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▶ 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 12-31-2012

B Check if applicable	C Name of organization THE GEORGIA SOCIETY OF ORAL AND MAXILLOFACIAL SURGEONS		D Employer identification number 58-1305413
☐ Address change			
☐ Name change			E Telephone number (770) 271-0453
☐ Initial return	Number and street (or P O box, if mail is not delivered to street address) 4850 GOLDEN PARKWAY NO B-418	Room/suite	
☐ Terminated			
☐ Amended return	City or town, state or country, and ZIP + 4 BUFORD, GA 30518		F Group Exemption Number ☐
☐ Application pending			

G Accounting Method ☐ Cash ☒ Accrual Other (specify) ▶ _____		H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
I Website: ▶ <u>N/A</u>		
J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(6) ▶ (insert no) ☐ 4947(a)(1) or ☐ 527		

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. ▶ \$ 95,215

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	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	48,480
	3	Membership dues and assessments	3	46,590
	4	Investment income	4	145
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	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)	6b	
	c	Less direct expenses from gaming and fundraising events	6c	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ➡	9	95,215	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	900
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	7,157
	16	Other expenses (describe in Schedule O)	16	72,287
	17	Total expenses. Add lines 10 through 16 ➡	17	80,344
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	14,871
	19	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)	19	86,025
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ➡	21	100,896

Part II

Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	106,429	22	114,324
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	8,361	24	10,597
25 Total assets	114,790	25	124,921
26 Total liabilities (describe in Schedule O)	28,765	26	24,025
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	86,025	27	100,896

Part III

Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose?
EDUCATION

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

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 (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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V

Other Information (Note the Schedule A and personal benefit contract 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 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
35a	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 Form 990-T 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 ☐ 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	
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 ☐ , 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 ☐ JW HOLDERFIELD Telephone no ☐ (770) 271-0453 Located at ☐ 4850 GOLDEN PARKWAY SUITE B-418 BUFORD, GA ZIP + 4 ☐ 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 ☐ 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 the U S ? If "Yes," enter the name of the foreign country ☐	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ☒ and enter the amount of tax-exempt interest received or accrued during the tax year ☐ 43		
		Yes	No
44a	Did the organization maintain any donor advised funds during the year? 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		No

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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 as 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 title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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? NOTE: 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	2013-05-14 Date				
	JW HOLDERFIELD EXECUTIVE DIRECTOR Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature KATHERINE M MOOSARIPARAMBIL	Date 2013-05-14	Check ☐ if self-employed	PTIN P01361871	
	Firm's name ▶ CHERRY BEKAERT LLP			Firm's EIN ▶ 56-0574444		
	Firm's address ▶ 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

2012**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 145
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION CONFERENCES, CONVENTIONS, MEETINGS AMOUNT 31,998 DESCRIPTION MISCELLANEOUS EXPENSE AMOUNT 159 DESCRIPTION OFFICE SUPPLIES AND EXPENSE AMOUNT 119 DESCRIPTION TRAVEL AND ENTERTAINMENT AMOUNT 341 DESCRIPTION TELEPHONE AMOUNT 443 DESCRIPTION MANAGEMENT FEES AMOUNT 32,389 DESCRIPTION WEB SITE AMOUNT 1,362 DESCRIPTION CREDIT CARD FEES AMOUNT 2,575 DESCRIPTION OMS FOUNDATION EXPENSE AMOUNT 669 DESCRIPTION AWARDS AMOUNT 362 DESCRIPTION MEMBERSHIP DIRECTORY AMOUNT 1,870 TOTAL TO FORM 990-EZ, LINE 16 72,287
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION PREPAID MEETING FEES BEG OF YEAR AMOUNT 8,361 END OF YEAR AMOUNT 10,597
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION 2009 DUES PAID IN ADVANCE BEG OF YEAR AMOUNT 28,165 END OF YEAR AMOUNT 24,025 DESCRIPTION OTHER PAYABLES - GSOMS TRUST BEG OF YEAR AMOUNT 600 END OF YEAR AMOUNT 0

TY 2012 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 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SAM E FARISH DMD MEMBERS AT LARGE	1 00	0	0	0
ANTWAN L TREADWAY DMD PAST PRESIDENT	1 00	0	0	0
GARY BOULOUX DDS MD AAOMA ALTERNATE/PROGRAM CH	1 00	0	0	0
W JONES PHILLIPS DDS PRESIDENT	1 00	0	0	0
STEVEN M ROSER DMD IMMEDIATE PAST PRESIDENT	1 00	0	0	0
GLENN MARON DDS VICE PRESIDENT	1 00	0	0	0
JEFFREY R PRINSELL DMD MD TREASURER	1 00	0	0	0
ALFRED E PESTO JR DMD MEMBERS AT LARGE/AAOMS DEL	1 00	0	0	0
JEFFREY D SCHULTZ DDS AAMOS DELEGATE	1 00	0	0	0
MARTIN B STEED DDS SECRETARY/AAOMS ALTERNATE	1 00	0	0	0