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efile GRAPHIC print - DO NOT PROCESS

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

C Name of organization

SOUTHEASTERN SOCIETY OF ORAL SURGEONS

As Filed Data -

DLN: 93492136027451

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

Check if applicable

Address change

Name change

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (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

Short Form

**Return of Organization Exempt From Income Tax** 

▶ 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

D Employer identification number

62-6041948

_	ame ch		imber and street (or P O box, if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone num	nber	
	ntial ret	uiii	50 GOLDEN PARKWAY NO B-418		(770)	271-0453	
_	erminat mended		ty or town, state or country, and ZIP + 4		<b>F</b> Group Exempti	on	
_		on pending BU	IFORD, GA 30518		Number 🟲		
			- <del>-</del>		•		
		ıng method ICa ; <b>►</b> N/A	ash ▼Accrual Other (specify) ►		I Check ► 🔽	.6.6.	
			one)— 501(c)(3) 501(c)(6) ◄(Insert no ) 4947(a)(1) or	I	required to at	_	
	-ехепц	T status (check only o	one)—1 301(c)(3)1. 301(c)(6) 4(insert no )1 4347(a)(1) 011	527	(Form 990, 9	90-EZ, or 9	990-PF)
\$5	0,000	A Form 990-EZ	tion is not a section 509(a)(3) supporting organization <b>and</b> or Form 990 return is not required though Form 990-N (e-per a return, be sure to file a complete return				
L Add		b, 6c, and 7b, to line 9 Form 990 instead of Fo	9 to determine gross receipts, If gross receipts are \$200,000 or more, or orm 990-EZ	ıf total assets	s (Part II, line 25, co ► \$		ow) are \$500,000 or 196,241
Pa	rt I		penses, and Changes in Net Assets or Fund B panization used Schedule O to respond to any question in th		(See the instruc	tions for Pa	art I )
	1	Contributions, gif	fts, grants, and sımılar amounts received			1	_
	2	Program service	revenue including government fees and contracts			2	126,760
	3	Membership dues	s and assessments			3	58,900
	4	Investment incor	пе			4	10,581
Revenue	5a	Gross amount fro	m sale of assets other than inventory	5a			
	ь	Less cost or othe	er basis and sales expenses	5b		1	
	С	Gain or (loss) froi	m sale of assets other than inventory (Subtract line 5b from	line 5a)		5c	
ğ	6	Gaming and fundr	raising events				
	а	Gross income from ga	amıng (attach Schedule G ıf greater than \$15,000)	6a			
	ь		m fundraising events (not including \$ _of contributions from .) (attach Schedule G if the sum of such gross income and c		-		
	С	Less direct expe	enses from gaming and fundraising events	6c			
	d	Net income or (lo	ss) from gaming and fundraising events (Add lines 6a and 6	b and subt	ract line 6c)	6d	
	7a	Gross sales of inv	ventory, less returns and allowances	7a			
	ь	Less cost of goo	ds sold	7b		1	
	С	Gross profit or (lo	oss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenue (de	escribe in Schedule O)	•		8	
	9	Total revenue. A	dd lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	196,241
	10	Grants and simila	ar amounts paid (list in Schedule O)			10	
	11	Benefits paid to o	or for members			11	
	12	Salaries, other co	ompensation, and employee benefits			12	
ů,	13	Professional fees	and other payments to independent contractors			13	760
Expenses	14	Occupancy, rent,	utilities, and maintenance			14	
훘	15	Printing, publicat	ions, postage, and shipping			15	10,352
_	16	Other expenses (	(describe in Schedule O )			16	180,994
	17	Total expenses. A	Add lines 10 through 16			17	192,106
93	18	Excess or (deficit	t) for the year (Subtract line 17 from line 9)			18	4,135
955	19	Net assets or fun	d balances at beginning of year (from line 27, column (A)) (	must agree	with		
NetAssets			e reported on prior year's return)			19	77,165
Ž	20	Other changes in	net assets or fund balances (explain in Schedule O)			20	-896
	21	Net assets or fun	d balances at end of year Combine lines 18 through 20		. ▶	21	80,404

