See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other org- anizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

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

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning May 1 , 2008, and ending Apr 30 , 2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instruc- tions.

C Name of organization
OUACHITA MEDICAL SOCIETY

Number and street (or P O box, if mail is not delivered to street address) Room/suite
P O BOX 2884

City or town, state or country, and ZIP + 4
MONROE LA 71207-2884

D Employer identification number
72-0925607

E Telephone number
(318) 388-1292

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).*

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

I Website: ► ouachitamedicalsociety.org

J Organization type (check only one) — ☒ 501(c) (6) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

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

K Check ► ☐ if the organization is not a section 509(a)(3) supporting organization **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 $1,000,000 or more, file Form 990 instead of Form 990-EZ ► $ 82,072.

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	54,218.
	4	Investment income		4	1,864.
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract ln 5b from ln 5a) (att sch)		5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► ☐			
	a	Gross revenue (not including $ 24,565. of contributions reported on line 1)	6a 24,565.		
	b	Less direct expenses other than fundraising expenses	6b 17,417.		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	7,148.
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ► See Other Revenue Statement)		8	1,425.
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)		► 9	64,655.
EXPENSES	10	Grants and similar amounts paid (attach schedule)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	34,296.
	13	Professional fees and other payments to independent contractors		13	460.
	14	Occupancy, rent, utilities, and maintenance		14	10,764.
	15	Printing, publications, postage, and shipping		15	279.
	16	Other expenses (describe ► See Other Expenses Statement)		16	13,267.
	17	**Total expenses** (add lines 10 through 16)		► 17	59,066.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	5,589.
	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	61,744.
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20		► 21	67,333.

Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	63,328.	22	69,847.
23 Land and buildings	0.	23	0.
24 Other assets (describe ► See L-24 Stmt)	592.	24	283.
25 **Total assets**	63,920.	25	70,130.
26 **Total liabilities** (describe ► See L-26 Stmt)	2,176.	26	2,797.
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	61,744.	27	67,333.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990. Form **990-EZ** (2008)

TEEA0812 01/14/09

P 14

Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? SEE ATTACHED

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

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)

28	SEE ATTACHED (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	59,066.
29	(Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	59,066.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated See the instrs)

(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 and deferred compensation	(e) Expense account and other allowances
TONYA SHEPPARD 312 GRAMMONT ST STE 300 MONROE, LA 71201	PRESIDENT 1.00	0.	0.	
PAMELA T GLASS 207 PATRICK ROAD NATCHITOCHES LA 71457	EXECUTIVE DIRECTOR 40.00	29,000.	0.	
JASON READ 1310 NORTH 19TH STREET MONROE LA 71201	BOARD MEMBER 0.50	0.	0.	
DAVID BARNES 3400 MEDICAL PARK DRIVE STE C MONROE LA 71203	BOARD MEMBER 0.50	0.	0.	
EUIL LUTHER 1610 JACKSON STREET MONROE LA 71201	BOARD MEMBER 0.50	0.	0.	
BHANU WUNNAVA 1610 JACKSON STREET MONROE LA 71201	BOARD MEMBER 0.50	0.	0.	
VINCENT FORTE 210 LAYTON AVENUE MONROE LA 71201	BOARD MEMBER 0.50	0.	0.	

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

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	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, 6a, and 7a (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		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
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,' complete Schedule L, Part II and enter the total amount involved 38b			
39	501(c)(7) organizations. Enter.			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____			
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,' complete Schedule L, Part I	40b		
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____			
d	Enter amount of tax on line 40c reimbursed by the organization ► _____			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ► _____			

42a The books are in care of ► PAM T GLASS Telephone no ► (318) 388-1292

Located at ► 1811 TOWER DRIVE MONROE, LA ZIP + 4 ► 71201

			Yes	No
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, Report of a Foreign Bank and Financial Accounts.**			
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

