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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2019

Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made public

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS

Doing business as

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

Room/suite

9700 W BRYN MAWR AVENUE

City or town, state or province, country, and ZIP or foreign postal code

ROSEMONT, IL 60018

F Name and address of principal officer

SCOTT C FARRELL

9700 W BRYN MAWR AVENUE

ROSEMONT, IL 60018

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number

36-2405828

E Telephone number

(847) 678-6200

G Gross receipts \$ 33,975,125

I Tax-exempt status

☐ 501(c)(3) ☒ 501(c) (6) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW AAOMS ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1918

M State of legal domicile IL

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

TO ASSURE EXCELLENCE IN PATIENT CARE BY ADVANCING, PROMOTING, AND PRESERVING THE SPECIALTY OF ORAL AND MAXILLOFACIAL SURGERY, AND THE SKILL AND PROFESSIONALISM OF AAOMS MEMBERS

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 39

11 11

6 6

67 67

396 396

783,009 783,009

466,891 466,891

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year

Current Year

644,108 644,108

18,350,653 18,350,653

918,213 918,213

2,020,498 2,020,498

21,933,472 21,933,472

22,769,100 22,769,100

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Prior Year

Current Year

394,500 394,500

0 0

7,784,989 7,784,989

23,125 23,125

11,081,280 11,081,280

19,283,894 19,283,894

2,649,578 2,649,578

2,348,889 2,348,889

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Beginning of Current Year

End of Year

31,963,330 31,963,330

12,252,269 12,252,269

19,711,061 19,711,061

23,026,890 23,026,890

Part II

Signature Block

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

Signature of officer

2020-08-14

Date

SCOTT C FARRELL EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2020-08-14

Check ☐ if self-employed

PTIN P00546491

Firm's name ▶ PLANTE & MORAN PLLC

Firm's EIN ▶ 38-1357951

Firm's address ▶ 10 S RIVERSIDE PLAZA 9TH FLOOR

CHICAGO, IL 60606

Phone no (312) 207-1040

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2019)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☐

1 Briefly describe the organization's mission

TO ASSURE EXCELLENCE IN PATIENT CARE BY ADVANCING, PROMOTING AND PRESERVING THE SPECIALTY OF ORAL AND MAXILLOFACIAL SURGERY, AND THE SKILL AND PROFESSIONALISM OF AAOMS MEMBERS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data




















4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. 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	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5 Yes	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	178	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<div style="border: 1px solid black; width: 100px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="border-right: 1px solid black; width: 40px;">2a</div> <div style="width: 60px;">67</div> </div>			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">2b</div> <div style="width: 60px;">Yes</div> </div>			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">3a</div> <div style="width: 60px;">Yes</div> </div>			
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . .	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">3b</div> <div style="width: 60px;">Yes</div> </div>			
4a 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)? . . .	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">4a</div> <div style="width: 60px;">No</div> </div>			
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">5a</div> <div style="width: 60px;">No</div> </div>			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">5b</div> <div style="width: 60px;">No</div> </div>			
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">5c</div> </div>			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">6a</div> <div style="width: 60px;">Yes</div> </div>			
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">6b</div> <div style="width: 60px;">Yes</div> </div>			
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">7a</div> </div>			
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">7b</div> </div>			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">7c</div> </div>			
d If "Yes," indicate the number of Forms 8282 filed during the year	<div style="border: 1px solid black; width: 100px; height: 30px; display: flex; align-items: center; justify-content: center;">7d</div>			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">7e</div> </div>			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">7f</div> </div>			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">7g</div> </div>			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">7h</div> </div>			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">8</div> </div>			
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">9a</div> </div>			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">9b</div> </div>			
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12	<div style="border: 1px solid black; width: 100px; height: 30px; display: flex; align-items: center; justify-content: center;">10a</div>			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<div style="border: 1px solid black; width: 100px; height: 30px; display: flex; align-items: center; justify-content: center;">10b</div>			
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders	<div style="border: 1px solid black; width: 100px; height: 30px; display: flex; align-items: center; justify-content: center;">11a</div>			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<div style="border: 1px solid black; width: 100px; height: 30px; display: flex; align-items: center; justify-content: center;">11b</div>			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">12a</div> </div>			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<div style="border: 1px solid black; width: 100px; height: 30px; display: flex; align-items: center; justify-content: center;">12b</div>			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">13a</div> </div>			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<div style="border: 1px solid black; width: 100px; height: 30px; display: flex; align-items: center; justify-content: center;">13b</div>			
c Enter the amount of reserves on hand	<div style="border: 1px solid black; width: 100px; height: 30px; display: flex; align-items: center; justify-content: center;">13c</div>			
14a Did the organization receive any payments for indoor tanning services during the tax year?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">14a</div> <div style="width: 60px;">No</div> </div>			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">14b</div> </div>			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">15</div> <div style="width: 60px;">No</div> </div>			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . If "Yes," complete Form 4720, Schedule O	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;">16</div> <div style="width: 60px;">No</div> </div>			