Part II	Balance	Sheets
	Dalalice	3116613

Check if the organization used	Schedule O to respond to	any question in th	hıs Part	II .			
(See the instruct	tions for Part II)	Г	<b>(A)</b> B	eginning	ofvear		(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	-	127,105
26 Total liabilities (describe in Schedule	0)	Ī			42,975	$\vdash$	46,701
27 Net assets or fund balances (line 27 of	f column (B) <b>must</b> agree wit	th line 21)			77,165	-	80,404
Part III Statement of Program Check if the organization used	=		hıs Part	: III .	<b>▽</b>	(Re	Expenses equired for section 501
What is the organization's primary exempt THE PURPOSE OF THE SOCIETY IS TO ( ADVANCEMENT OF ORAL AND MAXILLO	CONTRIBUTE TO PUBLIC DFACIAL SURGERY					org	(3) and 501(c)(4) panizations and section 47(a)(1) trusts, tional for others)
Describe what was achieved in carrying ou describe the services provided, the numbe program title	<u>-</u>	•			•		,
28 THE ORGANIZATION CONTRIBUTED PROGRAMS, RESEARCH AND STANDARD RENDE STANDARD STAND	DS OF PRACTICE, BY UPH AND BY CULTIVATING SO IMENT OF MUTUAL AND	HOLDING ETHICA DCIAL AND PROI COOPERATIVE E THE PUBLIC	AL AND FESSIC ENDEA	PROFE NAL VOR AM			0
29							
(Grants \$ ) If thi	s amount includes foreign (	aranta abaak bar			_		
30	s amount merudes foreign (					29a	
	s amount includes foreign ç	grants, check here	e	•	· _	30a	
31 O ther program services (describe in Sc					÷		
	s amount includes foreign (	grants, check here	e		<u> </u> . <b>►</b>	31a 32	
32 Total program service expenses (add line Part IV List of Officers, Directors, Tru		List each one even if	not com		•		ns for Part TV )
Check if the organization used					(See the ins	-	
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensat	tion <b>I,</b> e	(d) Cor employee	ntributions benefit p compens	lans 8	(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	ı		
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			
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			
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	<b>►</b> <u>(77</u>	0)271	-0453
	4850 GOLDEN PARKWAY SUITE B-418  Located at ► BUFORD, GA ZIP + 4	<b>▶</b> _30	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
Ь	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
С	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			