			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

		Yes	No
46	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	46	
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If 'Yes,' was the related organization(s) a section 527 organization?	49b	

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over $100,000 ►				

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over $100,000 ►		

Sign Here

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

► Pamela G Glass — Signature of officer — Date: Dec. 2, 2009

► EX Dir - Pam Glass — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ► Cathy M Trichel CPA	Date 11/30/09	Check if self-employed ► X	Preparer's Identifying Number (See instructions) P00810411	
Firm's name (or yours if self-employed), address, and ZIP + 4 ► CATHY M. TRICHEL CPA PO BOX 14659 MONROE LA 71207-4659		EIN 72-1154929 Phone no ► (318) 323-7597		

May the IRS discuss this return with the preparer shown above? See instructions ► X Yes ☐ No

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

► **Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

OUACHITA MEDICAL SOCIETY

Employer identification number

72-0925607

Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- ☐ Mail solicitations
- ☐ Email solicitations
- ☐ Phone solicitations
- ☐ In-person solicitations
- ☐ Solicitation of non-government grants
- ☐ Solicitation of government grants
- ☐ Special fundraising events

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ►						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 DIRECTORY (event type)	(b) Event #2 GENERAL MEETINGS (event type)	(c) Other Events OYSTER PARTY DOCTOR (total number)	(d) Total Events (Add col. (a) through col (c))
REVENUE	1 Gross receipts	9,200.	7,860.	7,505.	24,565.
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	9,200.	7,860.	7,505.	24,565.
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	4,505.	7,411.	5,501.	17,417.
	8 Direct expense summary Add lines 4- through 7 in column (d)			►	17,417.
	9 Net income summary Combine lines 3 and 8 in column (d)			►	7,148.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)			►	
	8 Net gaming income summary Combine lines 1 and 7 in column (d)			►	

		YES	NO
9 Enter the state(s) in which the organization operates gaming activities.			
a Is the organization licensed to operate gaming activities in each of these states?	9a		
b If 'No,' Explain:			
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b If 'Yes,' Explain:			
11 Does the organization operate gaming activities with nonmembers?	11		
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			YES	NO
13 Indicate the percentage of gaming activity operated in.				
a The organization's facility	13a	%		
b An outside facility	13b	%		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records				
Name ►				
Address: ►				
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	15a			
b If 'Yes,' enter the amount of gaming revenue received by the organization $ _____ and the amount of gaming revenue retained by the third party $ _____				
c If 'Yes,' enter name and address.				
Name ►				
Address ►				
16 Gaming manager information				
Name ►				
Gaming manager compensation ► $ _____				
Description of services provided: ►				
☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a			
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► $				

Form 990-EZ
Part II

Other Assets and Liabilities

2008

Name as Shown on Return	Employer Identification No.
OUACHITA MEDICAL SOCIETY	72-0925607

Line 24 - Other Assets:	Beginning of Year	End of Year
EQUIPMENT,FURNITURE & FIXTURES	592.	283.
Totals to Form 990-EZ, Part II, line 24	592.	283.

Line 26 - Total Liabilities:	Beginning of Year	End of Year
DUE TO LSMS-DUES COLLECTED	1,565.	2,185.
ACCRUED PAYROLL TAXES	611.	612.
Totals to Form 990-EZ, Part II, line 26	2,176.	2,797.

Form 990-EZ, Part I, Line 8
Other Revenue Statement

Other revenue (describe)	
FEES AMA/LSMS	1,400.
LABELS	25.
Total	1,425.

Form 990-EZ, Part I, Line 16
Other Expenses Statement

Other expenses (describe)	
BANK CHARGES	407.
CELLPHONE SERVICE	1,155.
COMMITTEE MEETING EXPENSE	550.
DUES & PUBLICATIONS	222.
HOLIDAY PARTY EXPENSE	3,109.
INSURANCE	2,772.
Depreciation	309.
MEMORIALS AND GIFTS	100.
OFFICE EXPENSES	1,511.
MISCELLANEOUS	264.
WEB SITE MAINTENANCE	2,868.
Total	13,267.