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	11	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent	6	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

MS KIMBERLY A MOLLEY 9700 W BRYN MAWR AVE ROSEMONT, IL 600185701 (847) 678-6200

Part VII**Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SCOTT C FARRELL EXECUTIVE DIRECTOR	37 50 2 50			X				472,840	0	68,088
(2) KARIN K WITTICH ASSOC EXECUTIVE DIRECTOR	37 00 3 00					X		255,336	0	51,754
(3) MARY E SCHNITZER ASSOC EXECUTIVE DIRECTOR	40 00 0 00					X		216,675	0	45,857
(4) KIMBERLY A MOLLEY CFO	35 50 4 50			X				211,410	0	43,847
(5) RONALD K SKIBA DIRECTOR OF HUMAN RESOURCE	38 50 1 50					X		153,187	0	62,962
(6) JOLENE KREMER ASSOC EXECUTIVE DIRECTOR	39 50 0 50					X		172,034	0	38,580
(7) MARK L ADAMS GENERAL COUNSEL	40 00 0 00					X		159,254	0	45,323
(8) A THOMAS INDRESANO PRESIDENT/PAST BOARD PRES	15 00 4 00	X		X				135,512	0	19,000
(9) VICTOR L NANNINI PRESIDENT ELECT/BOARD PRES	20 00 3 25	X		X				101,030	0	19,000
(10) BD TINER VICE PRESIDENT/PRESIDENT ELECT	15 00 0 25	X		X				64,910	0	19,000
(11) J DAVID JOHNSON JR TREASURER/VICE PRESIDENT	10 00 4 00	X		X				37,302	0	37,000
(12) ROBERT S CLARK TRUSTEE/TREASURER	10 00 3 25	X		X				70,117	0	0
(13) STEVEN R NELSON SPEAKER OF THE HOUSE OF DE	2 00 0 00	X		X				40,585	0	19,000
(14) MARK A EGBERT TRUSTEE	4 75 0 25	X						55,211	0	0
(15) PAUL J SCHWARTZ TRUSTEE	4 75 0 25	X						31,192	0	19,000
(16) CHARLES A CRAGO TRUSTEE	4 75 0 25	X						29,566	0	19,000
(17) DAVID M SHAFER TRUSTEE	4 75 0 25	X						18,154	0	19,000

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) J DAVID MORRISON JR	4 75 3 25	X						13,811	0	19,000
TRUSTEE										
(19) DEBRA M SACCO	4 75 0 25	X						4,980	0	19,000
TRUSTEE										
(20) PAUL M LAMBERT	0 00 0 00						X	23,253	0	0
FORMER TRUSTEE										
(21) BRETT L FERGUSON	4 75 3 25	X		X				10,564	0	0
PAST PRES OF THE BOARD										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,276,923	0	564,411

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 18

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
VALENTI BUILDERS INC 220 W MADISON STE 2220 CHICAGO, IL 60606	CONSTRUCTION SERVICES	1,142,126
LAUNCH DIGITAL MARKETING LLC 1864 HIGH GROVE LN STE 100 NAPERVILLE, IL 60540	DIGITAL MARKETING SERVICES	718,722
PENTEGRA SYSTEMS LLC 1780 W BELDEN AVE STE A ADDISON, IL 60101	AUDIO-VISUAL SERVICES	301,753
WEBMD HEALTH CORP 395 HUDSON ST NEW YORK, NY 10014	DIGITAL MARKETING SERVICES	294,504
NATIONAL BOARD OF MEDICAL EXAMINERS PO BOX 48006 NEWARK, NJ 071014806	TESTING SERVICES	267,154

