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A For the 2010 calendar year, or tax year beginning 01-01-2010

C Name of organization

MAXILLOFACIAL SURGEONS

THE GEORGIA SOCIETY OF ORAL AND

As Filed Data -

DLN: 93492136029231

D Employer identification number

58-1305413

OMB No 1545-1150

2010

Form 990-EZ

Department of the Treasury Internal Revenue Service

**B** Check if applicable

Address change

**Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

**Short Form** 

(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

and ending 12-31-2010

**Open to Public** Inspection

Name change		-	Number and street (or P O box, if mail is not delivered to street address) Roo	om/suite	E Telephone nun	nber	
Initial return			4850 GOLDEN PARKWAY NO B-418		(770)	271-0453	
Terminated Amended return			City or town, state or country, and ZIP + 4		<b>F</b> Group Exempt		
_		n return on pending	BUFORD, GA 30518		Number 🟲	ЮП	
· ^	эрнсанс	on pending					
<b>G</b> A c	count	ing method	Cash				
		N/A		I .		_	janization is <b>not</b>
J Tax	-Exemp	ot status(check	only one)— 501(c)(3) 501(c)(6) ◀(insert no ) 4947(a)(1) or 527	'	required to at (Form 990, 9		
<b>K</b> Ch	eck 🕨	If the orga	inization is not a section 509(a)(3) supporting organization <b>and</b> its	gross re			
\$5	0,000	A Form 990	-EZ or Form 990 return is not required though Form 990-N (e-pos	-	•	•	
			to file a return, be sure to file a complete return Inne 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if t	ntal accets	(Part II line 25 co	olumn (B) h	elow) are \$500 000 or
			d of Form 990-EZ	otal assets	(rait II, iiie 23, cc	nami (b) b	100,490
Pa	rt I	_	e, Expenses, and Changes in Net Assets or Fund Bal		(See the instruc	tions for	
	1		e organization used Schedule O to respond to any question in this	Part I		<del></del>	
	1		s, gifts, grants, and similar amounts received			1	
	2	Program ser	vice revenue including government fees and contracts			2	54,750
	3	Membership	dues and assessments			3	45,650
	4	Investment	ıncome			4	90
	5a	Gross amoui	nt from sale of assets other than inventory	5a			
9	ь	Less cost o	r other basis and sales expenses	5b			
Revenue	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)					
<u>ā</u>	6	Gaming and fundraising events					
	a	Gross income fi	rom gamıng (attach Schedule G ıf greater than \$15,000)	6a			
	ь	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 exceed \$15,000)					
	c	Less direct	expenses from gaming and fundraising events	6с		]	
	d	Net income o	or (loss) from gaming and fundraising events (Add lines 6a and 6b	and subt	ract line 6c)	6d	
	7a	Gross sales	of inventory, less returns and allowances	7a			
	ь	Less cost o	fgoods sold	7b		]	
	c	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	O ther reven	ue (describe in Schedule O)	•		8	
	9	Total revenu	e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	100,490
	10	Grants and s	similar amounts paid (list in Schedule O)		•	10	
	11	Benefits paid	d to or for members			11	
	12	Salaries, oth	er compensation, and employee benefits			12	
ω Φ	13	Professional	fees and other payments to independent contractors			13	895
Expenses	14	Occupancy,	rent, utilities, and maintenance			14	
<u>ā</u>	15	Printing, pub	lications, postage, and shipping			15	9,994
ш	16	Other expen	ses (describe in Schedule O)			16	74,730
	17	Total expens	ses. Add lines 10 through 16			17	85,619
	18	<u> </u>	leficit) for the year (Subtract line 17 from line 9)			18	14,871
5 5 5	19	•	or fund balances at beginning of year (from line 27, column (A)) (mu	ıst aaree	with		.,
etAssets			figure reported on prior year's return)			19	53,128
Net	20		es in net assets or fund balances (explain in Schedule O)			20	0
	21	_	or fund balances at end of year Combine lines 18 through 20 .		•	21	67,999

