u>