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 16

Form 990 (2019)		Page 9					
Part VIII		Statement of Revenue					
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>							
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . .	1a					
	b Membership dues . .	1b					
	c Fundraising events . .	1c					
	d Related organizations	1d	306,000				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	244,077				
	g Noncash contributions included in lines 1a - 1f \$	1g					
	h Total. Add lines 1a-1f ▶		550,077				
Program Service Revenue	2a MEMBERSHIP DUES & ASSESSMENTS		Business Code				
			900099	9,413,424	9,413,424		
	b ANNUAL MEETING REVENUES		541900	4,174,726	4,093,575	81,151	
	c MEETINGS & PROGRAMS		541900	4,080,974	4,051,101	29,873	
	d NEWSLETTER ADS		541800	534,354	18,634	371,985	143,735
	e ENDORSEMENT FEES		900004	300,000		300,000	
	f All other program service revenue			130,434	109,684		20,750
	g Total. Add lines 2a-2f. ▶		18,633,912				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		804,914			804,914	
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶		1,625,318			1,625,318	
	6a Gross rents	(i) Real	(ii) Personal				
		6a	324,972				
		b Less rental expenses	6b	311,366			
		c Rental income or (loss)	6c	13,606			
	d Net rental income or (loss) ▶		13,606			13,606	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a	11,477,325				
		b Less cost or other basis and sales expenses	7b	10,784,754			
		c Gain or (loss)	7c	692,571			
	d Net gain or (loss) ▶		692,571			692,571	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		8a				
	b Less direct expenses		8b				
	c Net income or (loss) from fundraising events . . ▶						
	9a Gross income from gaming activities See Part IV, line 19		9a				
	b Less direct expenses		9b				
	c Net income or (loss) from gaming activities . . ▶						
	10a Gross sales of inventory, less returns and allowances . .		10a	558,607			
b Less cost of goods sold . .		10b	109,905				
c Net income or (loss) from sales of inventory . . ▶		448,702		448,702			
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d ▶							
12 Total revenue. See instructions ▶		22,769,100		18,135,120	783,009	3,300,894	

Form 990 (2019)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	135,750			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	532,800			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	5,500			
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,585,121			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,733,209			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	541,200			
9 Other employee benefits	1,032,510			
10 Payroll taxes	392,007			
11 Fees for services (non-employees)				
a Management				
b Legal	25,386			
c Accounting	50,100			
d Lobbying	120,000			
e Professional fundraising services. See Part IV, line 17	14,109			
f Investment management fees	79,057			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,112,645			
12 Advertising and promotion	1,307,388			
13 Office expenses	1,071,451			
14 Information technology	567,637			
15 Royalties				
16 Occupancy	470,356			
17 Travel	1,570,692			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,653,525			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	413,655			
23 Insurance	53,303			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRINTING AND PUBLICATIO	557,789			
b UNRELATED BUSINESS INCO	147,058			
c TEMPORARY HELP	73,973			
d EMPLOYEE DEVELOPMENT	73,456			
e All other expenses	100,534			
25 Total functional expenses. Add lines 1 through 24e	20,420,211			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		43	1	0
	2	Savings and temporary cash investments		4,564,191	2	5,578,821
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		840,878	4	860,365
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		97,976	8	140,902
	9	Prepaid expenses and deferred charges		1,177,436	9	1,512,340
	10a	Land, buildings, and equipment—cost or other basis—Complete Part VI of Schedule D	10a	11,854,164		
	b	Less—accumulated depreciation	10b	7,257,603		
				2,656,484	10c	4,596,561
	11	Investments—publicly traded securities		22,618,822	11	24,354,694
	12	Investments—other securities—See Part IV, line 11			12	
	13	Investments—program-related—See Part IV, line 11			13	
	14	Intangible assets			14	
15	Other assets—See Part IV, line 11		7,500	15	5,000	
16	Total assets. Add lines 1 through 15 (must equal line 34)		31,963,330	16	37,048,683	
Liabilities	17	Accounts payable and accrued expenses		2,353,947	17	3,216,021
	18	Grants payable		504,400	18	540,950
	19	Deferred revenue		8,236,896	19	8,640,604
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability—Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24)—Complete Part X of Schedule D		1,157,026	25	1,624,218
	26	Total liabilities. Add lines 17 through 25		12,252,269	26	14,021,793
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions		19,711,061	27	23,026,890
	28	Net assets with donor restrictions			28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		19,711,061	32	23,026,890
33	Total liabilities and net assets/fund balances		31,963,330	33	37,048,683	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,769,100
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,420,211
3	Revenue less expenses Subtract line 2 from line 1	3	2,348,889
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,711,061
5	Net unrealized gains (losses) on investments	5	966,940
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	23,026,890