Part II Balance Sheets Check if the organization used	l Schedule O to respond to	any question in t	hıs Par	t II			
(See the instruc	tions for Part II)		(A) E	Beginning of year		(B) End of year	
22 Cash, savings, and investments .				64,570	22	80,267	
23 Land and buildings				·	23		
24 Other assets (describe in Schedule O	)			14,258	24	11,132	
25 Total assets				78,828	25	91,399	
26 Total liabilities (describe in Schedule							
27 Net assets or fund balances (line 27 o	f column (B) <b>must</b> agree wit	th line 21) .		53,128		67,999	
Check if the organization uses What is the organization's primary exempt EDUCATION  Describe what was achieved in carrying out describe the services provided, the number program title	d Schedule O to respond to purpose?  t the organization's exempt	any question in t	lear an	d concise manner,	(c)( org- 494	Expenses quired for section 501 (3) and 501(c)(4) anizations and section 47(a)(1) trusts, ional for others)	
28 THE ORGANIZATION CONDUCTED N PRACTICE OF ORAL SURGERY	TEETINGS & SEMINARS T				28a	0	
(Grants \$ ) If th	is amount includes foreign (	grants, check her	re .	▶┌	29a		
	ıs amount ıncludes foreıgn (	grants, check her	re .	▶┌	30a		
31 O ther program services (describe in Sc (Grants \$ ) If th	hedule O) Is amount includes foreign (	 grants, check her	e	<b>▶</b> ┌	31a		
32 Total program service expenses (add lir		<u> </u>		<u>► .</u>	32		
Part IV List of Officers, Directors, Tru					truction	ns for Part IV )	
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensa (If not paid enter -0)	ition <b>d,</b>	(d) Contributions employee benefit p deferred compens	lans &	(e) Expense account and other allowances	
See Additional Data Table							

Ра	Check if the organization used Schedule O to respond to any question in this 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			
а	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
ь	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		No
37a	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		
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		Νo
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		
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 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			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	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 F	_		
42a	The organization's books are in care of > JW HOLDERFIELD Telephone no	<b>►</b> <u>(77</u>	0) 271	-0453
	4850 GOLDEN PARKWAY SUITE B-418  Located at ► BUFORD, GA ZIP + 4	<b>▶</b> _3	0518	
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority			T
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No No
	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.			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		Νo
	If "Yes," enter the name of the foreign country			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041—</b> Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •		<b>▶</b> Γ
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		Yes	No
	Form 990-EZ.	44a		Νο
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?			
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schadula O	44c		No

