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## Short Form

## Return of Organization Exempt From Income Tax

2010

Department of the Treasury  
Internal Revenue ServiceUnder 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)  
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000  
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

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Inspection

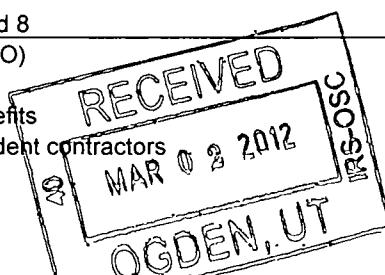
A For the 2010 calendar year, or tax year beginning	10/1/2010	, and ending	9/30/2011
B Check if applicable	C Name of organization		
Address change	SOUTHERN ACADEMY OF PERIODONTOLOGY		
Name change	Number and street (or P O box, if mail is not delivered to street address)		
Initial return	Room/suite		
Terminated	PO BOX 1988		
Amended return	City or town	state or country	ZIP + 4
Application pending	FLORIDA 34216		
D Employer identification number		58-1029612	
E Telephone number		(941) 778-0670	
F Group Exemption Number ►		n/a	
G Accounting Method	<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual	Other (specify) ►
I Website:	► <a href="http://periosouth.org">http://periosouth.org</a>		
J Tax-exempt status (check only one) —	<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
H Check ► <input type="checkbox"/> 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 \$50,000  
A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 162,265

**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

1 Contributions, gifts, grants, and similar amounts received	1	89,993
2 Program service revenue including government fees and contracts	2	71,831
3 Membership dues and assessments	3	441
4 Investment income	4	0
5a Gross amount from sale of assets other than inventory	5a	
b Less cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
6 Gaming and fundraising events		
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b 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)	6b	
c Less direct expenses from gaming and fundraising events	6c	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	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 in Schedule O)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	162,265
10 Grants and similar amounts paid (list in Schedule O)	10	1,500
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	1,500
14 Occupancy, rent, utilities, and maintenance	14	16,999
15 Printing, publications, postage, and shipping	15	5,060
16 Other expenses (describe in Schedule O)	16	126,351
17 Total expenses. Add lines 10 through 16	17	151,410
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10,855
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	148,041
20 Other changes in net assets or fund balances (explain in Schedule O)	20	
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	158,896



**Part II Balance Sheets. (see the instructions for Part II )**

Check if the organization used Schedule O to respond to any question in this Part II.

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	138,541	22	150,070
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	9,500	24	8,826
<b>25 Total assets</b>	<b>148,041</b>	<b>25</b>	<b>158,896</b>
<b>26 Total liabilities (describe in Schedule O)</b>		<b>26</b>	
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<b>148,041</b>	<b>27</b>	<b>158,896</b>

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III )

Check if the organization used Schedule O to respond to any question in this Part

What is the organization's primary exempt purpose? Member Provided Periodontal Education

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Annual meeting for educational purposes--Approximately 130 attendees

	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	127,275
29	Seminars for educational purposes—Approximately 80 attendees		
	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	45,694
30			
	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	
32	<b>Total program service expenses.</b> (add lines 28a through 31a)	► <input type="checkbox"/>	32 172,969

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>SCHEDULE ATTACHED</u>	Title Hr/WK	00	0	
	Title Hr/WK	00	0	
	Title Hr/WK	00	0	
	Title Hr/WK	00	0	
	Title Hr/WK	00	0	
	Title Hr/WK	00	0	
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	Title Hr/WK	00	0	
	Title Hr/WK	00	0	
	Title Hr/WK	00	0	

**Part V Other Information** (Note the statement requirements in the instructions for Part V)  
 Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34

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, explain in Schedule O why the organization did not report the income on Form 990-T 35

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 35a

b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? 35b

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

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? 37b

38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a

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

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

a Initiation fees and capital contributions included on line 9 39b

b Gross receipts, included on line 9, for public use of club facilities 39c

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

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40d

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 40e

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

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 40g

41 List the states with which a copy of this return is filed ► 41

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 42a

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► 42b   
 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 42c

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 ► 42d

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

44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. 44b

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

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?  
 a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
45		
45a		
46		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 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? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49 a Did the organization make any transfers to an exempt non-charitable related organization?  
 b If "Yes," was the related organization a section 527 organization?..