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:
Software Version:
EIN: 36-2405828
Name: AMERICAN ASSOCIATION OF ORAL AND
MAXILLOFACIAL SURGEONS

Form 990 (2019)

Form 990, Part III, Line 4a:
SERVICE AND CONTINUING EDUCATION FOR APPROXIMATELY 9,000 ORAL AND MAXILLOFACIAL SURGEON MEMBERS

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS	Employer identification number 36-2405828
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing organization's totals**(b)** Affiliated group totals

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under Section 501(h)****(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)****Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		No
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		No
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	Yes	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	9,567,163
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	596,439
b	Carryover from last year	2b	-213,953
c	Total	2c	382,486
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	732,607
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	-350,121

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
------------------	-------------

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SCHEDULE D

(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS

Employer identification number

36-2405828

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes

☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes

☐ No

Part II

Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4

Number of states where property subject to conservation easement is located ▶

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes

☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes

☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenue included on Form 990, Part VIII, line 1

▶ \$

(ii)

Assets included in Form 990, Part X

▶ \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

▶ \$

b

Assets included in Form 990, Part X

▶ \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2019

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		698,900		698,900
b Buildings		3,751,100	3,250,082	501,018
c Leasehold improvements		3,774,525	2,699,891	1,074,634
d Equipment		1,964,948	1,307,630	657,318
e Other		1,664,691		1,664,691
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				4,596,561

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	6,447
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	1,624,218

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Schedule D (Form 990) 2019

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	27,426,273
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	966,940
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	4,451,130
e	Add lines 2a through 2d	2e	5,418,070
3	Subtract line 2e from line 1	3	22,008,203
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	79,057
b	Other (Describe in Part XIII)	4b	681,840
c	Add lines 4a and 4b	4c	760,897
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	22,769,100

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	22,024,405
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	2,365,091
e	Add lines 2a through 2d	2e	2,365,091
3	Subtract line 2e from line 1	3	19,659,314
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	79,057
b	Other (Describe in Part XIII)	4b	681,840
c	Add lines 4a and 4b	4c	760,897
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	20,420,211

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 36-2405828
Name: AMERICAN ASSOCIATION OF ORAL AND
MAXILLOFACIAL SURGEONS

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD 109,905 SUBSIDIARY INCOME 4,029,859 RENTAL EXPENSE 311,366

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	INTERCOMPANY ELIMINATIONS WITH SUBSIDIARY 681,840

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD 109,905 SUBSIDIARY EXPENSES 1,943,820 RENTAL EXPENSE 311,366

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	INTERCOMPANY ELIMINATIONS WITH SUBSIDIARY 681,840

SCHEDULE F
(Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN ASSOCIATION OF ORAL AND
MAXILLOFACIAL SURGEONS

Employer identification number

36-2405828

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	0			95,001
b Total from continuation sheets to Part I	0	0			48,295
c Totals (add lines 3a and 3b)	0	0			143,296

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► _____
- 3 Enter total number of other organizations or entities ► _____

Part III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* ☐ Yes ☒ No

Part V

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD	

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3, COLUMN (F)	THE ASSOCIATION REPORTS EXPENDITURES BASED ON THE ACCRUAL METHOD OF ACCOUNTING

Additional Data

Software ID:
Software Version:
EIN: 36-2405828
Name: AMERICAN ASSOCIATION OF ORAL AND
MAXILLOFACIAL SURGEONS

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	0	0	AWARD TO RECIPIENTS LOCATED IN THE REGION	ORAL ABSTRACT AWARD	3,000
EUROPE	0	0	AWARD TO RECIPIENTS LOCATED IN THE REGION	RESIDENT RESEARCH AWARD	2,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	0	0	PROGRAM SERVCIES	REIMBURSEMENT AND STIPEND TO SPEAK AT CONFERENCES IN USA	39,170
EUROPE	0	0	PROGRAM SERVCIES	WEBINAR SPEAKER HONORARIA	800

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	0	0	PROGRAM SERVCIES	SENDING ORGANIZATION AGENTS TO ATTEND CONFERENCES	18,273
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	REIMBURSEMENT AND STIPEND TO SPEAK AT CONFERENCES IN USA	11,129

