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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 1545-0047 2009

Department of the Treasury Internal Revenue Service

SCANNED JUL 0 7, 2010 9010

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

Open to Public Inspection

	For the	e 2009 calen	dar year,	or tax year beginning		, 200	9, and endin	ıg		, , ,		
В		applicable		С					D Employ	er Identificatio	n Number	
	Add	ress change	Please use IRS label	SMITH COUNTY MED	ICAL	SOCIETY			75-0	0869892		
	Η-	ne change	or print or type.	P.O. BOX 130848				Ī	E Telepho	ne number		
	\vdash	al retum	Sée specific	TYLER, TX 75713-	0848				903-	-593-70	58	
	\vdash	nination	Instruc- tions.					ŀ				
	\vdash	ended return	"""						G Gross re	ceints \$	162	996.
			F Name a	and address of principal officer		·		H(a) Is this a				X No
	L_] App	lication pending		AS C ABOVE				H(b) Are all a			Yes	N _o
		exempt statu			. 1	4947(a)(1) or	527	If 'No,' a	ttach a list	(see instructio	ns)	□•
<u>'</u>				HCOMED.ORG	,,	14547(a)(1) 01	321					
_			X Corpora		T		·	H(c) Group ex			omicile TX	
K Pa		of organization		ation Trust Association	ויטן וי	ner►	Year of Format	tion 1900	IWIS	tate of legal d	omicile IA	
ra		Summa		ranization's mission or ma	ct cianif	icant activities: 1	AN THURN THE	A DDOE	PECTO	NAT COC	TETV O	
				ganization's mission or mo	st sigilii	icant activities <u>r</u>	AT TATE	A_PROF	<u> </u>	NAT 200	TETI OF	
e)L		PHYSICIA	7/2									
Activities & Governance	_											
)Ve	2 0	heck this bo	y ▶	if the organization disconti	nued its	onerations or dis	nosed of mo	ore than 25	% of its a	assets		
ŏ				bers of the governing body			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,, o .,, o,, , = 0		3		11
Ø,				t voting members of the g			ne 1b)		į	4		11
iţ	5 T	otal number	of emplo	yees (Part V, line 2a)					[5		3
슔				eers (estimate if necessar					J	6		0
•		-		ousiness revenue from Par						7a		0.
_	b N	let unrelated	business	taxable income from Forn	n 990-T	, line 34		т	1	7b		0.
								Pri	ior Year		Current Ye	ar
<u>o</u>				ts (Part VIII, line 1h)	-		•					
Revenue		-		ue (Part VIII, line 2g)			·		70,0			641.
ě				art VIII, column (A), lines 3		•			10,3		5,	677.
۳			-	II, column (A), lines 5, 6d,					3,4		120	210
\dashv				nes 8 through 11 (must eq			line 12)	 	83,7	50.	138,	318.
				ounts paid (Part IX, columi								<u>976.</u>
		-		members (Part IX, column				<u> </u>				
ø				isation, employee benefits			es 5-10)		82,6	88.	82,	488.
Expenses	16a P	Professional	fundraisin	g fees (Part IX, column (A	i), line 1	1e)						
ă.	ЬΤ	otal fundrais	sing exper	nses (Part IX, column (D),	line 25)	•						
	17 C	Other expens	es (Part I	X, column (A), lines 11a-1	1d, 11f-	24f).	_		35,3	38.	30,	658.
		•	•	nes 13-17 (must equal Par	-	•			118,0			122.
				s. Subtract line 18 from lin		RECEIVE			-34,2			196.
8.8			<u></u>					Regins	ning of Y		End of Yea	
Net Assets or Fund Belances	20 T	otal assets	(Part X lu	ne 16)	039	MAY 18 20	RS-OSC	Degiiii	339,6			563.
48		otal liabilitie	-		0	MHH TO SO		——	90,8			659.
ž.				ances Subtract line 21 from	ر اسم] <u>&</u>		248,7			904.
Pa			re Bloc		II line Z	OGDEN. L	17 - 	:1	240,1	10.1	212,	504.
<u> </u>									- 11 111	(
		true, correct, a	omplete	I declare that I have examined this Declaration of preparer (other than	officer) is	based on all information	n of which prepa	errer has any kr	nowledge	/.	e and bener, it	15
Sig	ın	 	11/00	J.M				1	5/1	S//O		
He	re	Signature	of officer	Multi-				Date	-1	<i>(</i> ·	<u> </u>	
		>	\cap \cup	office Low	A 11 P	UM II	(),~	sider	.t-4	ologi	t	
		Type or pr	int name and	title Tutle	CITC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		SILLE	<u> </u>	<u> </u>	<u> </u>	
				^ -		<u></u>	Date	Cha	ck if	Preparer	's identifying n	umber
Pai	d			11) 12			MAY 1 1	l colf	oloyed ►	(see inst	ructions)	
Pre		Preparer's signature	► стат	RK B. STOWE	>		ווי ויטונון	YO IO Lemi	oloyeu -	□N/A		
par	er's				7DEC 4		<u> </u>			IN/W		
Us	е	Firm's name (o		YRES JOHNSON SQUY		x CO		 	► NT	/A		
On	ly	employed), address, and		ESE LOOP 323 STE				EIN			07 200	1
	Al- 100	ZIP+4	TYLI					Pho	ne no		597-202	
				with the preparer shown at			· odlans			X	Yes 000	No
	~ rorr	TIVACY ACT &	mo raper	work Reduction Act Notic	e, see ti	ie separate instru	にいいける。		TEEA0113L	14/29/09	Form 990	(2009)

