As Filed Data efile GRAPHIC print - DO NOT PROCESS DLN: 93492043006201 Short Form OMB No. 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2019 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to ▶ Do not enter social security numbers on this form as it may be made public. Department of the **Public** Treasury ► Go to www.irs.gov/Form990EZ for instructions and the latest information. Inspection Internal Revenue Service A For the 2019 calendar year, or tax year beginning 10-01-2019, and ending 09-30-2020 **B** Check if applicable: D Employer identification number C Name of organization ILLINOIS SOCIETY OF ORAL AND ☐ Address change MAXILLOFACIAL SURGEONS 36-2916474 ☐ Name change Number and street (or P. O. box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 317 HEATHER AVE ☐ Final return/terminated (847) 482-0222 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return F Group Exemption GRAYSLAKE, IL 60030 ☐ Application pending Number Check ▶ ☑ if the organization is **not** G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶ required to attach Schedule B (Form 990, 990-EZ, or 990-PF). I Website: ►HTTP://ISOMS.NET **J Tax-exempt status** (check only one) - ☐ 501(c)(3) ☑ 501(c)(6) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 **K** Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 56,125 2 26,715 2 Program service revenue including government fees and contracts 3 3 4 4 86 5a Gross amount from sale of assets other than inventory h Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 5c C 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) а of contributions from Gross income from fundraising events (not including \$ fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) Less: direct expenses from gaming and fundraising events 60 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) d 6d7a Gross sales of inventory, less returns and allowances . b Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7c c 8 Other revenue (describe in Schedule O) . . . 8 9 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . 82,926 10 10 8,250 Grants and similar amounts paid (list in Schedule O) . 11 11 Benefits paid to or for members 12 12 Salaries, other compensation, and employee benefits . Expenses 13 13 39,128 Professional fees and other payments to independent contractors . 14 422 14 Occupancy, rent, utilities, and maintenance 4,672 15 Printing, publications, postage, and shipping. 15 16 16 42,917 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 17 95.389 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -12,463 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 128,705 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 116,242 For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 10642I Form **990-EZ** (2019)

			(A) B	eginning of year		(B) End of year
22 Cash, savings, and investments				128,955		113,442
23 Land and buildings					23	
24 Other assets (describe in Schedule O)					24	2,800
25 Total assets				128,955	_	116,242
26 Total liabilities (describe in Schedule O).				250	-	
27 Net assets or fund balances (line 27 of colum	_ : : =		f D.	128,705	27 T	116,242
Part III Statement of Program Service Check if the organization used Schedul				rt III) • • ☑	(R	Expenses Leguired for section 501(c)
What is the organization's primary exempt purpose? TO ADVANCE PUBLIC WELFARE THROUGH EDUCATION THE SPECIALTY OF ORAL AND MAXILLOFACIAL S	DNAL PROGRAMS THAT URGERY IN ILLINOIS.	HELP IMPROV	E STAND	ARDS OF PRACTICE	(3 or) and 501(c)(4) ganizations; optional for hers.)
Describe the organization's program service accomp measured by expenses. In a clear and concise mann benefited, and other relevant information for each p	er, describe the service					
28 See Additional Data Table						
(Grants \$) If this amou	nt includes foreign grar	nts, check here		. ▶ □	28a	1
29					29a	
				_		
(Grants \$) If this amou	nt includes foreign grar	nts, check here		. ▶ ⊔		
30					30a	1
(Grants \$) If this amou	nt includes foreign grar	nts, check here		. ▶ □		
31 Other program services (describe in Schedule O)				<u>.</u> .		
· · · · · · · · · · · · · · · · · · ·	nt includes foreign grar	nts, check here		. ▶ ⊔	31a	
32 Total program service expenses (add lines 28					32	
Part IV List of Officers, Directors, Trustees Check if the organization used Schedul	, and Key Employees e O to respond to any c	list each one ev uestion in this	Part IV.	ompensated — see the	· instru	uctions for Part IV)
(a) Name and title	(b) Average hours per week devoted to position	(c) Repor compensa (Forms W-2 MISC) (if no	ation /1099-	(d) Health bend contributions to en benefit plans, deferred compen	nploy and	ree of other compensation
		énter -	0-)	'		
DONALD L HOFFMAN DDS	000.00		0			
PRESIDENT						
MOHAMMED K OAISI	000.00		0			
VICE PRESIDE						
COLEMAN J SPECTOR DDS	000.00		0			
			-			
SECRETARY/TR	000.00					
STEPHEN N DORAN DMD	000.00		0			
VICE PRESIDE						
SPIRO C KARRAS DDS	000.00		0			
PAST PRESIDE						
MARK J STEINBERG	000.00		0			
FRITOR						
EDITOR ANTHONY M SPINA	000.00		0			
ANTHONITY STINA	000.00		Ū			
COUNCILMEN						
JAY I SWANSON	000.00		0			
COUNCILMEN						
DON C KALANT SR	000.00		0			
COUNCILMEN						
HERBERT D STITH	000.00		0			
COUNCILMEN						
COUNCILMEN HARSHIV J VYAS	000.00		0			
			3			
COUNCILMEN						
	1			l		Form 000-F7 (2010)
						Form 990-EZ (2019)

