

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

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez.

OMB No 1545-1150
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 10-01-2017, and ending 09-30-2018

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
SOUTHERN ENDODONTIC STUDY GROUP
Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 7075
City or town, state or province, country, and ZIP or foreign postal code
WESLEY CHAPEL, FL 33545

D Employer identification number
46-4301692
E Telephone number
(813) 541-4056
F Group Exemption Number

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

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Form of organization Corporation Trust Association Other _____
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 142,426

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I.

Revenue	
1	Contributions, gifts, grants, and similar amounts received
2	Program service revenue including government fees and contracts
3	Membership dues and assessments
4	Investment income
5a	Gross amount from sale of assets other than inventory
5b	Less cost or other basis and sales expenses
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)
6	Gaming and fundraising events
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)
6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)
6c	Less direct expenses from gaming and fundraising events
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)
7a	Gross sales of inventory, less returns and allowances
7b	Less cost of goods sold
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)
8	Other revenue (describe in Schedule O)
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 142,426
Expenses	
10	Grants and similar amounts paid (list in Schedule O)
11	Benefits paid to or for members
12	Salaries, other compensation, and employee benefits
13	Professional fees and other payments to independent contractors 7,400
14	Occupancy, rent, utilities, and maintenance
15	Printing, publications, postage, and shipping 1,905
16	Other expenses (describe in Schedule O) 133,384
17	Total expenses. Add lines 10 through 16 142,689
18	Excess or (deficit) for the year (Subtract line 17 from line 9) -263
Net Assets	
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 192,900
20	Other changes in net assets or fund balances (explain in Schedule O)
21	Net assets or fund balances at end of year. Combine lines 18 through 20 192,637

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

Table with columns for question number, question text, and Yes/No response boxes. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 No

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 47
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
b If "Yes," was the related organization a section 527 organization? 49b

Table with 5 columns: (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.

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 "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

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

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations 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 2018-10-15 Date DR MICHAEL NIMMICH SEC/ TREASURER Type or print name and title

Paid Preparer Use Only Print/Type preparer's name MARJORIE N RAINEY Preparer's signature Date 2018-10-25 Check if self-employed PTIN P01059307 Firm's name LAPLANT & RAINEY CPA PA Firm's EIN 27-1320570 Firm's address 201 EAST KENNEDY SUITE 715 TAMPA, FL 33602 Phone no (813) 229-2090

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

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

OMB No 1545-0047

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.**2017****Open to Public Inspection**Department of the Treasury
Internal Revenue Service

Name of the organization

SOUTHERN ENDODONTIC STUDY GROUP

Employer identification number

46-4301692

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES WEBSITE 323 OFFICE SUPPLIES 681 CONFERENCES/ MEETING 123,331 CHAIR APPRECIATION 200 SITE VISIT 2,953 D&O 2,458 FILING FEE 70 BANK/ CREDIT CARD CHARGES 2,705 TELEPHONE 61 MEMBERHSIP APPRECIATION 602 TOTAL 133,384

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	PREPAID EXPENSES AND DEFERRED CHARGES 6,899 2,500 TOTAL 6,899 2,500

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	DEFERRED REVENUE 125 125

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	IS AN AFFILIATE GROUP OF THE AMERICAN ASSOCIATION OF ENDODONTISTS DEDICATED TO ENDODONTIC CONTINUING EDUCATION FOR ITS MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 28	ANNUALLY PROVIDE A MINIMUM OF 12 HOURS OF CONTINUING EDUCATION FOR ITS MEMBERS ALSO, PRESENT ARE SCIENTIFIC AND TECHNICAL EXHIBITS FOR MEMBERS AND GUESTS TO LEARN ABOUT THE LATEST ADVANCEMENTS OF ENDODONTIC MATERIALS, SUPPLIES AND EQUIPMENT