	EZ (2010)					<b>W</b>	Page
						Yes	No
	ny related organization a controlle 'Form 990 and Schedule R must be		<del>-</del>	fsection 512(b)(13)? <i>If</i>	45		Νo
	he organization receive any payn ning of section 512(b)(13)? <i>If 'Ye</i>		•	·	45a		Νο
	he organization engage, directly idates for public office? If "Yes,"			ehalf of or in opposition to	46		
Part VI	· · · · · · · · · · · · · · · · · · ·			exempt charitable tr		only.	Νo
	All section 501(c)(3) organ 47-49b and 52.			=		-	stions
	Check if the organization used	Schedule O to respond	to any question in this P	art VI			
						Yes	No
<b>47</b> Did t	he organization engage in lobbyir	ng activities? If "Yes," c	omplete Schedule C, Par	t II	47		
<b>48</b> Is th	e organization a school described	d in section 170(b)(1)(A	)(II)? If "Yes," complete S	chedule E	48		
<b>49a</b> Did t	a Did the organization make any transfers to an exempt non-charitable related organization?						
<b>b</b> If "Y	es," was the related organization	a section 527 organizat	ion?		49b		
	plete this table for the organization oyees) who each received more t			•			
		(b) Title and average	insation from the organiz	(d) Contributions to		<b>e)</b> Expei	ns e
	and address of each employee and more than \$100,000	hours per week devoted to position	(c) Compensation	employee benefit plans & deferred compensation		ccount a er allowa	
				·			
<b>50(f)</b> Tot	al number of other employees pa	ıd over \$100,000     .			▶		
	plete this table for the organization mpensation from the organization			actors who each received	more th	an \$10	0,000
<b>(a)</b> N	ame and address of each indeper	ndent contractor paid mo	ore than \$100,000	<b>(b)</b> Type of service	(c) (	ompen	sation
	al number of other independent c				mpt cha	aritable	trusts
<b>52</b> Did	al number of other independent c d the organization complete Sche ust attach a completed Schedule	dule A? <b>NOTE:</b> All Section				arıtable <b>Yes</b>	
52 Did mu Jnder penal	d the organization complete Sche ust attach a completed Schedule Ities of perjury, I declare that I have	edule A? <b>NOTE:</b> All Section  A	on 501(c)(3) organizatio	edules and statements, and t	o the be	Yes st of my	No
52 Did mu Jnder penal mowledge a	d the organization complete Sche ust attach a completed Schedule lties of perjury, I declare that I have and belief, it is true, correct, and co	edule A? <b>NOTE:</b> All Section  A	on 501(c)(3) organizatio	edules and statements, and t	o the be	Yes st of my	No
52 Did mu Jnder penal mowledge a	d the organization complete Sche ust attach a completed Schedule lties of perjury, I declare that I have and belief, it is true, correct, and co	edule A? <b>NOTE:</b> All Section  A	on 501(c)(3) organizatio	edules and statements, and t	o the be	Yes st of my	No
Jnder penal mowledge a mowledge.	d the organization complete Sche ust attach a completed Schedule lities of perjury, I declare that I have and belief, it is true, correct, and co	edule A? <b>NOTE:</b> All Section  A	on 501(c)(3) organizatio	edules and statements, and t	o the be	Yes st of my	No
Jnder penal mowledge a mowledge.	the organization complete Sche ist attach a completed Schedule lities of perjury, I declare that I have and belief, it is true, correct, and co	edule A? <b>NOTE:</b> All Section  A	on 501(c)(3) organizatio	edules and statements, and t is based on all information o	o the be	Yes st of my	No
Jnder penal mowledge a mowledge. Sign Here	the organization complete Sche ust attach a completed Schedule  Ities of perjury, I declare that I have and belief, it is true, correct, and co  ****** Signature of officer  JW HOLDERFIELD EXECUTIVE DIRE Type or print name and title  Preparer's	edule A? <b>NOTE:</b> All Section A	on 501(c)(3) organizatio	edules and statements, and to is based on all information of 2011-05-12 Date  Date  Preparer's taxpa	o the bef f which	fes Fest of my prepare	r has an
Jnder penal mowledge a mowledge.	the organization complete Sche ust attach a completed Schedule  Ities of perjury, I declare that I have and belief, it is true, correct, and co  ******  Signature of officer  JW HOLDERFIELD EXECUTIVE DIRE Type or print name and title  Preparer's signature	edule A? <b>NOTE:</b> All Section A	cluding accompanying scheeparer (other than officer)	edules and statements, and to is based on all information of 2011-05-12 Date  Date  Preparer's taxpa	o the bef f which	fes Fest of my prepare	r has an
Under penal knowledge a knowledge. Sign Here	the organization complete Sche ust attach a completed Schedule  Ities of perjury, I declare that I have and belief, it is true, correct, and co  ******  Signature of officer  JW HOLDERFIELD EXECUTIVE DIRE Type or print name and title  Preparer's signature  Firm's name (or yours of the self-employed),	e examined this return, incomplete. Declaration of presented the presentation of presented the prese	cluding accompanying scheeparer (other than officer)	2011-05-12 Date  Preparer's taxpa (See instructions)	o the bef f which	fes Fest of my prepare	r has an
52 Did mu Under penal	the organization complete Sche ust attach a completed Schedule  Ities of perjury, I declare that I have and belief, it is true, correct, and co  ******  Signature of officer  JW HOLDERFIELD EXECUTIVE DIRE Type or print name and title  Preparer's signature  Firm's name (or yours & CHERRY BE	e examined this return, incomplete. Declaration of present the pre	cluding accompanying scheeparer (other than officer)	2011-05-12 Date  Preparer's taxpa (See instructions	o the bef f which	est of my prepare	r has an

## 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

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As Filed Data -

DLN: 93492136029231

OMB No 1545-0047

2010

Open to Public Inspection

#### 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.

Name of the organization THE GEORGIA SOCIETY OF ORAL AND MAXILLOFACIAL SURGEONS Employer identification number 58-1305413

ldentifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 90

ldentifier	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

ldentifier	Return Reference	Explanation
OTHER ASSETS	· '	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

ldentifier	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.