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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: **Alachua County Medical Society, Inc**

Number and street (or P O box, if mail is not delivered to street address): **235 SW 2nd Avenue** Room/suite

City or town, state or country, and ZIP + 4: **Gainesville FL 32601**

D **Employer identification number**: 59-1112977

E Telephone number: 352-376-0715

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:** ▶ www.acms.net

J **Tax-exempt status** (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 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 ▶ $ 210,150

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	74,357
	3	Membership dues and assessments **See Statement 1**	3	135,685
	4	Investment income	4	108
	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 ▶)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	210,150
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	125,291
	13	Professional fees and other payments to independent contractors	13	7,200
	14	Occupancy, rent, utilities, and maintenance	14	10,280
	15	Printing, publications, postage, and shipping	15	20,592
	16	Other expenses (describe ▶ **See Statement 2**)	16	61,102
	17	**Total expenses.** Add lines 10 through 16 ▶	17	224,465
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-14,315
	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	-7,652
	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	-21,967

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	60,337	22	56,941
23 Land and buildings	24,096	23	24,096
24 Other assets (describe ▶ **See Statement 3**)	927	24	309
25 **Total assets**	85,360	25	81,346
26 **Total liabilities** (describe ▶ **See Statement 4**)	93,012	26	103,313
27 **Net assets or fund balances** (line 27 of column (B) must agree with line 21)	-7,652	27	-21,967

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

What is the organization's primary exempt purpose?

See Statement 5

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 Conferences, newsletters and other services provided for 168 University of Florida and 282 private practice member physicians in Alachua County, Florida. (450 members)

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

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

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
See Statement 6				

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 **See Statement 7**			
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 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 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 ▶ **None**

42a The organization's books are in care of ▶ **Jeff Sims** Telephone no ▶ **352-376-0715**

Located at ▶ **235 SW 2nd Avenue Gainesville, FL** ZIP + 4 ▶ **32601**

			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 ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		X
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 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		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
b	If "Yes," was the related organization a section 527 organization?		

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

Signature of officer Date 4/21/10

Sally Lawrence Executive Vice President

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Stephen Kattell CPA	Date 4/20/10	Check if self-employed ▶ ☐	Preparer's Identifying Number (See instr)
Firm's name (or yours if self-employed), address, and ZIP + 4	Kattell & Company, P.L. 808B NW 16th Ave Gainesville, FL 32601			EIN ▶ Phone no ▶ 352-395-6565

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

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

Description	Amount
Membership Dues	$ 135,685
Total	$ 135,685

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	$
Office Expense	22,805
Web Page Expense	390
Computer Expense	385
Travel	2,845
Insurance	4,285
Sales Tax	770
Meeting Expense	18,340
Dues and Subscriptions	1,510
Medical Assoc Dues	9,772
Total	$ 61,102

Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
Prepaid Expenses and Deferred Charges	$ 150	$
Furniture and Fixtures	17,301	17,301
Less Accumulated Depreciation	16,524	16,992
	927	309

Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	$ 14,599	$ 20,913
Deferred Revenue	78,413	82,400
	93,012	103,313

Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description
The Alachua County Medical Society is a professional and scientific organization representing more than 1000 practicing and retired physicians, medical residents and medical school students in Alachua, Levy, Dixie and Gilchrist Counties.

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

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
Thomas Beaver 325 SW 2nd Avenue Gainesville, FL 32601	President	1.00	0	0	0
Daniel Pauly 325 SW 2nd Avenue Gainesville, FL 32601	Vice Preside	1.00	0	0	0
Ronald Jones 325 SW 2nd Avenue Gainesville, FL 32601	Treasurer	1.00	0	0	0
Christopher Cogle 325 SW 2nd Avenue Gainesville, FL 32601	Secretary	1.00	0	0	0
Caroline Rains 325 SW 2nd Avenue Gainesville, FL 32601	Board Member	1.00	0	0	0
Charles Riggs, Jr. 325 SW 2nd Avenue Gainesville, FL 32601	Board Member	1.00	0	0	0
John Burton 325 SW 2nd Avenue Gainesville, FL 32601	Board Member	1.00	0	0	0
Carolyn Carter 325 SW 2nd Avenue Gainesville, FL 32601	Board Member	1.00	0	0	0
Kevin Ferguson 325 SW 2nd Avenue Gainesville, FL 32601	Board Member	1.00	0	0	0
Timothy Flynn 325 SW 2nd Avenue	Board Member	1.00	0	0	0

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

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
Gainesville, FL 32601					
Michael Good 325 SW 2nd Avenue Gainesville, FL 32601	Board Member	1.00	0	0	0
Norman Levy 325 SW 2nd Avenue Gainesville, FL 32601	Board Member	1.00	0	0	0
Selden Longley 325 SW 2nd Avenue Gainesville, FL 32601	Board Member	1.00	0	0	0
David Paulus 325 SW 2nd Avenue Gainesville, FL 32601	Board Member	1.00	0	0	0
Robert Skidmore 325 SW 2nd Avenue Gainesville, FL 32601	Board Member	1.00	0	0	0
Jesse Lipnick 325 SW 2nd Avenue Gainesville, FL 32601	Board Member	1.00	0	0	0
Michael Lukowski 325 SW 2nd Avenue Gainesville, FL 32601	Board Member	1.00	0	0	0
Gerold Schiebler 325 SW 2nd Avenue Gainesville, FL 32601	Board Member	1.00	0	0	0
Bruce Stechmiller 325 SW 2nd Avenue Gainesville, FL 32601	Board Member	1.00	0	0	0

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

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
Shazia Aman 325 SW 2nd Avenue Gainesville, FL 32601	Board Member	1.00	0	0	0
Sam Davis 325 SW 2nd Avenue Gainesville, FL 32601	Board Member	1.00	0	0	0
Sally Lawrence 325 SW 2nd Avenue Gainesville, FL 32601	Executive VP	40.00	74,750	1,775	0

Statement 7 - Form 990-EZ, Part V, Line 35 - Income From Business Activities not Reported on Form 990-T

Description
The organization sells adverting for publications which are distributed for free. This advertising is not intended to cover the costs of the publications. These publications are a source of public information and are not for the production of income. Therefore, these activities are carried on without a profit motive.