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	PROGRAM SERVICES	REIMBURSEMENT AND STIPEND TO SPEAK AT CONFERENCES IN USA	6,388
NORTH AMERICA	0	0	PROGRAM SERVICES	SENDING ORGANIZATION AGENTS TO ATTEND CONFERENCES	14,241

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	AWARD TO RECIPIENTS LOCATED IN THE REGION	POSTER AWARD	500
SOUTH AMERICA	0	0	PROGRAM SERVICES	SENDING ORGANIZATION AGENTS TO ATTEND CONFERENCES	47,795

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN ASSOCIATION OF ORAL AND
MAXILLOFACIAL SURGEONS

Employer identification number
36-2405828

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ORAL & MAXILLOFACIAL SURGEY FOUNDATION 9700 W BRYN MAWR AVE ROSEMONT, IL 60018	36-6111168	501(C)(3)	110,750				ANESTHESIA STUDY & GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1

3 Enter total number of other organizations listed in the line 1 table ▶

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) FACULTY EDUCATOR DEVELOPMENT AWARD	12	516,550			
(2) GLOBAL OUTREACH GRANTS	4	10,000			
(3) RESIDENT RESEARCH AWARD	2	4,000			
(4) ORAL ABSTRACT AWARD	2	1,500			
(5) POSTER AWARD	3	750			
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	THE ASSOCIATION PROVIDES RECURRING GRANTS FOR ONE MAJOR ACTIVITY FINANCIAL INCENTIVES TO ENCOURAGE ORAL AND MAXILLOFACIAL SURGEONS TO ACCEPT FACULTY POSITIONS IN OUR TRAINING PROGRAMS (REFERRED TO AS FACULTY EDUCATOR DEVELOPMENT AWARDS) AN INTERNAL REVIEW COMMITTEE DETERMINES THE RECIPIENTS OF THE FACULTY EDUCATOR DEVELOPMENT AWARDS BASED ON APPLICATIONS, AND THE AWARDEES ARE REQUIRED TO REMAIN IN A FACULTY POSITION FOR AT LEAST SIX YEARS IF THEY LEAVE EARLY, THEY ARE REQUIRED TO REPAY SOME OF THE GRANTS ALL OTHER GRANTS GENERALLY INVOLVE UNRESTRICTED FUNDS, UNLESS OTHERWISE NOTED IN THE GRANT THE ASSOCIATION'S BOARD OF TRUSTEES APPROVES FUNDING FOLLOWING AN EVALUATION OF THE MERITS CONCERNING REQUESTS FOR FUNDING IF THE ASSOCIATION IS NOT FAMILIAR WITH THE ORGANIZATION REQUESTING THE FUNDING, ADDITIONAL BACKGROUND INFORMATION IS OBTAINED AND PRESENTED TO THE BOARD OF TRUSTEES

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
 - ▶ **Attach to Form 990.**
 - ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization
AMERICAN ASSOCIATION OF ORAL AND
MAXILLOFACIAL SURGEONS

Employer identification number
36-2405828

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

1b Yes

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

2 Yes

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

4a Yes

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4b Yes

c Participate in, or receive payment from, an equity-based compensation arrangement?

4c Yes

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

5a

b Any related organization?

5b

If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

6a

b Any related organization?

6b

If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

7

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

8

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	TRAVEL FOR COMPANIONS - THE OFFICERS, TRUSTEES, AND EXECUTIVE DIRECTOR RECEIVED PAYMENT FOR AIRFARE FOR THEIR SPOUSES OR SIGNIFICANT OTHERS TO ACCOMPANY THEM TO SELECT MEETINGS WITHIN THE USA. TWELVE TRUSTEES RECEIVED SUCH PAYMENTS. BOARD OFFICERS REPRESENTING AAOMS AT NON-USA MEETINGS RECEIVED PAYMENTS FOR AIRFARE FOR SPOUSES TO ACCOMPANY THEM TO THESE MEETINGS. FOR INTERNATIONAL MEETINGS, THE ACCEPTED CUSTOM IS TO HAVE A SPOUSE/SIGNIFICANT OTHER REPRESENTING AAOMS AT ALL SOCIAL FUNCTIONS. THIS HELPS BRIDGE SOME OF THE CULTURAL GAPS THAT EXIST ACCROSS THE WORLD. FOUR TRUSTEES RECEIVED PAYMENTS FOR SPOUSAL INTERNATIONAL TRAVEL. ALL PAYMENTS FOR TRAVEL FOR COMPANIONS WERE TREATED AS TAXABLE COMPENSATION TO THE INDIVIDUALS. HEALTH CLUB DUES - THE ASSOCIATION PAID HEALTH CLUB DUES FOR THE EXECUTIVE DIRECTOR PER HIS EMPLOYMENT AGREEMENT. IN ADDITION, THE ASSOCIATION'S POLICY IS TO REIMBURSE OTHER EMPLOYEES THE LESSER OF 1/2 OF ANY MONTHLY HEALTH CLUB DUES OR \$20 PER MONTH. ALL SUCH PAYMENTS WERE TREATED AS TAXABLE COMPENSATION TO THE INDIVIDUALS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization

