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Part II

Balance Sheets

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

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(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	47,300	22	29,585
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	72,840	24	97,520
25	Total assets	120,140	25	127,105
26	Total liabilities (describe in Schedule O)	42,975	26	46,701
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	77,165	27	80,404

Part III

Statement of Program Service Accomplishments

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

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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

☒

28a

0

29

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

☒

29a

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

☒

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)

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

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(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 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?	35a	No
b	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 <input type="text"/> 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 tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b <input type="text"/>		
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9 39a <input type="text"/>		
b	Gross receipts, included on line 9, for public use of club facilities 39b <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"/> J W 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 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 <input type="text"/>	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 . . . <input type="text"/> 43		
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

☒ 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		2011-05-10 Date	
	J W HOLDERFIELD, EXECUTIVE DIRECTOR Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date 2011-05-10	Check if self-employed <input checked="" type="checkbox"/>	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

☒ 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 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 SOUTHEASTERN SOCIETY OF ORAL SURGEONS	Employer identification number 62-6041948
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Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	DIVIDEND INCOME 10,581

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION MANAGEMENT FEE AMOUNT 37,675 DESCRIPTION CREDIT CARD FEES AMOUNT 4,218 DESCRIPTION MEMBERSHIP DIRECTORY AMOUNT 3,800 DESCRIPTION CAUCUS FOOD AMOUNT 1,792 DESCRIPTION OMS FOUNDATION AMOUNT 2,000 DESCRIPTION WEBSITE EXPENSE AMOUNT 999 DESCRIPTION INSURANCE AMOUNT 520 DESCRIPTION OFFICE EXPENSE AMOUNT 414 DESCRIPTION MISCELLANEOUS AMOUNT 124 DESCRIPTION TRAVEL AMOUNT 1,390 DESCRIPTION TELEPHONE AMOUNT 1,202 DESCRIPTION BOARD EXPENSE AMOUNT 2,186 DESCRIPTION CONFERENCES, CONVENTIONS, MEETINGS AMOUNT 124,674 TOTAL TO FORM 990-EZ, LINE 16 180,994

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990-EZ, PART I, LINE 20	DESCRIPTION UNREALIZED LOSS ON INVESTMENTS AMOUNT -896

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION VANGUARD ASSET ALLOCATION BEG OF YEAR AMOUNT 32,077 END OF YEAR AMOUNT 37,050 DESCRIPTION FIDELITY ASSET MANAGER BEG OF YEAR AMOUNT 29,763 END OF YEAR AMOUNT 17,724 DESCRIPTION PREPAID ANNUAL MEETING EXPENSES BEG OF YEAR AMOUNT 11,000 END OF YEAR AMOUNT 42,746

Identifier	Return Reference	Explanation
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION PREPAID REVENUE BEG OF YEAR AMOUNT 42,975 END OF YEAR AMOUNT 46,701

TY 2010 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.

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	PAST PRESIDENT 1 00	0	0	0
WARREN WARRASMITH DMD PO BOX 1263 BESSMER, AL 35021	PRESIDENT 1 00	0	0	0
HEATH MCALVIN STEWART DMD 1755 ST JULIAN PLACE COLUMBIA, SC 29204	PRESIDENT-ELECT 1 00	0	0	0
JOHNSON J DAVID JR DDS 420 LABORATORY RD OAK RIDGE, TN 37830	VICE PRESIDENT 1 00	0	0	0
FROST DAVID E DDS MS 2823 N DUKE STREET DURHAM, NC 27704	SECRETARY/TREASURER 1 00	0	0	0
LARRY NISSEN DDS 280 N SYKES CREEK PKWY SUITE C MERRITT ISLAND, FL 32953	EXECUTIVE BOARD (2ND YEAR) 1 00	0	0	0
MICHAEL MILLER 8503 PATTERSON AVE SUITE A RICHMOND, VA 23229	EXECUTIVE BOARD (1ST YEAR) 1 00	0	0	0
JW HOLDERFIELD 4850 GOLDEN PKWY B-417 BUFORD, GA 30518	EXECUTIVE DIRECTOR 1 00	0	0	0