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Form 990-EZ

Department of the Treasury  
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2011

Open to Public Inspection

**A For the 2011 calendar year, or tax year beginning 01-01-2011 , and ending 12-31-2011**

☐ Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

**C** Name of organization  
THE GEORGIA SOCIETY OF ORAL AND MAXILLOFACIAL SURGEONS

Number and street (or P O box, if mail is not delivered to street address)Room/suite

4850 GOLDEN PARKWAY NO B-418

City or town, state or country, and ZIP + 4  
BUFORD, GA 30518

**D** Employer identification number  
58-1305413

**E** Telephone number  
(770) 271-0453

**F** Group Exemption Number  
►

**G** Accounting method ☐ Cash ☒ Accrual Other (specify) ►

**I Website:**► N/A

**J Tax-Exempt status**(check only one)—☐ 501(c)(3)☒ 501(c)( 6 ) ◄(insert no )☐ 4947(a)(1) or ☐ 527

**H** Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 98,349

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I )

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

Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	
	<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	52,280
	<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	45,950
	<b>4</b>	Investment income . . . . .	<b>4</b>	119
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b>	Less cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	
	<b>6</b>	Gaming and fundraising events	<b>6d</b>	
	<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)		
	<b>b</b>	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 exceeds \$15,000)		
Expenses	<b>c</b>	Less direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	
	<b>d</b>	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	<b>6d</b>	
	<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	
	<b>b</b>	Less cost of goods sold . . . . .	<b>7b</b>	
	<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	
	<b>8</b>	Other revenue (describe in Schedule O) . . . . .	<b>8</b>	
	<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	<b>9</b>	98,349
Net Assets	<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	
	<b>11</b>	Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b>	Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	
	<b>13</b>	Professional fees and other payments to independent contractors . . . . .	<b>13</b>	963
	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
	<b>15</b>	Printing, publications, postage, and shipping . . . . .	<b>15</b>	6,384
	<b>16</b>	Other expenses (describe in Schedule O) . . . . .	<b>16</b>	72,976
	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	80,323
Net Assets	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	18,026
	<b>19</b>	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) . . . . .	<b>19</b>	67,999
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	0
	<b>21</b>	Net assets or fund balances at end of year Combine lines 18 through 20 . . . . . ►	<b>21</b>	86,025

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 . . . . .	80,267	22	106,429
23	Land and buildings . . . . .		23	
24	Other assets (describe in Schedule O) . . . . .	11,132	24	8,361
25	Total assets . . . . .	91,399	25	114,790
26	Total liabilities (describe in Schedule O) . . . . .	23,400	26	28,765
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	67,999	27	86,025

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? EDUCATION		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 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"/>	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 (describe in Schedule O) . . . . . (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)

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

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		Yes	No
33	Did the organization engage in any significant 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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes" to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .	35c	No
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="checkbox"/> 37a <input type="text" value="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 . . . . .	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 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
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="checkbox"/> _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . <input type="checkbox"/> _____		
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="checkbox"/> GA		
42a	The organization's books are in care of <input type="checkbox"/> JW HOLDERFIELD Telephone no <input type="checkbox"/> (770) 271-0453 4850 GOLDEN PARKWAY SUITE B-418 Located at <input type="checkbox"/> BUFORD, GA ZIP + 4 <input type="checkbox"/> 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="checkbox"/> _____ 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="checkbox"/> _____	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="checkbox"/> 43 <input type="text" value=""/>		
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	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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 may need to be completed instead of Form 990-EZ (see instructions)	45b	