AMERICAN ASSOCIATION OF ORAL AND
MAXILLOFACIAL SURGEONS

Employer identification number

36-2405828

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ASSOCIATION IS COMPRISED OF MEMBERS OF THE DENTAL PROFESSION THAT 1) HAVE SPECIAL QUALIFICATIONS, INCLUDING TRAINING IN ORAL AND MAXILLOFACIAL SURGERY, AND 2) HAVE COMPLETED ALL REQUIREMENTS OF MEMBERSHIP AS SPELLED OUT IN THE ASSOCIATION'S BYLAWS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	ALL 102 MEMBERS OF THE HOUSE OF DELEGATES ARE ELECTED BY MEMBERS OF THE ASSOCIATION THE H OUSE OF DELEGATES ELECTS 11 MEMBERS OF THE BOARD OF TRUSTEES, WHO ARE EX-OFFICIO MEMBERS O F THE HOUSE OF DELEGATES THE BOARD OF TRUSTEES IS THE ADMINISTRATIVE GOVERNING BODY OF TH E ASSOCIATION, VESTED WITH FULL POWER TO CONDUCT ALL BUSINESS OF THE ASSOCIATION SUBJECT T O THE LAWS OF THE STATE OF ILLINOIS, THE ARTICLES OF INCORPORATION, THE CONSTITUTION AND B YLAWS, AND THE MANDATES OF THE HOUSE OF DELEGATES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	CERTAIN DECISIONS OF THE BOARD OF TRUSTEES ARE SUBJECT TO THE APPROVAL OF THE HOUSE OF DELEGATES, WHICH CONSISTS OF 102 MEMBERS OF THE ASSOCIATION IN GOOD STANDING WHICH REPRESENT EACH STATE IN THE UNION, THE DISTRICT OF COLUMBIA, THE COMMONWEALTH OF PUERTO RICO, AND EACH BRANCH OF THE FIVE FEDERAL DENTAL SERVICES ANY REVISIONS TO THE ASSOCIATION'S "CODE OF PROFESSIONAL CONDUCT AND GUIDELINES FOR FILING A COMPLAINT OF VIOLATION" PROPOSED BY THE BOARD OF TRUSTEES MUST BE APPROVED BY THE HOUSE OF DELEGATES THE HOUSE OF DELEGATES ALSO CONSIDERS THE ANNUAL REPORTS OF THE BOARD OF TRUSTEES AND ACTS ON RESOLUTIONS AND RECOMMENDATIONS CONTAINED IN THE REPORTS THE HOUSE OF DELEGATES APPROVES ALL MEMBERSHIP ELECTIONS PROPOSED BY THE BOARD OF TRUSTEES, AND ALSO APPROVES THE ANNUAL BUDGET AND ANY WITHDRAWAL OF FUNDS FROM A DESIGNATED RESERVE FUND

