



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



Short Form

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)

OMB No 1545-1150

2011

Open to Public
Inspection

- 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 2011 calendar year, or tax year beginning		10/1/2011	, and ending	9/30/2012
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	PO BOX 1988		(941) 778-0670
<input type="checkbox"/>	Terminated	City or town	state or country	F Group Exemption Number
<input type="checkbox"/>	Amended return	ANNA MARIA	FLORIDA	n/a
<input type="checkbox"/>	Application pending	ZIP + 4	34216	
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual		Other (specify) ►		
I Website: ► http://periosouth.org				
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				
K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 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 ► \$ 131,905				
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 <input checked="" type="checkbox"/>				
Revenue FEB 25 2013 SCANNED Expenses	1 Contributions, gifts, grants, and similar amounts received	1		
	2 Program service revenue including government fees and contracts	2	71,362	
	3 Membership dues and assessments	3	60,318	
	4 Investment income	4	225	
	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	131,905	
Net Assets	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	17,048	
	15 Printing, publications, postage, and shipping	15	4,839	
	16 Other expenses (describe in Schedule O)	16	90,511	
	17 Total expenses. Add lines 10 through 16	17	115,398	
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	16,507	
	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	158,896	
	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	175,403	

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	150,070	22 172,403
23	Land and buildings		23
24	Other assets (describe in Schedule O)	8,826	24 3,000
25	Total assets	158,896	25 175,403
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21).	158,896	27 175,403

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 III.

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 Annual meeting for educational purposes--approximately 130 attendees

(Grants \$) If this amount includes foreign grants, check here ► 28a 22,830

29 Seminars for educational purposes Approximately 80 attendees

(Grants \$) If this amount includes foreign grants, check here ► 29a 17,912

30

(Grants \$) If this amount includes foreign grants, check here ► 30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here ► 31a32 **Total program service expenses.** (add lines 28a through 31a) ► 32 40,742**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) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-.)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
schedule attached	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		
	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		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK .00	0		

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.

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 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) 34 X

35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a X
 b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b X
 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c 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 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? 37b 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? 38a 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 ► 40b , section 4912 ► 40c , section 4955 ► 40d
 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 40e
 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 40e
 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 ► Duke Miller Telephone no ► 941-894-6166
 Located at ► PO Box 1987 City Anna Maria Island ST FL ZIP + 4 ► 34216 42b X
 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: ► 42c X
 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 the U S ? If "Yes," enter the name of the foreign country: ► 42c X

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 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 44b X
 c Did the organization receive any payments for indoor tanning services during the year? 44c 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 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X
 b 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 (see instructions) 45b X

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
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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

Yes	No
47	
48	
49a	
49b	

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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None Str City ST ZIP	Title Hr/WK .00			
Name Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title 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		
Name Str City ST ZIP		

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 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	Signature of officer	Date
	Benjamin T. Duval	Treasurer
Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name RICHARD ROBERTS	Preparer's signature	Date 1/16/2013	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00185479
	Firm's name ►			Firm's EIN ►	
	Firm's address ► 5455 4TH ST N, ST PETERSBURG, FL 33703			Phone no (727) 522-7584	

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

2011

Open to Public
Inspection

Name of the organization

SOUTHERN ACADEMY OF PERIODONTOLOGY

Employer identification number

58-1029612

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Schedule attached, Grantee, Cash Grant

1,500, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses, See schedule attached, 90,511

Form 990-EZ, Part II, Line 24, Other Assets, Advance deposits, Beginning of year, 8,826, End

of year, 3,000

58-1029612

SOUTHERN ACADEMY OF PERIODONTOLOGY
FORM 990 EZ-RETURN OF ORGANIZATION EXEMPT
FISCAL YEAR ENDED 9/30/12

PAGE 1, LINE 16, OTHER EXPENSES

ANNUAL MEETING EXPENSES

Staff costs	5486
Clinician costs	845
Meeting Supplies	2054
Printing	686
Site Visit	431
Other costs	2145
Speakers	10600
Event Insurance	583

WINTER MEETING EXPENSES

Clinician costs	1095
Exhibitor expense	2432
Other costs	2685
Speakers	11700

ADMINISTRATIVE EXPENSES

Bank fees	1291
Broadband Access	295
Telephone and fax	1921
Liability Insurance	623
Office Supplies and expense	753
Web Page	1448
Other expense	2459
Administrative travel	846
Executive Director	38133
Committee expense	2000
<hr/>	
Total	<u>90511</u>

58-1029612

SOUTHERN ACADEMY OF PERIODONTOLOGY

FORM 990 EZ-RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

Page 2, Schedule IV list of officers Directors and key employees

FISCAL YEAR ENDED 9/30/12

Officers	Title	Average hours per week	Reportable compensation	Estimated other compensation
Dr. Andy Duckett	President	5	0	0
Dr. Chris Richardson	President-Elect	1	0	0
Dr. Brian West	Secretary	1	0	0
Dr. Benjamin Duval	Treasurer	1	0	0
Dr. Ricky Oliver	Immediate Past-President	1	0	0
Ms. Cindy Miller	Executive Director	20	38133	0
Dr. Elizabeth (Beth) Bjornson	Executive council member	1	0	0
Dr. Ryan Clagett	Executive council member	1	0	0
Dr. Mark Brunner	Executive council member	1	0	0
Dr. George Bumgardner	Executive council member	1	0	0
Dr. W. Lee Young, Jr.	Executive council member	1	0	0
Dr. Greg Adams	Executive council member	1	0	0
Dr. William Claiborne	Executive council member	1	0	0
Dr. Paul Weeks	Executive council member	1	0	0
Dr. John Russo	Executive council member	1	0	0
Dr. Charles McBrayer	Executive council member	1	0	0
Dr. Steven VanScoyoc	Executive council member	1	0	0
Dr. Gregg Langston	Executive council member	1	0	0