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▶ 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 01-01-2010, and ending 12-31-2010**

Form **990-EZ** (2010)

**Part II Balance Sheets**

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

(See the instructions for Part II )

	(A) Beginning of year		(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	64,570	<b>22</b>	80,267
<b>23</b> Land and buildings . . . . .		<b>23</b>	
<b>24</b> Other assets (describe in Schedule O) . . . . .	14,258	<b>24</b>	11,132
<b>25 Total assets</b> . . . . .	78,828	<b>25</b>	91,399
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	25,700	<b>26</b>	23,400
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) .	53,128	<b>27</b>	67,999

**Part III Statement of Program Service Accomplishments**

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

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.

<b>28</b> THE ORGANIZATION CONDUCTED MEETINGS & SEMINARS TO PROMOTE DENTAL HEALTH AND THE PRACTICE OF ORAL SURGERY (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	0
<b>29</b>  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b>  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .	<b>32</b>	

**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
See Additional Data Table				

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 . . . . .	33	No
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	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> 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?	35a	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> 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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text"/> <b>37a</b> <input type="text"/> 0		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . <b>38b</b> <input type="text"/>		
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> <input type="text"/>		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> <input type="text"/>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <input type="text"/> , section 4912 <input type="text"/> , section 4955 <input type="text"/>		
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 . . . . .	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 . . <input type="text"/>		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . <input type="text"/>		
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 <input type="text"/> GA		
42a	The organization's books are in care of <input type="text"/> JW HOLDERFIELD Telephone no <input type="text"/> (770) 271-0453 4850 GOLDEN PARKWAY SUITE B-418 Located at <input type="text"/> BUFORD, GA ZIP + 4 <input type="text"/> 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 <input type="text"/> See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	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 <input type="text"/>	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . <input type="text"/> <b>43</b> <input type="text"/>		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
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	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
45a	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 must be completed instead of Form990-EZ		No
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		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 47-49b and 52.

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

	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

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

YesNo

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	
	JW HOLDERFIELD EXECUTIVE DIRECTOR		2011-05-12	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
	CHERRY BEKAERT & HOLLAND LLP 1029 GREENE STREET AUGUSTA, GA 30901			Phone no (706) 724-3557

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

YesNo

Additional Data

Software ID:  
Software Version:  
EIN: 58-1305413  
Name: THE GEORGIA SOCIETY OF ORAL AND  
MAXILLOFACIAL 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
DAVID P TIMMIS DDS 402 STEVENS ENTRY PEACHTREE CITY,GA 39269	IMMEDIATE PAST PRESIDENT 1 00	0	0	0
ANTWAN L TREADWAY DMD 1790 MULKEY ROAD 3A AUSTELL,GA 30106	PRESIDENT 1 00	0	0	0
VINCENT J PERCIACCANTE DDS 288 HWY 314 B FAYETTEVILLE,GA 30214	PAST PRESIDENT 1 00	0	0	0
W JONES PHILLIPS DDS 698 MEDICAL PARK DRIVE GAINESVILLE,GA 30501	TREASURER 1 00	0	0	0
STEVEN M ROSER DMD 1365 CLIFTON RD NE SUITE 2300B ATLANTA,GA 30322	VICE PRESIDENT 1 00	0	0	0
RICHARD W KINSEY DMD 6043 PRESTLEY MILL RD 1 DOUGLASVILLE,GA 30134	AAOMS ALTERNATE DELEGATE 1 00	0	0	0
GLENN MARON DDS 999 PEACHTREE STREET SUITE 715 ATLANTA,GA 30309	SECRETARY 1 00	0	0	0
JEFFREY R PRINSELL DMD MD 1950 SPECTRUM CIRCLE B-300 MARIETTA,GA 30067	MEMBER AT LARGE 1 00	0	0	0
ALFRED E PESTO JR DMD 4815 PAULSEN ST SAVANNAH,GA 31405	AAOMS DELEGATE 1 00	0	0	0
JEFFREY D SCHULTZ DDS 182 JEFFERSON PKWY A NEWNAN,GA 30265	AAMOS DELEGATE 1 00	0	0	0
MARTIN B STEED DDS 1365 CLIFTON RD NE SUITE 2300B ATLANTA,GA 30306	AAOMS ALTERNATE DELEGATE 1 00	0	0	0
STEPHEN A BANKSTON DMD 200 GALLERIA PARKWAY ATLANTA,GA 30339	PROGRAM CHAIR 1 00	0	0	0

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 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 THE GEORGIA SOCIETY OF ORAL AND MAXILLOFACIAL SURGEONS	Employer identification number  58-1305413
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Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 90

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION CONFERENCES, CONVENTIONS, MEETINGS AMOUNT 35,803 DESCRIPTION MISCELLANEOUS EXPENSE AMOUNT 1,067 DESCRIPTION OFFICE SUPPLIES AND EXPENSE AMOUNT 550 DESCRIPTION TRAVEL AND ENTERTAINMENT AMOUNT 343 DESCRIPTION TELEPHONE AMOUNT 219 DESCRIPTION MANAGEMENT FEES AMOUNT 30,529 DESCRIPTION WEB SITE AMOUNT 953 DESCRIPTION CREDIT CARD FEES AMOUNT 3,157 DESCRIPTION OMS FOUNDATION EXPENSE AMOUNT 2,000 DESCRIPTION AWARDS AMOUNT 109 TOTAL TO FORM 990-EZ, LINE 16 74,730



Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 2,626 END OF YEAR AMOUNT 0 DESCRIPTION PREPAID MEETING FEES BEG OF YEAR AMOUNT 11,632 END OF YEAR AMOUNT 11,132

Identifier	Return Reference	Explanation
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION 2009 DUES PAID IN ADVANCE BEG OF YEAR AMOUNT 25,700 END OF YEAR AMOUNT 23,400

**TY 2010 Transfers Personal Benefits  
Contracts Declaration**

**Name:** THE GEORGIA SOCIETY OF ORAL AND  
MAXILLOFACIAL SURGEONS

**EIN:** 58-1305413

**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.