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A For the 2009 calendar year, or tax year beginning 01-01-2009, and ending 12-31-2009				
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	Please use IRS label or print or type. See Specific Instructions.	C Name of organization SOUTHEASTERN SOCIETY OF ORAL SURGEONS		D Employer identification number 62-6041948
		Number and street (or P.O. box, if mail is not delivered to street address) 4850 GOLDEN PARKWAY No b-418		E Telephone number (770) 271-0453
		City or town, state or country, and ZIP + 4 BUFORD, GA 30518		F Group Exemption Number 1

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 type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶
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I Website: N/A		H Check <input checked="" 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) <input type="checkbox"/> (insert no.) 4947(a)(1) or <input type="checkbox"/> 527		

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.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)				
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	124,893
	3	Membership dues and assessments	3	61,651
	4	Investment income	4	1,307
	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	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here  		
	a	Gross revenue (not including \$ _of contributions reported on line 1)	6a	
	b	Less direct expenses other than fundraising expenses	6b	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	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		
8	Other revenue (describe  _____)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 	9	187,851	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	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	750
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	3,644
	16	Other expenses (describe   _____)	16	190,791
	17	Total expenses. Add lines 10 through 16 	17	195,185
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-7,334
	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	73,058
	20	Other changes in net assets or fund balances (attach explanation) 	20	11,441
	21	Net assets or fund balances at end of year Combine lines 18 through 20 	21	77,165

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	35,476	22 47,300
23 Land and buildings		23
24 Other assets (describe)	86,480	24 72,840
25 Total assets	121,956	25 120,140
26 Total liabilities (describe)	48,898	26 42,975
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) .	73,058	27 77,165

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? THE PURPOSE OF THE SOCIETY IS TO CONTRIBUTE TO PUBLIC WELFARE THROUGH THE ADVANCEMENT OF ORAL AND MAXILLOFACIAL SURGERY			
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 THE ORGANIZATION CONTRIBUTED TO THE PUBLIC WELFARE BY FOSTERING SCIENTIFIC PROGRAMS, RESEARCH AND STANDARDS OF PRACTICE, BY UPHOLDING ETHICAL AND PROFESSIONAL STANDARDS AND RESPONSIBILITIES, AND BY CULTIVATING SOCIAL AND PROFESSIONAL DEVELOPMENT THAT FOSTERS A SENTIMENT OF MUTUAL AND COOPERATIVE ENDEAVOR AMONG ALL ITS MEMBERS TO PROVIDE AND RENDER BETTER SERVICE TO THE PUBLIC (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		28a	0
29 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		29a	
30 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a)		32	

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

Part VOther 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	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
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?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	0
b	Did the organization file Form 1120-POL for this year?	37b	
38a	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	No
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	
40a	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	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 . . . ▶ _____		
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	40e	No
41	List the states with which a copy of this return is filed ▶ GA		
42a	The organization's books are in care of ▶ J w holderfield Telephone no ▶ (770) 271-0453 4850 golden parkway suite b-418 Located at ▶ buford, GA ZIP + 4 ▶ 30518		
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 .	42b	No
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 ▶ _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
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	No

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
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	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

50(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

51(d) Total number of other independent contractors each receiving over \$100,000

Please 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		2010-05-12 Date	
Paid Preparer's Use Only	J W holderfield EXECUTIVE DIRECTOR Type or print name and title			
	Preparer's signature Anita M Pittman		Date 2010-05-12	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 CHERRY BEKAERT & HOLLAND LLP 1029 GREENE STREET AUGUSTA, GA 30901			EIN Phone no (706) 724-3557
	May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Additional Data

Software ID:

Software Version:

EIN: 62-6041948

Name: SOUTHEASTERN SOCIETY OF ORAL SURGEONS

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
steve COCKERHAM DDS 1421 SOUTH 28TH AVE hatTIESBURG, MS 39402	PRESIDENT 1 00	0	0	0
WARREN W ARRASMITH DMD PO BOX 1263 BESSMER, AL 35021	president-elect 1 00	0	0	0
HEATH MCALVIN STEWART DMD 1755 ST JULIAN PLACE COLUMBIA, SC 29204	vice president 1 00	0	0	0
JOHNSON J DAVID JR DDS 420 LABORATORY RD OAK RIDGE, TN 37830	secretary/treasurer 1 00	0	0	0
FROST DAVID E DDS MS 2823 N DUKE STREET DURHAM, NC 27704	eexecutive board (2nd year) 1 00	0	0	0
larry nissen dds 280 n sykes creek pkwy suite c merritt island, FL 32953	executive board (1st year) 1 00	0	0	0
ronald l tankersley dds 716 denbigh blvd c-1 newport news, VA 23608	PAST PRESIDENT 1 00	0	0	0
JW HOLDERFIELD 4850 golden pkwy B-417 buford, GA 30518	EXECUTIVE DIRECTOR 1 00	0	0	0

TY 2009 Other Assets Schedule

Name: SOUTHEASTERN SOCIETY OF ORAL SURGEONS

EIN: 62-6041948

Description	Beginning of Year Amount	End of Year Amount
VANGUARD ASSET ALLOCATION	27,202	32,077
FIDELITY ASSET MANAGER	21,890	29,763
Prepaid annual meeting expenses	6,646	11,000
accounts receivable	4,742	0
MEETING DEPOSIT	26,000	0

TY 2009 Other Changes in Net Assets Schedule

Name: SOUTHEASTERN SOCIETY OF ORAL SURGEONS

EIN: 62-6041948

Description	Amount
UNREALIZED gain ON INVESTMENTS	11,441

TY 2009 Other Expenses Schedule**Name:** SOUTHEASTERN SOCIETY OF ORAL SURGEONS**EIN:** 62-6041948

Description	Amount
MANAGEMENT FEE	36,175
credit card fees	4,561
membership directory	2,339
CAUCUS FOOD	2,202
OMS FOUNDATION	2,000
WEBSITE EXPENSE	630
insurance	500
OFFICE EXPENSE	182
educator award	380
MISCELLANEOUS	157
Travel	185
Telephone	1,113
BOARD EXPENSE	1,050
Conferences, Conventions, Meetings	136,904
garvar campaign	2,413

TY 2009 Other Liabilities Schedule

Name: SOUTHEASTERN SOCIETY OF ORAL SURGEONS

EIN: 62-6041948

Description	Beginning of Year Amount	End of Year Amount
PREPAID REVENUE	48,898	42,975

**TY 2009 Transfers Personal Benefits
Contracts Declaration**

Name: SOUTHEASTERN SOCIETY OF ORAL SURGEONS

EIN: 62-6041948

Declaration: The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.