		Yes	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		
46			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 or have a section 501(h) election in effect during the tax year? 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

f	Total number of other employees paid over \$100,000	
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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

d	Total number of other independent contractors each receiving over \$100,000	
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52	Did the organization complete Schedule A? <b>NOTE:</b> All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	Yes	No
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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	2012-05-10 Date					
	JW HOLDERFIELD EXECUTIVE DIRECTOR Type or print name and title						
Paid Preparer's Use Only	Preparer's signature	ELIZABETH MORRISON	Date 2012-05-10	Check if self-employed	Preparer's taxpayer identification number (See instructions) P00231389		
	Firm's name (or yours if self-employed), address, and ZIP + 4	CHERRY BEKAERT & HOLLAND LLP 1029 GREENE STREET AUGUSTA, GA 30901			EIN 56-0574444		
					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

**2011****Open to Public  
Inspection**Name of the organization  
THE GEORGIA SOCIETY OF ORAL AND  
MAXILLOFACIAL SURGEONS**Employer identification number**

58-1305413

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 119
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION CONFERENCES, CONVENTIONS, MEETINGS AMOUNT 33,421 DESCRIPTION MISCELLANEOUS EXPENSE AMOUNT 196 DESCRIPTION OFFICE SUPPLIES AND EXPENSE AMOUNT 204 DESCRIPTION TRAVEL AND ENTERTAINMENT AMOUNT 365 DESCRIPTION TELEPHONE AMOUNT 539 DESCRIPTION MANAGEMENT FEES AMOUNT 31,445 DESCRIPTION WEB SITE AMOUNT 838 DESCRIPTION CREDIT CARD FEES AMOUNT 3,062 DESCRIPTION OMS FOUNDATION EXPENSE AMOUNT 500 DESCRIPTION AWARDS AMOUNT 976 DESCRIPTION MEMBERSHIP DIRECTORY AMOUNT 1,430 TOTAL TO FORM 990-EZ, LINE 16 72,976
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION PREPAID MEETING FEES BEG OF YEAR AMOUNT 11,132 END OF YEAR AMOUNT 8,361
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION 2009 DUES PAID IN ADVANCE BEG OF YEAR AMOUNT 23,400 END OF YEAR AMOUNT 28,165 DESCRIPTION OTHER PAYABLES - GSOMS TRUST BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 600

**TY 2011 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.

Additional Data

Software ID:

Software Version:

EIN: 58-1305413

Name: THE GEORGIA SOCIETY OF ORAL AND  
MAXILLOFACIAL SURGEONS

Form 990-EZ, Special Condition Description:

Special Condition Description
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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
SAM E FARISH DMD 1365 B CLIFTON RD NE 2300B ATLANTA,GA 30322	MEMBERS AT LARGE 1 00	0	0	0
ANTWAN L TREADWAY DMD 1790 MULKEY ROAD 3A AUSTELL,GA 30106	PAST PRESIDENT 1 00	0	0	0
GARY BOULOUX DDS MD 1365 B CLIFTON RD NE 2300B ATLANTA,GA 30322	AAOMA ALTERNATE/PROGRAM CHAIR 1 00	0	0	0
W JONES PHILLIPS DDS 698 MEDICAL PARK DRIVE GAINESVILLE,GA 30501	PRESIDENT 1 00	0	0	0
STEVEN M ROSER DMD 1365 CLIFTON RD NE SUITE 2300B ATLANTA,GA 30322	IMMEDIATE PAST PRESIDENT 1 00	0	0	0
GLENN MARON DDS 999 PEACHTREE STREET SUITE 715 ATLANTA,GA 30309	VICE PRESIDENT 1 00	0	0	0
JEFFREY R PRINSELL DMD MD 1950 SPECTRUM CIRCLE B-300 MARIETTA,GA 30067	TREASURER 1 00	0	0	0
ALFRED E PESTO JR DMD 4815 PAULSEN ST SAVANNAH,GA 31405	MEMBERS AT LARGE/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	SECRETARY/AAOMS ALTERNATE DELEGATES 1 00	0	0	0
STEPHEN A BANKSTON DMD 200 GALLERIA PARKWAY ATLANTA,GA 30339	PROGRAM CHAIR 1 00	0	0	0