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Form 990-EZ

Department of the Treasury
Internal Revenue Service

**Short Form
Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-1150

2007

Open to Public
Inspection

- Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

POSTMARK DATE
ENVELOPE

OCT 13 2010

SCANNED NOV 29 2010
Revenue

A For the 2007 calendar year, or tax year beginning		and ending	
<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization WICHITA COUNTY MEDICAL ALLIANCE Number and street (or P.O. box, if mail is not delivered to street address) PO BOX 1030 City or town, state or country, and ZIP + 4 WICHITA FALLS, TX 76307	
		D Employer identification number 35-2173373	
		E Telephone number 940-763-8077	
		F Group Exemption Number ►	

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)
- I Website ► **WCMATX.ORG**
- J Organization type (check only one) — 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527
- K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return
- L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ ► **\$ 42,085.06**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)			
1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule) 6 Special events and activities (attach schedule). If any amount is from gaming, check here ► <input type="checkbox"/> a Gross revenue (not including \$ _____) of contributions reported on line 1) b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events and activities. Subtract line 6b from line 6a 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a 8 Other revenue (describe ► TMAA AWARD) 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	1 27,510.00 2 3 14,241.13 4 133.93 5a 5b 5c 6a 6b 6c 7a 7b 7c 8 200.00 9 42,085.06 10 52,276.00 11 12 13 400.00 14 72.00 15 2,516.90 16 8,896.68 17 64,161.58 18 -22,076.52 19 47,144.00 20 21 25,067.48		
	See Statement 1)		
	RECEIVED		
	3093	OCT 19 2010	IRS-OSC
	RECEIVED		
	OCT 25 2010		

Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.			
(See page 60 of the instructions.)			
IRS OGDEN, UT			
(A) Beginning of year			
(B) End of year			
22 Cash, savings, and investments	47,144.00	22	25,067.48
23 Land and buildings	23		
24 Other assets (describe ►)	24		
25 Total assets	47,144.00	25	25,067.48
26 Total liabilities (describe ►)	0.00	26	0.00
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	47,144.00	27	25,067.48

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Form 990-EZ (2007) **WICHITA COUNTY MEDICAL ALLIANCE** 35-2173373 Page 2

Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? See Statement 3		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		

28 See Statement 2	28a 22,562.63
(Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
29 See Statement 4	29a 13,759.45
(Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
30 See Statement 5	30a 5,000.00
(Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
31 Other program services (attach schedule) See Statement 8	31a 10,953.92
(Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
32 Total program service expenses Add lines 28a through 31a ► 32 52,276.00	

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See page 61 of the instructions)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
See Statement 6				

Part V Other Information (Note the statement requirement in General Instruction V)		Yes No
33 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change		33 X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		34 X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		35a X
b If "Yes," has it filed a tax return on Form 990-T for this year?		35b N/A
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.		36 X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0.00		37b X
b Did the organization file Form 1120-POL for this year?		
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 unpaid at the start of the period covered by this return?		38a X
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved		38b N/A
39 501(c)(7) organizations Enter:		39a N/A
a Initiation fees and capital contributions included on line 9		39b N/A
b Gross receipts, included on line 9, for public use of club facilities		

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WICHITA COUNTY MEDICAL ALLIANCE

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Page 3

Part V Other Information (Note the statement requirement in General Instruction V) (Continued)

40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ► <u>0.00</u> ; section 4912 ► <u>0.00</u> ; section 4955 ► <u>0.00</u>		Yes	No
b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation		40b	X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		40c	0.00
d Enter amount of tax on line 40c reimbursed by the organization		40d	0.00
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		40e	X
41 List the states with which a copy of this return is filed. ► <u>None</u>			
42a The books are in care of ► <u>OSCAR DE ASIS</u> Located at ► <u>PO BOX 1030, WICHITA FALLS, TX</u>		Telephone no. ► 940-763-8077	ZIP + 4 ► 76307
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► _____		42b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1			
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ► _____		42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year		► 43	N/A
Please Sign Here <div style="text-align: center; margin-bottom: 5px;">  Signature of officer </div> <div style="text-align: center;"> OSCAR DE ASIS, PRESIDENT Type or print name and title </div>		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 <div style="text-align: right; margin-top: 5px;"> <u>10/13/2010</u> Date </div>	
Paid Preparer's Use Only Firm's name (or yours if self-employed), address, and ZIP + 4 <u>Johnson & Hoffman, P.C.</u> <u>2637 Plaza Parkway</u> <u>Wichita Falls, TX 76308</u>		Preparer's signature ► <u>Royal D. Hoffman, CPA</u> Date <u>10/11/10</u>	Check if self-employed ► <input type="checkbox"/> Preparer's SSN or PTIN
		EIN ► <u></u> Phone no. <u>(940)767-7142</u>	

Form 990-EZ (2007)

SCHEDULE A
 (Form 990 or 990-EZ)

 Department of the Treasury
 Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

 (Except Private Foundation and Section 501(e), 501(f), 501(k),
 501(n), or 4947(a)(1) Nonexempt Charitable Trust)

Supplementary Information-(See separate instructions.)

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

2007

Name of the organization

WICHITA COUNTY MEDICAL ALLIANCE

 Employer identification number
35 2173373

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees				
(See page 1 of the instructions. List each one. If there are none, enter "None.")				
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000		0		

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services		
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None")		
(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services		
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions)		
(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services	0	

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Schedule A (Form 990 or 990-EZ) 2007 **WICHITA COUNTY MEDICAL ALLIANCE**

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Part III Statements About Activities (See page 2 of the instructions.)			Yes	No
<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.</p> <p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)</p> <p>a Sale, exchange, or leasing of property?</p> <p>b Lending of money or other extension of credit?</p> <p>c Furnishing of goods, services, or facilities?</p> <p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p> <p>e Transfer of any part of its income or assets?</p> <p>3 a Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)</p> <p>b Did the organization have a section 403(b) annuity plan for its employees?</p> <p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement</p> <p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p> <p>4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g</p> <p>b Did the organization make any taxable distributions under section 4966?</p> <p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p> <p>d Enter the total number of donor advised funds owned at the end of the tax year</p> <p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year</p> <p>f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts</p> <p>g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year</p>	1	<input checked="" type="checkbox"/>		
	2a	<input checked="" type="checkbox"/>		
	2b	<input checked="" type="checkbox"/>		
	2c	<input checked="" type="checkbox"/>		
	2d	<input checked="" type="checkbox"/>		
	2e	<input checked="" type="checkbox"/>		
	3a	<input checked="" type="checkbox"/>		
	3b	<input checked="" type="checkbox"/>		
	3c	<input checked="" type="checkbox"/>		
	3d	<input checked="" type="checkbox"/>		
	4a	<input checked="" type="checkbox"/>		
N/A	4b	<input type="checkbox"/>	► <u>N/A</u>	
N/A	4c	<input type="checkbox"/>	► <u>N/A</u>	
	►	0.00	► <u>0.00</u>	
	►	0.00	► <u>0.00</u>	

Schedule A (Form 990 or 990-EZ) 2007

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Schedule A (Form 990 or 990-EZ) 2007 WICHITA COUNTY MEDICAL ALLIANCE

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Part IV **Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
12 An organization that normally receives: (1) **more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) **no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A.)
13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I
 Type II
 Type III: Functionally Integrated
 Type III: Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

- 14** An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2007

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting						
Calendar year (or fiscal year beginning in)	►	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)		22,796.00	94,092.00	29,270.00	33,241.00	179,399.00
16 Membership fees received		15,315.00	4,375.00	19,585.00	9,062.00	48,337.00
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose						
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975		10.00		15.00	11.00	36.00
19 Net income from unrelated business activities not included in line 18						
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets						
23 Total of lines 15 through 22		38,121.00	98,467.00	48,870.00	42,314.00	227,772.00
24 Line 23 minus line 17		38,121.00	98,467.00	48,870.00	42,314.00	227,772.00
25 Enter 1% of line 23		381.21	984.67	488.70	423.14	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					► 26a	N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					► 26b	N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					► 26c	N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					► 26d	N/A
e Public support (line 26c minus line 26d total)					► 26e	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					► 26f	N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:						
(2006) 0.00 (2005) 0.00 (2004) 0.00 (2003) 0.00						
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:						
(2006) 0.00 (2005) 0.00 (2004) 0.00 (2003) 0.00						
c Add: Amounts from column (e) for lines: 15 179,399.00 16 48,337.00 17 _____ 20 _____ 21 _____					► 27c	227,736.00
d Add: Line 27a total 0.00 and line 27b total 0.00					► 27d	0.00
e Public support (line 27c total minus line 27d total)					► 27e	227,736.00
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)			► 27f	227,772.00		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					► 27g	99.9842%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					► 27h	.0158%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.						