33 bit the organization engage in any significant activity not previously reported to the IRS? If "res," provide a detailed description of each activity in Schedule O 43 detailed description of each activity in Schedule O 44 organization support of the ammediate documents if the variety of the provided on the variety of the provided on the variety of t	Pai	Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the					
33 bit the organization engage in any significant activity not previously reported to the IRS7 If Yes, "provide a detailed description of each activity in Schedule 0 34 Yes early agrificant changes made to the organizing or governing documents? If Yes," attach a conformed copy of the ammended documents if they reflect a change to the organization is name. Otherwise, explain the change on Schedule 0. See instructions. 35 bit He organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6s, and 7s, among others)? 35 bit He organization assession \$310(x)(4),501(x)(5), or 501(x)(5) organization subject to exciton 6033(e) or the control of the complex of the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes," complete Schedule C, Part III of the organization file Form 1120-POL for this year? 36 bit the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete Schedule N 37a 37b 7 37b		· · · · · · · · · · · · · · · · · · ·					
detailed description of each activity in Schedule O 33 1 34 Were any significant changes made to the organization of governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions. 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on line 2, 6a, and 7a, among others?) 35 In "Yes," to line 35e, has the organization field a Form 990-T for the year? If "Yes," provide an estimation in Schedule O 35b 17 17 17 17 17 17 17 1				Yes	No		
of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions. 35a bit the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others?) bit "Yes," to line 35a, has the organization filed a Form 990-1 for the year? If "No," provide an englasation is Schedule O. Was the organization of \$10(4), \$3,00(5), \$5,00(5)(6), \$0,0	33		33		No		
sctivities (such as those reported on lines 2, 5a, and 7a, among others)? b If Yes, 1 (in its 3a), has the organization field an form 990- fir the year? If Yes, 0 movide an evaluation in Schedule 0 b Was the organization a section 5015(19), 5015(2)(5), 5015(2)(5) organization subject to section 6033(e) and 15 movides an evaluation, and prove the replication of the year of the year? If Yes, 0 movide should be considered in the year? If Yes, 0 movide should be considered in the year? If Yes, 0 movide should be considered in the struction. 35c	34	of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change	34		No		
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in schedule 0 Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c	35a		35a		No		
c Was the organization a section 501c((4), 501c((5)), or 501c((6)) organization subject to section 6031(e) notice, reporting, and prove that requirements during the year? If "Yes," complete Schedule C, Part III 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," omplete applicable parts of Schedule N. 37a Enter amount of policial expenditures, direct or indirect, as described in the natructions. ▶ 37b Did the organization file Form 1120-POL for this year? 37b Did the organization file Form 1120-POL for this year? 37b Did the organization file Form 1120-POL for this year? 37b Did the organization file Form 1120-POL for this year? 37c Did the organization did the second of the tax year covered by this return? 38a Did the organization file Form 1120-POL for this year? 37b Did the organization file Form 1120-POL for this year? 38b Did the organization file Form 1120-POL for this year? 38b Did the organization file Form 1120-POL for this year? 38c Did the organization file Form 1120-POL for this year? 38b Did the organization file Form 1120-POL for this year? 38c Did the organization file Form 1120-POL for this year? 38c Did the organization file Form 1120-POL for this year? 38c Did the organization file Form 1120-POL for this year? 38c Did the organization file Form 1120-POL for this year? 38c Did the organization file Form 1120-POL form 120-POL fo	b	If "Yes." to line 35a, has the organization filed a Form 990-T for the year? If "No." provide an explanation in Schedule O					
36 bild the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37a inter animate of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 37b 37		Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$			No		
a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 37b 5 b Did the organization file Form 1120-POL for this year? 37b 5 an Did the organization file Form 1120-POL for this year? 37b 5 an Did the organization form from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a 5 b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 39a 39b 39a 39b 39a 39b 39a 39b 39a 39b 39a 39b	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during			No		
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b If "Yes," complete Schedule, L. Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: 38c Intelligence and capital contributions included on line 9 38d Gross receipts, included on line 9, for public use of club racitities 38d Gross receipts, included on line 9, for public use of club racitities 38d Je Gross receipts, included on line 9, for public use of club racitities 38d Je Gross receipts, included on line 9, for public use of club racitities 38d Je Gross receipts, included on line 9, for public use of club racitities 38d Je Gross receipts, included on line 9, for public use of club racitities 38d Je Je Gross receipts included on line 9, for public use of club racitities 38d Je Je Gross receipts and the second control of the organization during the year under: section \$301(c)(3) 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction of 101(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization and provided by the organization and the pear under sections/912, 4955, and 4958 40e Je Gross receipt and the second during the year under sections/912, 4955, and 4958 40e Je Gross receipt and the second during the year under sections/912, 4955, and 4958 40e Je Gross receipt and the second during the second during the vear under sections/912, 4955, and 4958 40e Je Gross receipt and the second during the vear under sections/912, 4955, and 4958 40e Je Gross receipt and the second during the vear of tax machine and the second during the vear of tax machine and tax shelter transaction? If "Yes," complete Form 8886-T. 40e Je	37a		50		110		
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	b	Did the organization file Form 1120-POL for this year?	37b		No		
b If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39 b Gross receipts, included on line 9, for public use of club facilities 39 b Gross receipts, included on line 9, for public use of club facilities 39 b Gross receipts, included on line 9, for public use of club facilities 39 b Gross receipts, included on line 9, for public use of club facilities 39 b Gross receipts, included on line 9, for public use of club facilities 39 b Gross receipts, included on line 9, for public use of club facilities 39 b Gross receipts, included on line 9, for public use of club facilities 39 b Gross receipts, included on line 9, for public use of club facilities 39 b Gross receipts, included on line 9, for public use of club facilities 39 b Gross receipts, included on line 9, for public use of club facilities 39 b Gross receipts, included on line 9, for public use of club facilities 39 b Gross receipts, included on line 9, for public use of club facilities 39 b Gross receipts, included on line 9, for public use of club facilities 50 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization in a prior year that has not been reported on any of its prior forms 900 organizations. Enter amount of tax imposed on organization 40 b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax vear, was the organization a party to a prohibited tax shelter transaction? If "yes," complete Form 886c-T use the tax of the organization and the facilities and the organization and the facilities and the organization and the organization and 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	38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were					
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b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I 40b c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization by the organization. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-1. List the states with which a copy of this return is filed. ► Telephone no. ► (847) 482-022 42a Tolephone no. ► (847) 482-022 Located at ► 317 HEATHER AVE GRAYSLAKE, II. ZIP + 4 ► 60030 Yes If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? 42b If "Yes," enter the name of the foreign country: ► 3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year? 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O granization have a controlled entity within the meaning of section 512(b)(13)? 45b Did the organization receive any payment for indoor tanning services during the year? 44d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provi	40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:					
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transaction? If "Yes," complete Form 8886-T Located at ▶ 317 HEATHER AVE GRAYSLAKE, IL ZIP + 4 ▶ 60030 **Yes I** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ 42c	d						
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Located at 317 HEATHER AVE GRAYSLAKE, IL ZIP + 4 60030 Yes 1 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: 42c			n > (84	17\ 482-0	1222		
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b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	· · · · · · · · · · · · · · · · · · ·	44a	Yes	No No		
c Did the organization receive any payments for indoor tanning services during the year?	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed	44b		No		
explanation in Schedule O	C		44c		No		
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of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of					No		
	45b	of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			No		

	(2019)								Page
	e organization engage, directly or indire						\square	Yes	No
	lates for public office? If "Yes," complete						46		No
	Section 501(c)(3) Organization All section 501(c)(3) organizations Check if the organization used Schedule	must answer question	ons 47- 49b and Jestion in this Part	l 52, and o	complete the	tables	for lin	nes 50	and 5
	Check if the organization used Schedule	e o to respond to any qu	descion in this ran	. VI			· · ·	Yes	No
	e organization engage in lobbying activi s," complete Schedule C, Part II	ties or have a section 50	01(h) election in e	ffect during	the tax year?		47		
8 Is the	organization a school as described in se	ection 170(b)(1)(A)(ii)?	If "Yes," complete	Schedule E			48		
9a Did th	e organization make any transfers to ar	exempt non-charitable	related organizati	ion?			49a		
b If "Yes	s," was the related organization a sectio	n 527 organization? .					49b		
	ete this table for the organization's five					ıstees a	nd key	employ	ees)
	ach received more than \$100,000 of cor Name and title of each employee	npensation from the org	ganization. If there (c) Reportab		nter "None.") Health bene	fits	(e) Es	timated	amou
	nume and time of each employee	hours per week devoted to position	compensatio (Forms W-2/10 MISC)	n contr 99- b	ibutions to em enefit plans, a erred compens	iployee ind			
	I number of other employees paid over					- _			
	ete this table for the organization's five ensation from the organization. If there		ndependent contra	ctors who e	ach received i	more th	an \$10	0,000 o	f
	(a) Name and business address of	each independent contr	actor	(b) Ty	ype of service	(c)	Compe	ensation	
d Total	I number of other independent contractor	ors each receiving over	\$100,000		'	_			—
2 Did	the organization complete Schedule A?	NOTE. All section 501(d	c)(3) organizations	s must attac	ch a	•	· 🗆	s □r	_
	·								
	ies of perjury, I declare that I have exa nd belief, it is true, correct, and comple								
owledge a									
owledge a					2021-02-12				
owledge as any know	wledge.				2021-02-12 Date				
owledge a s any knov	****** Signature of officer DONALD L HOFFMAN DDS PRESIDENT								
owledge a s any knov gn ere	***** Signature of officer	Preparer's signature		Date 2021-02-12	Date Check if	PTIN P01282	2186		
owledge a s any know gn ere	****** Signature of officer DONALD L HOFFMAN DDS PRESIDENT Type or print name and title Print/Type preparer's name PATRICK J FOLLIARD	Preparer's signature			Date	P01282			
owledge a is any know gn ere	****** Signature of officer DONALD L HOFFMAN DDS PRESIDENT Type or print name and title Print/Type preparer's name PATRICK J FOLLIARD Firm's name FOLLIARD CPA'S PC				Date Check if self-employed	P01282 6-42109	22		
gn ere	****** Signature of officer DONALD L HOFFMAN DDS PRESIDENT Type or print name and title Print/Type preparer's name PATRICK J FOLLIARD Firm's name ► FOLLIARD CPA'S PC	TS ROAD			Check ☐ if self-employed Firm's EIN ▶ 3	P01282 6-42109	22		

Additional Data

Software ID:

Software Version:

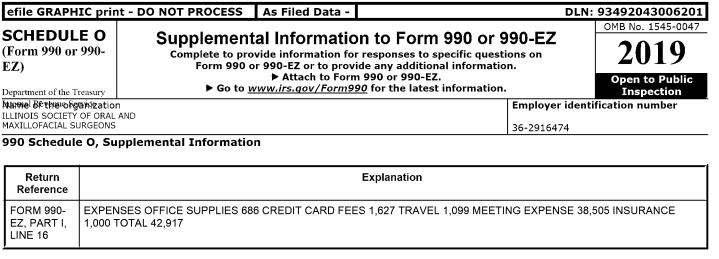
EIN: 36-2916474

Name: ILLINOIS SOCIETY OF ORAL AND

MAXILLOFACIAL SURGEONS

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's progra services, as measured by expense number of persons benefited, and	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)		
28 CONTINUING EDUCATION SEMINARS THE SPRING AND WINTER MEETINGS,	APPROXIMATLEY 75 AND 70 ORAL SURGEONS AND RESIDENTS ATTENDED , RESPECTIVELY.	28a	
(Grants \$)	If this amount includes foreign grants, check here \dots		



990 Schedule O, Supplemental Information Return Explanation Reference

FORM 990-EZ, PART II, LINE 24

990 Schedule O, Supplemental Information Explanation Return Reference

FORM 990-EZ, PART II, LINE 26

990 Schedule O, Supplemental Information

Return

Reference	p
FORM 990-	TO ADVANCE PUBLIC WELFARE THROUGH EDUCATIONAL PROGRAMS THAT HELP IMPROVE STANDARDS OF PRAC
EZ. PART III	TICE IN THE SPECIALTY OF ORAL AND MAXILLOFACIAL SURGERY IN ILLINOIS.

Explanation