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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2009

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning		10/1/2009	, and ending	9/30/2010
B Check if applicable		C Name of organization		D Employer identification number
<input type="checkbox"/> Address change		SOUTHERN ACADEMY OF PERIODONTOLOGY		58-1029612
<input type="checkbox"/> Name change		Number and street (or P O box, if mail is not delivered to street address)		E Telephone number
<input type="checkbox"/> Initial return				(941) 778-0670
<input type="checkbox"/> Terminated		PO BOX 1988		
<input type="checkbox"/> Amended return		City, town, or country	State	ZIP + 4
<input type="checkbox"/> Application pending		ANNA MARIA	FLORIDA	34216
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		G Accounting Method		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►
I Website: ► http://periosouth.org		H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)		
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) (6) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000				
A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return				
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ		► \$		239,948

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

1	Contributions, gifts, grants, and similar amounts received	1	0
2	Program service revenue including government fees and contracts	2	183,320
3	Membership dues and assessments	3	56,194
4	Investment income	4	434
5a	Gross amount from sale of assets other than inventory	5a	0
b	Less cost or other basis and sales expenses	5b	0
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6a	0
a	Gross revenue (not including \$ 0 of contributions reported on line 1)	6b	0
b	Less direct expenses other than fundraising expenses	6c	0
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	0
7a	Gross sales of inventory, less returns and allowances	7b	0
b	Less cost of goods sold	7c	0
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	0
8	Other revenue (describe ►)	9	239,948
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	10	1,700
10	Grants and similar amounts paid (attach schedule)	11	
11	Benefits paid to or for members	12	
12	Salaries, other compensation, and employee benefits	13	1,300
13	Professional fees and other payments to independent contractors	14	17,000
14	Occupancy, rent, utilities, and maintenance	15	5,103
15	Printing, publications, postage, and shipping	16	224,300
16	Other expenses (describe ► See Attached Statement)	17	249,403
17	Total expenses. Add lines 10 through 16	18	-9,455
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	19	157,496
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	20	0
20	Other changes in net assets or fund balances (attach explanation)	21	148,041
21	Net assets or fund balances at end of year Combine lines 18 through 20		

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ	
(See the instructions for Part II)	
(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	145,546
23 Land and buildings	22
24 Other assets (describe ► Advance deposits)	23
25 Total assets	13,100
26 Total liabilities (describe ► Advances from members)	24
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	9,500
	25
	1,150
	26
	0
	27
	148,041

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No	
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.	33	X	
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X	
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?			
b If "Yes," has it filed a tax return on Form 990-T for this year?			
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X	
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a			
b Did the organization file Form 1120-POL for this year?			
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 period covered by this return?	38a	X	
b If "Yes," complete Schedule L, Part II and enter the total amount involved.	38b	0	
39 Section 501(c)(7) organizations Enter.	39a		
a Initiation fees and capital contributions included on line 9			
b Gross receipts, included on line 9, for public use of club facilities	39b		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____			
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 is it 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? If "Yes," complete Schedule L, Part I			
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			
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
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			
41 List the states with which a copy of this return is filed ► _____			
42 a The organization's books are in care of ► Duke Miller	Telephone no ► 941-894-6166		
Located at ► PO Box 1987	City Anna Maria Island	ST FL	ZIP + 4 ► 34216
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
If "Yes," enter the name of the foreign country ► _____			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?			
If "Yes," enter the name of the foreign country. ► _____			
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 <input type="checkbox"/> N/A			
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X	
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X	

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

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

47 Did the organization engage in lobbying activities? 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

49 a Did the organization make any transfers to an exempt non-charitable related organization? 49a

b If "Yes," was the related organization a section 527 organization? 49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." 50

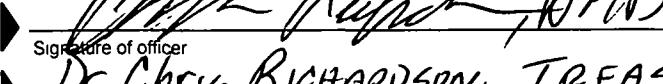
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str	Title			
City ST ZIP	Hr/WK 00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK 00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK 00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK 00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK 00	0	0	0

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 address of each independent contractor paid more than \$100,000	(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 ► _____

Sign Here	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		
	► Signature of officer 	Date 1/30/2011	
► Type or print name and title 			
Paid Preparer's Use Only	Preparer's signature 	Date 1/16/11	Check if self-employed <input checked="" type="checkbox"/> P00185479
	Firm's name (or yours if self-employed), address, and ZIP + 4 5455 4TH ST N, ST PETERSBURG, FL 33703	EIN ►	Phone no (727) 522-7584

