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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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1 250,000 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

OMB No 1545-1150

2009

Open to Public Inspection

A **For the 2009 calendar year, or tax year beginning , and ending**

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 Instructions

C Name of organization: MONROE OWEN COUNTY MEDICAL SOCIETY

Number and street (or P O box, if mail is not delivered to street address): P.O. BOX 5092

Room/suite

City or town, state or country and ZIP + 4: BLOOMINGTON IN 47407-5092

D **Employer identification number**: 31-1111828

E Telephone number: 812-332-4033

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: X Cash Accrual

Other (specify) ▶

I **Website:** ▶ MOCMS@KIVA.NET

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

J **Tax-exempt status** (check only one) — X 501(c) (6) ◀ (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 Form 990-EZ or Form 990 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 $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 50,154

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 SEE STATEMENT 1	3	49,700
	4	Investment income	4	154
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less cost or other basis and sales expenses 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶		
	a	Gross revenue (not including $ _____ of contributions reported on line 1) 6a		
	b	Less direct expenses other than fundraising expenses 6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	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 STATEMENT 2)	8	300
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	50,154
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	21,653
	13	Professional fees and other payments to independent contractors	13	3,900
	14	Occupancy, rent, utilities, and maintenance	14	1,839
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ SEE STATEMENT 3)	16	13,083
	17	**Total expenses.** Add lines 10 through 16 ▶	17	40,475
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	9,679
	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	41,449
	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	51,128

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 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	58,610	22	67,328
23 Land and buildings		23	
24 Other assets (describe ▶ SEE STATEMENT 4)	39	24	
25 **Total assets**	58,649	25	67,328
26 **Total liabilities** (describe ▶ SEE STATEMENT 5)	17,200	26	16,200
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	41,449	27	51,128

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

DAA

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

What is the organization's primary exempt purpose?

MEDICAL SOCIETY

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

28 FURTHERED THE PUBLIC'S AWARENESS OF MEDICAL ISSUES THROUGH VARIOUS MEDIUMS

(Grants $) If this amount includes foreign grants, check here ▶ **28a**

29 PROVIDED APPROXIMATELY 240 MEMBERS WITH A FORUM IN WHICH TO DISCUSS ISSUES PERTINENT TO THE MEDICAL SOCIETY

(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**

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

(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
TODD R. ROWLAND, MD	BLOOMINGTON	IMMED PAST PRESIDENT			
717 S ROGERS	IN 47403	1.00	0	0	0
THOMAS SHARP, MD	BLOOMINGTON	BOARD MEMBER			
719 S ROGERS	IN 47403	1.00	0	0	0
ROBERT C. STONE, MD	BLOOMINGTON	BOARD MEMBER			
1155 W THIRD ST	IN 47407	1.00	0	0	0
LISA JERRELLS, MD	BLOOMINGTON	BOARD MEMBER			
482 LANDMARK AVE.	IN 47403	1.00	0	0	0
KENT A BEAMS, MD	BLOOMINGTON	BOARD MEMBER			
3209 W FULLERTON PK	IN 47403	1.00	0	0	0
JAMES V. FARIS, MD	BLOOMINGTON	BOARD MEMBER			
550 LANDMARK AVE.	IN 47403	1.00	0	0	0
JAMES N. TOPOLGUS, JR. MD	BLOOMINGTON	BOARD MEMBER			
550 LANDMARK AVE.	IN 47403	1.00	0	0	0
DIANA S. EBLING, MD	BLOOMINGTON	PRESIDENT			
600 N JORDAN	IN 47405	1.00	0	0	0
CAITILIN KELLY, MD	BLOOMINGTON	BOARD MEMBER			
1104 W 1ST ST	IN 47403	1.00	0	0	0
BRANDT LUDLOW, MD	BLOOMINGTON	SEC/TREAS			
421 W 1ST ST	IN 47403	1.00	0	0	0
B. DIANE WELLS, MD	SPENCER	BOARD MEMBER			
9 CRANE AVE	IN 46060	1.00	0	0	0
KAREN REID-RENNER, MD	BLOOMINGTON	PRESIDENT-ELECT			
654 S WALKER ST	IN 47403	1.00	0	0	0
DREW WATTERS, MD	BLOOMINGTON	BOARD MEMBER			
1155 W 3RD ST	IN 47403	1.00	0	0	0
DAN LODGE-RIGAL, MD	BLOOMINGTON	BOARD MEMBER			
601 W SECOND ST	IN 47403	1.00	0	0	0
BRIAN COOK, MD	BLOOMINGTON	BOARD MEMBER			
2920 MCINTIRE DR.	IN 47401	1.00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part 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? If "Yes," attached 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 why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 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	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr ▶ 37a			
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 outstanding at the end 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	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ , section 4912 ▶ _____ , section 4955 ▶ _____			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed ▶ IN

42a The organization's books are in care of ▶ TALIESIN GROUP Telephone no ▶ 812-336-0273

Located at ▶ 3100 E JOHN HINKLE PLACE SUITE 101 BLOOMINGTON, IN ZIP + 4 ▶ 47408

			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)?	42b		X
	If "Yes," enter the name of the foreign country ▶ _____			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	If "Yes," enter the name of the foreign country ▶ _____			
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 and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b 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 a section 527 organization?	49b		

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

(a) Name and 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 & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over $100,000 ▶

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

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 ▶

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

▶ Karen Reid-Renner MD MPH 4/6/10
Signature of officer Date

▶ Karen Reid-Renner MD, MPH
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Joshua Dennis CPA Date 2/24/10 Check if self-employed ▶ Preparer's Identifying Number (See instr) P00929360

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ TALIESIN GROUP, CPAS
3100 JOHN HINKLE PL STE 101
BLOOMINGTON, IN 47408

EIN ▶ 26-3871423

Phone no ▶ 812-336-0273

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

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
MEMBERSHIP DUES	$ 49,700
TOTAL	$ 49,700

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
ADVERTISING	$ 300
TOTAL	$ 300

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	$
OFFICE SUPPLIES	643
MILEAGE	411
CONFERENCES/MEETINGS	5,834
INSURANCE	1,449
AWARDS AND GIFTS	1,115
MISCELLANEOUS	45
PUBLIC EDUCATION	2,075
POSTAGE	484
TELEPHONE	1,027
TOTAL	$ 13,083

Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
FRUNITURE AND EQUIPMENT	$ 7,256	$ 7,256
LESS ACCUMULATED DEPRECIATION	7,217	7,256
	39	

Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
DEFERRED REVENUE	$ 17,200	$ 16,200
	17,200	16,200

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2009

Attachment Sequence No **67**

Name(s) shown on return: MONROE OWEN COUNTY MEDICAL SOCIETY

Identifying number: 31-1111828

Business or activity to which this form relates: INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property Enter the amount from line 29	7		
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7		8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8		9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562		10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)		11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11		12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 ▶	13		

Note: Do not use Part II or Part III below for listed property Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instr)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	39
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts check here ▶ ☐		

Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property			27 5 yrs	MM	S/L	
				27 5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs		S/L	
c	40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	39
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	