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE BOARD OF TRUSTEES, BEING THE ADMINISTRATIVE GOVERNING BODY OF THE ASSOCIATION, IS RESPONSIBLE FOR THE REVIEW OF THE ANNUAL FORM 990 FILING. THE FINANCE AND AUDIT COMMITTEE OF THE BOARD OF TRUSTEES, CONSISTING OF 5 OF THE 11 BOARD MEMBERS, REVIEWS THE FILING ANNUALLY WHEN THEY MEET WITH THE OUTSIDE PUBLIC ACCOUNTING FIRM TO REVIEW THE PRIOR YEAR'S FINANCIAL STATEMENT AUDIT. ONCE APPROVED BY THE FINANCE AND AUDIT COMMITTEE, THE FORM 990 IS DISTRIBUTED TO THE REMAINING MEMBERS OF THE BOARD OF TRUSTEES FOR THEIR REVIEW, PRIOR TO FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>ALL OFFICERS, TRUSTEES, COMMITTEE MEMBERS, MEMBERS OF THE ASSOCIATION'S STAFF, AND SPEAKERS AT EDUCATIONAL SESSIONS MUST ANNUALLY PROVIDE A SIGNED STATEMENT LISTING ANY AND ALL POTENTIAL CONFLICTS OF INTEREST INVOLVING POSSIBLE FINANCIAL GAIN OR LOSS THAT COULD RESULT FROM AN ACTION TAKEN IN THEIR CAPACITY AS AN ASSOCIATION REPRESENTATIVE OR EMPLOYEE. FAILURE TO COMPLY WITH THE DISCLOSURE PROVISIONS MAY RESULT IN DISMISSAL FROM ASSOCIATION ACTIVITIES. THE ASSOCIATION'S GENERAL COUNSEL REVIEWS ALL DISCLOSURE STATEMENTS, AND REPORTS ANY ITEMS OF POTENTIAL CONCERN TO THE EXECUTIVE DIRECTOR. ONCE DISCLOSURE HAS BEEN MADE, THE ASSOCIATION COMMITTEE/AGENCY ON WHICH SUCH INDIVIDUAL SERVES MAY PROCEED TO TAKE ACTION WITH OR WITHOUT THE INTERESTED MEMBER. IF, IN THE OPINION OF THE CHAIR OF THE COMMITTEE/AGENCY OR THE PRESIDENT, A MEMBER HAS A DIRECT CONFLICT OF INTEREST, THAT MEMBER SHALL ABSTAIN FROM ANY AGENCY VOTE OR ACTION RELATED TO THE SUBJECT OF THE CONFLICT. THE ASSOCIATION'S EXECUTIVE DIRECTOR IS RESPONSIBLE FOR SHARING CONFLICT OF INTEREST DISCLOSURES WITH THE PRESIDENT OR CHAIR. ADDITIONALLY, AT EACH FACE-TO-FACE MEETING OF THE BOARD OF TRUSTEES, AN OPENING AGENDA ITEM REVIEWS THE ASSOCIATION'S CONFLICT OF INTEREST POLICY, REQUIRING ANY BOARD MEMBER TO DISCLOSE A POTENTIAL CONFLICT OF INTEREST THAT HAS NOT PREVIOUSLY BEEN REPORTED.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>THE FIVE MEMBERS OF THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES REVIEW AND APPROVE ALL COMPENSATION DECISIONS AFFECTING THE EXECUTIVE DIRECTOR. ON AN ANNUAL BASIS, THE EXECUTIVE COMMITTEE REVIEWS THE EXECUTIVE DIRECTOR'S PERFORMANCE GOALS THAT WERE ESTABLISHED FOR THE REVIEW PERIOD, AND WHETHER OR NOT EACH GOAL WAS ACHIEVED AND TO WHAT LEVEL. FOR KEY EMPLOYEES, THE EXECUTIVE COMMITTEE REVIEWS SIMILAR INFORMATION THAT HAS BEEN REVIEWED AND APPROVED BY THE EXECUTIVE DIRECTOR IN CONSULTATION WITH THE DIRECTOR OF HUMAN RESOURCES. EVERY THREE YEARS, THE ASSOCIATION HIRES AN OUTSIDE INDEPENDENT CONSULTANT WHO REVIEWS ALL STAFF POSITION DESCRIPTIONS AND BENCHMARK DATA COMPILED FROM OTHER ASSOCIATION COMPENSATION DATA FROM SIMILAR ORGANIZATIONS. FOLLOWING THIS REVIEW, THE CONSULTANT PROVIDES SALARY RANGES FOR EACH MEMBER OF THE ASSOCIATION STAFF. RANGES FOR THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES ARE SHARED WITH THE EXECUTIVE COMMITTEE TO PROVIDE THE NECESSARY FRAMEWORK TO MAKE COMPENSATION DECISIONS. THE EXECUTIVE COMMITTEE ALSO RECEIVES COMPARATIVE COMPENSATION DATA FOR CEO/EXECUTIVE DIRECTOR AND ALL OTHER RELEVANT POSITIONS THAT HAS BEEN COMPILED BY THE AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES (NATIONAL DATA), AND THEIR LOCAL CHAPTER, THE ASSOCIATION FORUM OF CHICAGO. FORMAL MEETING MINUTES OF THE EXECUTIVE COMMITTEE'S DELIBERATIONS ARE COMPILED AND FILED.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ASSOCIATION'S GOVERNING RULES AND REGULATIONS CONTAINS THE GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY OF THE ORGANIZATION THIS PUBLICATION IS AVAILABLE FREE OF CHARGE TO MEMBERS OF THE ASSOCIATION IT IS NOT AVAILABLE TO THE GENERAL PUBLIC THE ASSOCIATION'S AUDITED FINANCIAL STATEMENTS ARE DISTRIBUTED ANNUALLY TO EACH MEMBER OF THE HOUSE OF DELEGATES THE BOARD OF TRUSTEES RECEIVES ALL MONTHLY FINANCIAL STATEMENTS, IN ADDITION TO THE AUDITED FINANCIAL STATEMENTS FINANCIAL STATEMENTS ARE NOT AVAILABLE TO THE GENERAL PUBLIC, EXCEPT THE FINANCIAL DATA THAT IS PRESENTED IN THE ANNUAL FORM 990 FINANCIAL STATEMENTS ARE PROVIDED YEARLY TO DUN & BRADSTREET FOR PUBLICATION