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

Part I, Line 10 (990-EZ) - Grants and Similar Amounts Paid

1,700

0

0

Part I, Line 16 (990-EZ) - Other Expenses

224,300

1 Travel	1	
2 Meals and entertainment	2	
3 Fundraising	3	
4 Amortization	4	0
5 Conferences, conventions, and meetings	5	
6 Depreciation	6	0
7 Depletion	7	
8 Equipment rental and maintenance	8	
9 Interest	9	
10 Supplies	10	
11 Telephone	11	
12 Unrelated business income taxes	12	0
13	13	
14	14	
15 SCHEDULE ATTACHED	15	224,300
16	16	
17	17	
18	18	
19	19	
20	20	
21	21	
22	22	
23	23	
24	24	
25	25	
26	26	
27	27	
28	28	
29	29	

Part II, Line 24 (990-EZ) - Other Assets

	Description	13,100	9,500
		Beginning	End
1	Advance deposits	13,100	9,500
2			
3			
4			
5			
6			
7			
8			
9			
10			

Part II, Line 26 (990-EZ) - Liabilities

	Description	1,150	0
1	Advances from members	Beginning	End
2		1,150	
3			
4			
5			
6			
7			
8			
9			
10			

Southern Academy of Periodontology

58-1029612

Form 990-EZ

Fiscal Year ending 9/30/10

Page 1, Line 10

Grants and Similar amounts paid	Class of Activity	Amount
Dr. Miao Zian Zhou [REDACTED]	Pennel Award	500
Tingay Clinic-Perio 320 E. Hospital Rd. Ft. Gordon, GA 30905		
Dr. Janet Sieweke [REDACTED]	Pennel Award	500
2461 Highland Golf Course Dr. Conyers, GA 30013		
Dr Jennifer Bain UAB Dept of Perio 1919 7th Avenue South Birmingham, AL 35294	Pennel Award	250
Dr Courtney Shearer Univ of Lousiville 501 S Preston Street Rm236 Louisville, KY 40292	Pennel Award	100
Dr Brian Stancoven Tingay Clinic-Perio 320 E. Hospital Rd. Ft. Gordon, GA 30905	Pennel Award	250
Dr Kimberly Ann Inouye Tingay Clinic-Perio 320 E. Hospital Rd. Ft. Gordon, GA 30905	Pennel Award	100
	Total	<u>1700</u>

SOUTHERN ACADEMY OF PERIODONTOLOGY
FORM 990 EZ-RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
FISCAL YEAR ENDED 9/30/10

PAGE 1, LINE 16, OTHER EXPENSES

ANNUAL MEETING EXPENSES

Hotel Costs	94246
Event Insurance	1172
Staff costs	3595
Meeting costs 25 year club	8355
Meeting Supplies	1548
Printing	1556
Site Visit	905
Other costs	1884
Speakers	15000

WINTER MEETING EXPENSES

Hotel Costs	25254
Clinician costs	895
Exhibitor Expense	1500
Insurance workshop	4400
Other costs	2187
Speakers	12000
Staff costs	2153

ADMINISTRATIVE EXPENSES

Bank fees	1594
Broadband Access	502
Telephone and fax	2244
Liability Insurance	622
Office Supplies and expense	1799
Dues & Licenses	30
Web Page	3849
Other expense	2070
Executive Director	33939
Committee expense	<u>1000</u>

Total 224300

Southern Academy of Periodontology**58-1029612****Form 990-EZ****Fiscal Year ending 9/30/10****PAGE 2 PART IV****CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

COLUMN A NAME AND ADDRESS	COLUMN B TITLE AND AVERAGE HRS PER WK DEVOTED TO POSITION	COLUMN C COMPENSATION	COLUMN D CONTRIBUTION TO EMPLOYEE BENEFIT PLAN AND DEFERRED COMPENSATION PLAN	COLUMN E EXPENSE ACCOUNT AND OTHER ALLOWANCES
Dr Jeffery Taylor 431 Security Square Gulfport, MS 39507	President 5 HRS	0	0	0
Dr Jennifer I Diversi 1895 Phoenix Blvd #138 Atlanta, GA 30349	Immediate Past-President 5 HRS	0	0	0
Dr Ricky Oliver 5014 NW 27th Court Gainesville, FL 32606	President-Elect 5 HRS	0	0	0
Dr. Christopher Richardson 4909 Grove Ave Richmond, VA 23226	Treasurer 5 HRS	0	0	0
Dr Andy Duckett 7460 Kings Mountain Rd Birmingham, AL 35242	Secretary 5 HRS	0	0	0
Ms Cindy Miller P O Box 1987	Executive Director 20 HRS	\$33,939	0	\$905