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 None Str	Title			
City ST ZIP	Hr/WK 00			
Name Str	Title			
City ST ZIP	Hr/WK 00			
Name Str	Title			
City ST ZIP	Hr/WK 00			
Name Str	Title			
City ST ZIP	Hr/WK 00			
Name Str	Title			
City ST ZIP	Hr/WK 00			
f Total number of other employees paid over \$100,000 ►				

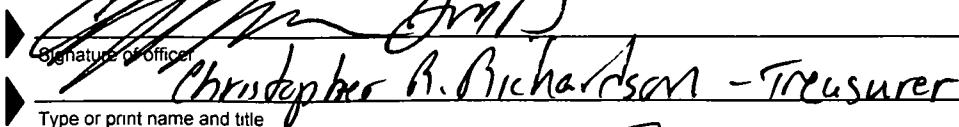
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

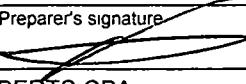
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
f Total number of other independent contractors each receiving over \$100,000 ►		

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

►  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	► 	Date
	► 	
Type or print name and title		

Paid Preparer's Use Only	Print/Type preparer's name RICHARD ROBERTS	Preparer's signature 	Date 1/20/2012	Check if self-employed <input checked="" type="checkbox"/>	PTIN P00185479
	Firm's name ► RICHARD I ROBERTS CPA			Firm's EIN ►	
	Firm's address ► 5455 4TH ST NORTH, ST PETERSBURG, FL 33703			Phone no	(727) 525-2813

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

►  Yes  No

**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.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

**SOUTHERN ACADEMY OF PERIODONTOLOGY**

Employer identification number

**58-1029612**

Form 990-EZ, Part I, Line 16, Other Expenses, Schedule attached 126,351

Form 990-EZ, Part II, Line 24, Other Assets: ADVANCE DEPOSITS, Beginning of year 9,500, End  
of year 8,826

Name of the organization

**SOUTHERN ACADEMY OF PERIODONTOLOGY**

Employer identification number

58-1029612

**Southern Academy of Periodontology**

**58-1029612**

**Form 990-EZ**

**Fiscal Year ending 9/30/11**

**Page 1, Line 10**

**Grants and Similar amounts paid      Class of Activity      Amount**

Dr Afik Eskan      Pennel Award      500  
Univ of Louisville School of Dentistry  
501 S Preston St Rm 236  
Louisville, KY 40292

Dr Chestine Guevarra      Pennel Award      500  
788 Michelle Ct.  
Grovetown, Ga

Sheldon Lu      Pennel Award      250  
320 E Hospital Rd  
Ft Gordon, GA 30905

Eve Girouard      Pennel Award      250  
501 S Preston St  
University of Louisville School of Dentistry  
Louisville, KY 40292

Total      1500

**SOUTHERN ACADEMY OF PERIODONTOLOGY**  
**FORM 990 EZ-RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX**  
**FISCAL YEAR ENDED 9/30/11**

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**PAGE 1, LINE 16, OTHER EXPENSES**

**ANNUAL MEETING EXPENSES**

Staff costs	5089
Clinician costs	1876
Presidents reception	1756
Meeting Supplies	1347
Printing	1333
Site Visit	592
Other costs	6107
Speakers	15000
Event Insurance refund	-587

**WINTER MEETING EXPENSES**

Hotel Costs	23630
Clinician costs	2276
Exhibitor expense	2080
Other costs	2708
Speakers	15000

**ADMINISTRATIVE EXPENSES**

Bank fees	1154
Broadband Access	525
Telephone and fax	2017
Liability Insurance	622
Office Supplies and expense	1072
Dues & Licenses	50
Web Page	1163
Other expense	2611
Executive Director	35930
Committee expense	<hr/> 3000
Total	<hr/> 126351

58-1029612

Form 990-EZ

Fiscal Year ending 9/30/11

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	COLUMN E
			EMPLOYEE BENEFIT PLAN AND DEFERRED COMPENSATION PLAN	EXPENSE ACCOUNT AND OTHER ALLOWANCES
Dr. Ricky Oliver 5014 NW 27th Court Gainesville, FL 32606	President 5 HRS	0	0	0
Dr. Jeffery Taylor 431 Security Square Gulfport, MS 39507	Immediate Past-President 5 HRS	0	0	0
Dr. Andy Duckett President-Elect 7460 Kings Mountain Rd. Birmingham, AL 35242	President-Elect 5 HRS	0	0	0
Dr. Christopher Richardson 4909 Grove Ave. Richmond, VA 23226	Treasurer 5 HRS	0	0	0
Dr. Brian West 2000 21st Avenue South Nashville, TN 37212	Secretary 5 HRS	0	0	0
Ms. Cindy Miller P. O. Box 1987	Executive Director 20 HRS	\$35,930	0	\$3,529