	EZ (2010)							Page 4
							Yes	No
	y related organization a controlle Form 990 and Schedule R must be		_	fsection 51	2(b)(13)? <i>If</i>	45		Νo
	he organization receive any payn ning of section 512(b)(13)? <i>If 'Ye</i>		•		•	45a		N.a
<b>46</b> Dıd tl	he organization engage, directly of ideas for public office? If "Yes,"	or indirectly, in political	campaign activities on t			45a		No
Part VI		<u> </u>		exempt o	haritable tri		nlv.	No
raic vi	All section 501(c)(3) organ 47-49b and 52.							stions
	Check if the organization used	l Schedule O to respond	to any question in this F	art VI .				Г
							Yes	No
<b>17</b> Did tl	he organization engage in lobbyir	ng activities? If "Yes," c	omplete Schedule C, Pa	rt II		47		
<b>18</b> Is the	e organization a school described	d ın section 170(b)(1)(A	)(II)? If "Yes," complete S	Schedule E		48		
<b>i9a</b> Did ti	he organization make any transfe	ers to an exempt non-cha	arıtable related organıza	tion?		49a		
<b>b</b> If"Ye	es," was the related organization	a section 527 organizat	ion?			49b		
	plete this table for the organization							
emple	oyees) who each received more t	:han \$100,000 of compe <b>(b)</b> Title and average	nsation from the organiz		re is none, enter		: " :) Expe	25.0
	and address of each employee Id more than \$100,000	hours per week	(c) Compensation	employee	benefit plans &	a	count	and
		devoted to position		deferred	compensation	otne	r allowa	inces
<b>50(f)</b> Tot	al number of other employees pa	ıd over \$100,000 .				•		
<b>51</b> Comp	plete this table for the organization	on's five highest comper	•		• • • • • • • • • • • • • • •	nore th	an \$10	0,000
61 Comp of co	plete this table for the organization mpensation from the organization	on's five highest comper n Ifthere is none, enter	"None"					•
i <b>1</b> Comp	plete this table for the organization	on's five highest comper n Ifthere is none, enter	"None"		each received m		an \$10 ompen	
61 Comp of co	plete this table for the organization mpensation from the organization	on's five highest comper n Ifthere is none, enter	"None"					
i <b>1</b> Comp	plete this table for the organization mpensation from the organization	on's five highest comper n Ifthere is none, enter	"None"					
i <b>1</b> Comp	plete this table for the organization mpensation from the organization	on's five highest comper n Ifthere is none, enter	"None"					
i <b>1</b> Comp	plete this table for the organization mpensation from the organization	on's five highest comper n Ifthere is none, enter	"None"					
i <b>1</b> Comp	plete this table for the organization mpensation from the organization	on's five highest comper n Ifthere is none, enter	"None"					
51 Comp of co	plete this table for the organization mpensation from the organization	on's five highest comper n Ifthere is none, enter	"None"					
61 Compoficor (a) N	plete this table for the organization mpensation from the organization ame and address of each indeper	on's five highest comper on If there is none, enter indent contractor paid mo	"None " pre than \$100,000					
61 Composition of column (a) N	plete this table for the organization mpensation from the organization	on's five highest compen If there is none, enter ndent contractor paid mo	"None " pre than \$100,000  ing over \$100,000	<b>(b)</b> Тур	e of service	(c) C	ompen	sation
61 Composition of column (a) N	plete this table for the organization mpensation from the organization ame and address of each independent of other independent of othe	on's five highest compen If there is none, enter indent contractor paid mo ontractors each receiving	"None " pre than \$100,000  ing over \$100,000	<b>(b)</b> Тур	e of service	(c) C	ompen	sation
(a) Notes that the second seco	plete this table for the organization mpensation from the organization ame and address of each independent of the organization complete Scheist attach a completed Schedule	on's five highest compendent of there is none, enterndent contractor paid modern contractors each receiving dule A? NOTE: All Section A	"None"  ore than \$100,000  ong over \$100,000  on 501(c)(3) organization	(b) Typ	e of service	npt cha	ompen	trusts
61 Composition of column (a) N  61(d) Toto mu  62 Dico mu  64 mu  65 mu  66 mu  67 mu  68 mu  68 mu  69 mu  69 mu  69 mu  60 mu	plete this table for the organization mpensation from the organization ame and address of each independent of the organization complete Scheist attach a completed Schedule lities of perjury, I declare that I have and belief, it is true, correct, and completed, and correct, and completed, it is true, correct, and completed schedule	on's five highest compendent of there is none, enterndent contractor paid modern contractors each receiving dule A? NOTE: All Section A	"None"  ore than \$100,000  ong over \$100,000  on 501(c)(3) organization	(b) Typ	e of service	npt cha	ompen	trusts