OUACHITA MEDICAL SOCIETY
72-0925607
SUPPLEMENTARY SCHEDULE
FORM 990EZ
APRIL 30, 2009

FORM 990EZ PART III - PAGE 2

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

STATEMENT OF PRIMARY EXEMPT PURPOSE

THE PURPOSE OF THIS ORGANIZATION IS TO HOLD FREQUENT MEETINGS FOR THE EXCHANGE OF HEALTH CARE INFORMATION AND OTHER MATTERS OF PROFESSIONAL, TECHNICAL AND ETHICAL INTEREST, TO ENCHANCE THE QUALITY OF HEALTH CARE, TO IMPROVE THE DELIVERY OF HEALTH CARE IN NORTHEAST LOUISIANA AND TO WORK WITH AND SUPPORT OTHER PARISH MEDICAL SOCIETIES OF THE STATE OF LOUISIANA, THE LOUISIANA STATE MEDICAL SOCIETY AND THE AMERICAN MEDICAL ASSOCIATION THERE ARE OVER 200 MEDICAL DOCTORS WHO ARE MEMBERS OF THIS ORGANIZATION AND THE AREA COVERED MAINLY CONSISTS OF OUACHITA PARISH IN NORTHEAST LOUISIANA.

OUACHITA MEDICAL SOCIETY
SUPPLEMENTAL SCHEDULES
FORM 990EZ
APRIL 30, 2009

FORM 990EZ PART III - LINE 28 AND 32

INCOME IS MAINLY DERIVED FROM SOCIETY EVENTS (DINNERS & MEETINGS), FROM THE COLLECTION OF DUES FROM MEMBERS, AND FROM THE PUBLICATION OF THE MEDICAL DIRECTORY.
THIS INCOME IS USED TO PROMOTE THE MISSION OF THE SOCIETY WHICH IS TO PROVIDE A VEHICLE FOR THE COLLECTION AND DISSEMINATION OF INFORMATION TO ITS MEMBERS REGARDING THEIR HEALTH CARE PROFESSION AS WELL AS THE PROMOTION OF GOODWILL AMONG ITS MEMBERS.

THE SOCIETY COMMITS ITSELF TO THESE GOALS:

1. TO PURSUE AND MAINTAIN ACCESS TO QUALITY MEDICAL CARE
2. TO PROMOTE PUBLIC EDUCATION ON HEALTH ISSUES
3. TO PROVIDE VALUE TO MEMBERS BY THE REPRESENTATION AND ASSISTANCE OF MEMBER PHYSICIANS IN THE PRACTICE OF MEDICINE

THERE ARE OVER 200 MEDICAL DOCTORS WHO ARE MEMBERS OF THIS ORGANIZATION. THE PHYSICAL AREA COVERED CONSISTS MAINLY OF OUACHITA PARISH IN NORTHEAST LOUISIANA.

A. SALARIES & EMPLOYEE BENEFITS	34,296
B. PROFESSIONAL FEES & CONTRACTORS	460
C OCCUPANCY, RENT UTILITIES, & MAINTENANCE	10,764
D PRINTING, PUBLICATIONS & POSTAGE	279
E. CELL PHONE SERVICE	1,155
F. BANK CHARGES	407
G INSURANCE	2,772
H. OFFICE EXPENSE	1,511
I. COMMITTEE MEETINGS	550
J MISCELLANEOUS & EVENTS EXPENSE	264
K. HOLIDAY PARTY EXPENSE	3,109
L. DEPRECIATION	309
M DUES & PUBLICATIONS	222
N WEBSITE MAINTENANCE	2,868
O MEMORIALS AND GIFTS	100
TOTAL	59,066

