



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2010**Open to Public Inspection**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.

A For the 2010 calendar year, or tax year beginning **10/1/2010**, and ending **9/30/2011**

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
SOUTHERN ACADEMY OF PERIODONTOLOGY
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
PO BOX 1988
 City or town state or country ZIP + 4
ANNA MARIA FLORIDA 34216

D Employer identification number
58-1029612

E Telephone number
(941) 778-0670

F Group Exemption Number ► **n/a**

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ► _____

I Website: ► **http://periosouth.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 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 ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1		
	2	Program service revenue including government fees and contracts	2	89,993	
	3	Membership dues and assessments	3	71,831	
	4	Investment income	4	441	
	5a	Gross amount from sale of assets other than inventory	5a		
	5b	Less: cost or other basis and sales expenses	5b		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0	
	6	Gaming and fundraising events			
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
	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)	6b		
	6c	Less: direct expenses from gaming and fundraising events	6c		
	6d	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		
	7b	Less: cost of goods sold	7b		
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
	Expenses	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	
Net Assets	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	

For Paperwork Reduction Act Notice, see the separate instructions.
(HTA)Form **990-EZ** (2010)

☒

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 ☐

	Yes	No
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		X
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)		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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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 (see instructions)?		X
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?		X
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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
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 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		
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 42a Anna Maria Island ST 42a 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)?		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 ?		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 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		X
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.		X
c Did the organization receive any payments for indoor tanning services during the year?		X
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 Was 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."

	Yes	No
47		
48		
49a		
49b		

(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 <u>ST</u> ZIP _____	Hr/WK <u>00</u>			
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>00</u>			
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>00</u>			
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>00</u>			
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>00</u>			

f Total number of other employees paid over \$100,000 0

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."

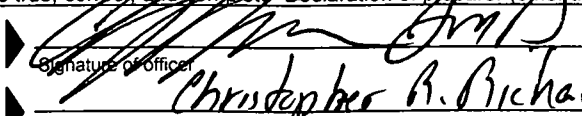
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str _____		
City <u>ST</u> ZIP _____		
Name _____ Str _____		
City <u>ST</u> ZIP _____		
Name _____ Str _____		
City <u>ST</u> ZIP _____		
Name _____ Str _____		
City <u>ST</u> ZIP _____		
Name _____ Str _____		
City <u>ST</u> ZIP _____		

d Total number of other independent contractors each receiving over \$100,000 0

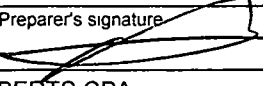
52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☐ 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 Christopher R. Richardson - Treasurer

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 27-1234567			
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
Name of the organization

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**

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

Employer identification number

SOUTHERN ACADEMY OF PERIODONTOLOGY

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 Eskin Univ of Louisville School of Dentistry 501 S Preston St Rm 236 Louisville, KY 40292	Pennel Award	500
Dr Chestine Guevarra 788 Michelle Ct. Grovetown, Ga	Pennel Award	500
Sheldon Lu 320 E Hospital Rd Ft Gordon, GA 30905	Pennel Award	250
Eve Girouard 501 S Preston St University of Louisville School of Dentistry Louisville, KY 40292	Pennel Award	250
	Total	<u>1500</u>

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

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	3000

Total	<u>126351</u>
-------	---------------

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 EXPENSE ACCOUNT AND OTHER ALLOWANCES
			CONTRIBUTION TO EMPLOYEE BENEFIT PLAN AND DEFERRED COMPENSATION PLAN		
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