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Schedule A (Form 990 or 990-EZ) 2007 **WICHITA COUNTY MEDICAL ALLIANCE**

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Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
<hr/> <hr/> <hr/>		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)		
<hr/> <hr/> <hr/>		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<hr/> <hr/> <hr/>		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2007

Filing Relief VCP

Schedule A (Form 990 or 990-EZ) 2007 WICHITA COUNTY MEDICAL ALLIANCE

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N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check if the organization belongs to an affiliated group.

Check a b if the organization belongs to an affiliated group. Check b if you checked a and limited control provisions apply.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

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 instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period					N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total	
45 Lobbying nontaxable amount					0.00	
46 Lobbying ceiling amount (150% of line 45(e))					0.00	
47 Total lobbying expenditures					0.00	
48 Grassroots nontaxable amount					0.00	
49 Grassroots ceiling amount (150% of line 48(e))					0.00	
50 Grassroots lobbying expenditures					0.00	

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

During the year, did the organization attempt to influence 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 c through h.)
 - 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 other means
 - i Total lobbying expenditures (Add lines c through h)
If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying.

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12-27-07

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- a. Transfers from the reporting organization to a noncharitable exempt organization of:**

- (i) Cash
 - (iii) Other assets

- b Other transactions:**

- (i) Sales or exchanges of assets with a noncharitable exempt organization
 - (ii) Purchases of assets from a noncharitable exempt organization
 - (iii) Rental of facilities, equipment, or other assets
 - (iv) Reimbursement arrangements
 - (v) Loans or loan guarantees
 - (vi) Performance of services or membership or fundraising solicitations

- c Sharing of facilities, equipment, mailing lists, other assets, or paid employees**

- d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

N/A

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

► Yes No

b If "Yes," complete the following schedule:

N/A

Filing Relief VCP

WICHITA COUNTY MEDICAL ALLIANCE

35-2173373

Form 990-EZ	Other Expenses	Statement	1
Description			Amount
DOCTOR'S DAY			392.86
DOCTOR'S PARK			300.00
MEMBERSHIP MEETINGS			1,872.64
TEXAS MEDICAL ASSOCIATION ALLIANCE DUES			5,531.00
MISCELLANEOUS EXPENSE			800.18
Total to Form 990-EZ, line 16			8,896.68

Form 990-EZ	Statement of Program Service Accomplishments	Statement	2
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Statement

GUATEMALA MEDICAL MISSION-VOLUNTEER MEDICAL PROFESSIONAL TEAMS PROVIDE HEALTH CARE SERVICES MEDICATIONS, AND HEALTH EDUCATION TO GUATEMALANS IN REMOTE AREAS OF THE COUNTRY WITHOUT ACCESS TO HEALTH CARE.

	Grants	Expenses
To Form 990-EZ, line 28		22,562.63

Form 990-EZ	Part III - Statement of Organization's Primary Exempt Purpose	Statement	3
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Explanation

TO ASSIST IN PROGRAMS THAT IMPROVE THE HEALTH AND QUALITY OF LIFE OF ALL PEOPLE BY PROMOTING HEALTH EDUCATION, ENCOURAGING VOLUNTEERS IN ACTIVITIES THAT MEET HEALTH NEEDS, SUPPORTING HEALTH RELATED CHARITABLE ENDEAVORS, PROMOTING FELLOWSHIP WITHIN THE MEDICAL COMMUNITY TO ENHANCE COOPERATION IN THE ALLIANCE'S MEDICAL MISSIONS AND PROJECTS AND TO SUPPORT PROGRAMS OF THE TEXAS MEDICAL ASSOCIATION ALLIANCE AND THE AMERICAN MEDICAL ASSOCIATION ALLIANCE.

Form 990-EZ	Statement of Program Service Accomplishments	Statement	4
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Statement

KATRINA D'IBERVILLE FREE CLINIC-MEDICINES AND MEDICAL SUPPLIES WERE PROVIDED AT 5 LOCATIONS IN THE DISASTER AREA. MEDICAL PROFESSIONALS PROVIDED MEDICAL CARE AT 2 LOCATIONS WITHIN THE DISASTER AREA.