OUACHITA MEDICAL SOCIETY
DEPRECIATION SCHEDULE
04/30/09

DESCRIPTION	DATE ACCQUIRED	RATE/ LIFE/YEARS	YEAR BEG BALANCE	ADDITIONS	YEAR END. BALANCE	BEG. DEPRN BALANCE	CURRENT DEPRN	END DEPRN BALANCE
FURN & FIXTURES PRIOR TO 1989	VARIOUS	SL/5YRS	1454.92		1454.92	1454.92		1454.92
OFFICE TABLE	11/8/1989	SL/10YRS	800.00		800.00	800.00		800.00
CUPS & DISHES	11/18/1989	SL/10YRS	182.81		182.81	182.81		182.81
GLASS TABLE TOP	12/22/1989	SL/10YRS	172.73		172.73	172.73		172.73
TABLE & CHAIRS	11/30/1989	SL/10YRS	1730.00		1730.00	1730.00		1730.00
FILE CABINET	12/5/1989	SL/10YRS	50.00		50.00	50.00		50.00
REFRIGERATOR/CHAIR	12/5/1989	SL/10YRS	275.00		275.00	275.00		275 00
10 CHAIRS-DIXIE	12/5/1989	SL/10YRS	1808.30		1808.30	1808.30		1808.30
TYPEWRITER	12/5/1989	SL/10YRS	187.25		187.25	187.25		187.25
FAX MACHINE	9/29/1992	SL/7YRS	484.42		484.42	484.42		484.42
SECRETARY CHAIR	10/30/1995	SL/7YRS	126.95		126.95	126.95		126.95
LAMP	9/30/1996	SL/7YRS	150.82		150.82	150.82		150.82
ANSERWING MACHINE	10/2/1998	SL/7YRS	48.81		48.81	48.81		48.81
HP DESKJET PRINTER	3/1/1999	SL/5YRS	469.77		469.77	469.77		469.77
TELEPHONE MEETING	6/1/1998	SL/5YRS	60.74		60.74	60.74		60.74
TAPE BACKUP	3/28/2000	SL/5YRS	350.00		350.00	350.00		350.00
COPIER	11/20/2000	SL/7YRS	867.99		867.99	867 99		867.99
CD WRITER	2/6/2000	SL/5YRS	562.30		562.30	562.30		562.30
SOUND SYSTEM	2/12/2002	SL/7YRS	216.61		216.61	216.61		216.61
COMPUTER SCANNER	7/10/2001	SL/5YRS	414.99		414.99	414.99		414 99
CAMERA 35 MM	6/11/2003	SL/5YRS	240.89		240.89	240.89		240.89
MONITOR-SAMSUNG	6/11/2003	SL/5YRS	524.96		524.96	524.96	0.00	524.96
DELL COMPUTER	3/7/2005	SL/5YRS	1469.30		1469.30	906.07	293.86	1199.93
COMPUTER EQUIP	3/7/2005	SL/5YRS	76.54		76.54	47.21	15.31	62.52
			12726.10	0	12726.10	12133.54	309.17	12442.71

Form **8868**
(Rev April 2008)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

OMB No 1545 1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ► [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ► [ ]

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing *(e-file).* Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print

File by the due date for filing your return See instructions

Name of Exempt Organization	Employer identification number
OUACHITA MEDICAL SOCIETY	72-0925607

Number, street, and room or suite number If a P O box, see instructions
P O BOX 2884

City, town or post office, state, and ZIP code For a foreign address, see instructions
MONROE LA 71207-2884

Check type of return to be filed (file a separate application for each return).

[ ] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (section 401(a) or 408(a) trust)	[ ] Form 5227
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ► PAM T GLASS

Telephone No. ► (318) 388-1292 FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ► [ ]. If it is for part of the group, check this box ► [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Dec 15, 20 09, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► [ ] calendar year 20___ or

► [X] tax year beginning May 1, 20 08, and ending Apr 30, 20 09

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	**3a**	$ 0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	**3b**	$ 0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	**3c**	$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions