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Return of Organization Exempt From Income TaxUnder 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**Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 10/1/2009 , and ending 9/30/2010					
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; vertical-align: top;"> C Name of organization SOUTHERN ACADEMY OF PERIODONTOLOGY Number and street (or P O box, if mail is not delivered to street address) PO BOX 1988 City, town, or country ANNA MARIA </td> <td style="width:20%; vertical-align: top;"> Room/suite State FLORIDA </td> <td style="width:20%; vertical-align: top;"> ZIP + 4 34216 </td> <td style="width:40%; vertical-align: top;"> D Employer identification number 58-1029612 E Telephone number (941) 778-0670 F Group Exemption Number n/a </td> </tr> </table>	C Name of organization SOUTHERN ACADEMY OF PERIODONTOLOGY Number and street (or P O box, if mail is not delivered to street address) PO BOX 1988 City, town, or country ANNA MARIA	Room/suite State FLORIDA	ZIP + 4 34216	D Employer identification number 58-1029612 E Telephone number (941) 778-0670 F Group Exemption Number n/a
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- **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 ☒ Cash ☐ Accrual
 Other (specify) ►

I Website: ► <http://periosouth.org>

J Tax-exempt status (check only one) — ☒ 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 Check ☐ 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"/>		
	a Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	0
	b Less direct expenses other than fundraising expenses	6b	0
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8 Other revenue (describe ►)	8	0
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	239,948
Expenses	10 Grants and similar amounts paid (attach schedule)	10	1,700
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	1,300
	14 Occupancy, rent, utilities, and maintenance	14	17,000
	15 Printing, publications, postage, and shipping	15	5,103
	16 Other expenses (describe ► See Attached Statement)	16	224,300
	17 Total expenses. Add lines 10 through 16	17	249,403
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-9,455
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	157,496
	20 Other changes in net assets or fund balances (attach explanation)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	148,041

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	22	138,541
23 Land and buildings		23	
24 Other assets (describe ► Advance deposits)	13,100	24	9,500
25 Total assets	158,646	25	148,041
26 Total liabilities (describe ► Advances from members)	1,150	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	157,496	27	148,041

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

Form **990-EZ** (2009)

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.		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		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?		X
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		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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0		
39 Section 501(c)(7) organizations Enter.		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a , section 4912 40a , section 4955 40a		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or 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 40b		
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 40c		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d		
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 40e		
41 List the states with which a copy of this return is filed 41		
42 a The organization's books are in care of 42a Duke Miller Telephone no 42a 941-894-6166 Located at 42a PO Box 1987 City Anna Maria Island ST FL ZIP + 4 42a 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)? 42b		X
If "Yes," enter the name of the foreign country 42b 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.? 42c		X
If "Yes," enter the name of the foreign country 42c		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here 43 <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 43 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.

	Yes	No
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	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."

(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 <u>None</u> 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 <u>None</u> 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 <u>Dr. Chris RICHARDSON, TREASURER</u>		Date <u>1/30/2011</u>	
Paid Preparer's Use Only	Preparer's signature <u>[Signature]</u>		Date <u>1/16/11</u>	Check if self-employed <input checked="" type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>Richard Roberts, CPA</u>		Preparer's identifying number (See instructions) <u>P00185479</u>	
	<u>5455 4TH ST N, ST PETERSBURG, FL 33703</u>		EIN <u> </u>	
	<u> </u>		Phone no <u>(727) 522-7584</u>	

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

	Class of activity	Grantee's name	Check (X) if grantee is a business	Address	City	State	Zip code	Foreign Country
1								
2	Schedule Attached							
3								
4								
5								
6								
7								
8								
9								
10								

0

[illegible]

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

		13,100	9,500
Description		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

		1,150	0
Description		Beginning	End
1	Advances from members	1,150	
2			
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] Tingay Clinic-Perio 320 E. Hospital Rd. Ft. Gordon, GA 30905	Pennel Award	500
Dr. Janet Sieweke [REDACTED] 2461 Highland Golf Course Dr. Conyers, GA 30013	Pennel Award	500
Dr Jennifer Bain UAB Dept of Perio 1919 7th Avenue South Birmingham, AL 35294	Pennel Award	250
Dr. Courtney Shearer Univ of Louisville 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	1000

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