	Grants	Expenses
To Form 990-EZ, line 29		13,759.45
	<hr/>	<hr/>

Form 990-EZ	Statement of Program Service Accomplishments	Statement	5
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Statement

SCHOLARSHIPS-THE ALLIANCE OFFERS SCHOLARSHIPS TO WICHITA COUNTY STUDENTS PURSUING A CAREER IN A MEDICAL RELATED FIELD OF STUDY. APPLICATIONS ARE SENT TO THE LOCAL SCHOOL DISTRICT AND COLLEGES. SCHOLARSHIP AWARDS ARE PAID DIRECTLY TO THE UNIVERSITY THE STUDENT ATTENDS. MEMBERS OF THE WICHITA COUNTY MEDICAL ALLIANCE, SPOUSES AND CHILDREN OF MEMBERS ARE NOT ELIGIBLE FOR A SCHOLARSHIP. FIVE SCHOLARSHIPS WERE PROVIDED TO STUDENTS.

	Grants	Expenses
To Form 990-EZ, line 30		5,000.00
	<hr/>	<hr/>

Form 990-EZ Part IV - List of Officers, Directors,
Trustees and Key Employees Statement 6

Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	Expense Account
OSCAR DE ASIS PO BOX 1030 - WICHITA FALLS, TX 76307	PRESIDENT 10.00	0.00	0.00	0.00
AMBER SCHACTER PO BOX 1030 - WICHITA FALLS, TX 76307	VICE-PRESIDENT 10.00	0.00	0.00	0.00
JUDI VALENCIA PO BOX 1030 - WICHITA FALLS, TX 76307	SECRETARY 10.00	0.00	0.00	0.00
SUKIE DESIRE PO BOX 1030 - WICHITA FALLS, TX 76307	TREASURER 10.00	0.00	0.00	0.00
CHARITY JUNSAK PAK PO BOX 1030 - WICHITA FALLS, TX 76307	DIRECTOR 10.00	0.00	0.00	0.00
TITO TOLENTINO PO BOX 1030 - WICHITA FALLS, TX 76307	DIRECTOR 10.00	0.00	0.00	0.00
MARTHA PICADO-SEEVERS PO BOX 1030 - WICHITA FALLS, TX 76307	DIRECTOR 10.00	0.00	0.00	0.00
PATRICK HEARN PO BOX 1030 - WICHITA FALLS, TX 76307	DIRECTOR 10.00	0.00	0.00	0.00
BOB HORTH PO BOX 1030 - WICHITA FALLS, TX 76307	DIRECTOR 10.00	0.00	0.00	0.00
Totals Included on Form 990-EZ, Part IV		0.00	0.00	0.00

FORM 990-EZ

Information Regarding Transfers
Associated with Personal Benefit Contracts

Statement 7

- A) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? [] Yes [X] No
- B) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . [] Yes [X] No
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Form 990-EZ	Other Program Services	Statement	8
Description	Grant	Expenses	
PAKISTAN EARTHQUAKE RELIEF		4,530.00	
HARD HATS PROGRAM		3,040.00	
BE WISE HEALTH FAIR		1,233.92	
WICHITA FALLS FAMILY PRACTICE RESIDENCY PROGRAM		1,200.00	
AMA FOUNDATION		950.00	
Total to Form 990-EZ, line 31		10,953.92	

Footnotes	Statement	9
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FORM 990-EZ SCHEDULE A PART III STATEMENTS ABOUT
ACTIVITIES LINE 3a.

EVERY YEAR THE WICHITA COUNTY MEDICAL ALLIANCE SENDS OUT SCHOLARSHIP APPLICATION FORMS TO THE WICHITA FALLS INDEPENDENT SCHOOL DISTRICT FOR DISSEMINATION TO THE AREA HIGH SCHOOLS. IN ADDITION FORMS ARE ALSO SENT TO MIDWESTERN STATE UNIVERSITY AND VERNON COLLEGE. APPLICANTS MUST BE FROM THE WICHITA COUNTY AREA AND PURSUING A CAREER IN A MEDICAL RELATED FIELD. THREE MEMBERS OF THE WCMA BOARD ARE ASSIGNED IN A COMMITTEE FOR THE SELECTION AND AWARD PROCESS. SCHOLARSHIP AWARDS IN THE AMOUNT OF \$1,000. ARE MADE BASED ON RECOMMENDATION OF THE COMMITTEE. THE SCHOLARSHIP MONEY IS PAID DIRECTLY TO THE UNIVERSITY THE RECIPIENT IS ATTENDING. MEMBERS OF THE WICHITA COUNTY MEDICAL ALLIANCE, THEIR SPOUSES AND CHILDREN ARE NOT ELIGIBLE TO APPLY FOR THE SCHOLARSHIPS.