(a) N  (a) N  (a) N  (b) Tot  (c) Dic  mu  moder penal  mowledge a	plete this table for the organization mpensation from the organization ame and address of each independent of the organization complete Scheist attach a completed Schedule lities of perjury, I declare that I have and belief, it is true, correct, and complete is the organization complete schedule lities of perjury, I declare that I have and belief, it is true, correct, and complete schedule lities of perjury, I declare that I have and belief, it is true, correct, and complete schedule lities of perjury is true, correct is tr	on's five highest compendent of there is none, enterndent contractor paid modern contractors each receiving dule A? NOTE: All Section A	"None"  ore than \$100,000  ong over \$100,000  on 501(c)(3) organization	(b) Typ	e of service	npt cha	ompen	trusts
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51 Composition of column o	al number of other independent of the organization ame and address of each independent of the organization complete. Scheist attach a completed Schedule. It is true, correct, and complete, it is true, correct, and complete of officer    J W HOLDERFIELD EXECUTIVE DIRITY Type or print name and title.	on's five highest compentation of property of the property of	"None " ore than \$100,000  ong over \$100,000  on 501(c)(3) organization  cluding accompanying scheparer (other than officer)	(b) Typ  ons and 494  cons and sis based on a	7 (a)(1) nonexentatements, and to all information of	npt cha	ompen ritable /es st of my prepare	trusts No r has ar
51 Composition of contact of the con	al number of other independent of the organization ame and address of each independent of the organization complete. Scheist attach a completed Schedule.  Ities of perjury, I declare that I have and belief, it is true, correct, and complete is the organization complete.    Yes a complete is the organization complete schedule.	on's five highest compendent of there is none, enterndent contractor paid modern on the contractors each received dule A? NOTE: All Section A	"None " ore than \$100,000  on 501(c)(3) organization on 501(c)(4) organization on 501(c)(5) organization on 501(c)(6) organization on 601(c)(6) orga	(b) Typ  ons and 494  cons and sis based on a	7 (a)(1) nonexentatements, and to all information of	npt cha	ompen ritable /es st of my prepare	trusts No r has ar
51 Composition of column o	al number of other independent of the organization ame and address of each independent of the organization complete. Scheist attach a completed Schedule. Ities of perjury, I declare that I have and belief, it is true, correct, and complete is the organization complete is attach a complete of the organization complete Schedule. Ities of perjury, I declare that I have and belief, it is true, correct, and complete is signature of officer.  J W HOLDERFIELD EXECUTIVE DIRITY Type or print name and title. Preparer's signature.  Firm's name (or yours if self-employed),	on's five highest compent of there is none, enternation and modern contractor paid modern contractors each receiving dule A? NOTE: All Section A	"None " ore than \$100,000  on 501(c)(3) organization on 501(c)(4) organization on 501(c)(5) organization on 501(c)(6) organization on 601(c)(6) orga	(b) Typ  ons and 494  cons and sis based on a	7 (a)(1) nonexentatements, and to all information of	npt cha	ompen ritable /es st of my prepare	trusts No r has an
51 Composition of column (a) N.  51(d) Tot. 52 Dic. mu	al number of other independent of the organization ame and address of each independent of the organization complete. Scheist attach a completed Schedule.  Ities of perjury, I declare that I have and belief, it is true, correct, and complete is the complete of officer.  J W HOLDERFIELD EXECUTIVE DIRITY Type or print name and title.  Preparer's signature.  Firm's name (or yours & CHERRY BE	on's five highest compendent of there is none, enternation and modern contractor paid modern contractors each receiving a contractor of the contractor of the complete. A contractor of produce examined this return, incomplete. Declaration of produce of the complete of th	"None " ore than \$100,000  on 501(c)(3) organization on 501(c)(4) organization on 501(c)(5) organization on 501(c)(6) organization on 601(c)(6) orga	(b) Typ  ons and 494  cons and sis based on a	e of service  7 (a)(1) nonexen  tatements, and to all information of the terms of t	npt chapt ch	ompen  ritable  fes  st of my prepare	trusts No r has an

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492136027451

OMBNo 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 SOUTHEASTERN SOCIETY OF ORAL SURGEONS **Employer identification number** 

62-6041948

ldentifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	DIV IDEND INCOME 10,581

ldentifier	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

ldentifier	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

ldentifier	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 W ARRASMITH 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