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization
AMERICAN ASSOCIATION OF ORAL AND
MAXILLOFACIAL SURGEONS

Employer identification number
36-2405828

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)OMSPAC 9700 W BRYN MAWR AVE ROSEMONT, IL 60018 23-7148497	POLITICAL ACTION COMMITTEE	IL	527				No
(2)ORAL AND MAXILLOFACIAL SURGERY FOUNDATION 9700 W BRYN MAWR AVE ROSEMONT, IL 60018 36-6111168	RESEARCH AND EDUCATION FOUNDATION	IL	501(C)(3)	LINE 10	AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS	Yes	

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) AAOMS SERVICES INC 9700 W BRYN MAWR AVE ROSEMONT, IL 60018 36-4019908	MEMBER SERVICES	IL	AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS	C	502,057	383,009	100 000 %	Yes	

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or (iv) rent from a controlled entity

1a

No

b Gift, grant, or capital contribution to related organization(s)

1b

Yes

c Gift, grant, or capital contribution from related organization(s)

1c

Yes

d Loans or loan guarantees to or for related organization(s)

1d

No

e Loans or loan guarantees by related organization(s)

1e

No

f Dividends from related organization(s)

1f

Yes

g Sale of assets to related organization(s)

1g

No

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

j Lease of facilities, equipment, or other assets to related organization(s)

1j

No

k Lease of facilities, equipment, or other assets from related organization(s)

1k

No

l Performance of services or membership or fundraising solicitations for related organization(s)

1l

Yes

m Performance of services or membership or fundraising solicitations by related organization(s)

1m

Yes

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

1n

Yes

o Sharing of paid employees with related organization(s)

1o

Yes

p Reimbursement paid to related organization(s) for expenses

1p

No

q Reimbursement paid by related organization(s) for expenses

1q

Yes

r Other transfer of cash or property to related organization(s)

1r

Yes

s Other transfer of cash or property from related organization(s)

1s

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds
See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 36-2405828
Name: AMERICAN ASSOCIATION OF ORAL AND
MAXILLOFACIAL SURGEONS

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
AAOMS SERVICES INC	F	125,000	ACTUAL AMOUNT PAID
AAOMS SERVICES INC	Q	147,732	ACTUAL AMOUNT PAID
OMSPAC (PROMPT AND DIRECT TRANSFER OF CONTRIB COLLECTED ON BEHALF OF PAC)	R	199,875	ACTUAL AMOUNT PAID
ORAL AND MAXILLOFACIAL SURGERY FOUNDATION (OMSF)	B	106,100	ACTUAL AMOUNT PAID
ORAL AND MAXILLOFACIAL SURGERY FOUNDATION (OMSF)	C	345,000	ACTUAL AMOUNT PAID
ORAL AND MAXILLOFACIAL SURGERY FOUNDATION (OMSF)	O	82,140	ACTUAL AMOUNT PAID
ORAL AND MAXILLOFACIAL SURGERY FOUNDATION (OMSF)	Q	352,595	ACTUAL AMOUNT PAID
ORAL AND MAXILLOFACIAL SURGERY FOUNDATION (OMSF)	R	468,849	ACTUAL AMOUNT PAID