Forn	n 990 (2009) SMITH COUNTY MEDICAL SOCIETY	75-0	36989	2		Page 2
Pai	rt III Statement of Program Service Accomplishments					
1	Briefly describe the organization's mission:					
	MAINTAIN A PROFESSIONAL SOCIETY OF PHYSICIANS.					
2	Did the organization undertake any significant program services during the year which were not listed on the	ne prior		_		
	Form 990 or 990-EZ?			Yes	X	No
	If 'Yes,' describe these new services on Schedule O.		_			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es?		Yes	X	No
	If 'Yes,' describe these changes on Schedule O.				_	
4	Describe the exempt purpose achievements for each of the organization's three largest program services b	y expens	es. Se	ction 5	01(c)	(3)
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and a expenses, and revenue, if any, for each program service reported.	allocation	is to oth	ners, t	he tota	ai
	expenses, and revenue, if any, for each program service reported.					
4 a	a (Code:) (Expenses \$ 102,808. including grants of \$) (Re	evenue	\$)
	THE MAJOR PROGRAM SERVICE ACTIVITY IS MEMBERSHIP SERVICES WHICH IN	CLUDES				
	DISTRIBUTIONS ON BEHALF OF MEMBERS FOR MEMBERSHIP IN PROFESSIONAL (<u>ORGANI</u>	ZATI	<u>znc</u>	<u>AND</u>	
	CHARITABLE CONTRIBUTIONS. THE NUMBER OF MEMBERS SERVED IS 469.			- -		
				<u>_</u> .		
	b (Code. (Code. (Sepenses \$					
41	(Code. 1378775384) (Expenses 5) (Re	evenue	۶)
				- -		
		- 	- -			
					 -	
				- -		
40	c (Code:) (Expenses \$ including grants of \$) (Re	evenue	\$)
	· · · · · · · · · · · · · · · · · · ·					
					-	
	4 Other program services (Describe in Schodule O.)					
40	d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$,	
4 -	_ ````````````````````````````````````					
4e	e Total program service expenses ► 102,808.					

Part IV.

No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 2 X Is the organization required to complete Schedule B, Schedule of Contributors? 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, $Part\ l$ 3 X **Section 501(c)(3) organizations** Did the organization engage in lobbying activities? *If 'Yes,' complete Schedule C, Part II* 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 X provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to 6 X Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If 'Yes,' complete Schedule D, Part II* Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' 8 X complete Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete 9 X Schedule D. Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 10 Х Yes,' complete Schedule D, Part V. Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or Х X as applicable 11 Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D. Part VI Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part VII Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If Yes, 'complete Schedule D, Part X 12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12 X No 12AWas the organization included in consolidated, independent audited financial statement for the tax Yes 12 A year? If 'Yes.' completing Schedule D. Parts XI. XII. and XIII is optional 13 Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I Х 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II 15 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III 16 X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Х column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, X lines 1c and 8a? If 'Yes,' complete Schedule G, Part II. 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III 19 X 20 Х Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

Part IV- Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than $$5,000$ of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		х
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
t	Is the organization 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	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		,	, 5
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X.
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
c	: An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
		30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

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Form 990 (2009)

Form 990 (2009). SMITH COUNTY MEDICAL SOCIETY	75-086989	2	F	Page 5	
Part V Statements Regarding Other IRS Filings and Tax Compliance				3	
			Yes	No	
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 1	.,	12.00 12.00 12.00 10.00	· ·	
··· — · · · · · · · · · · · · · · · · ·	1b 0	3	45	. 13	
c Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners?	and reportable gaming	1c	X	<u> </u>	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 3	,			
2b If at least one is reported on line 2a, did the organization file all required federal employment t		2b	X		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return					
3a Did the organization have unrelated business gross income of \$1,000 or more during the year of this return?		3a		х	
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		3b			
4a At any time during the calendar year, did the organization have an interest in, or a signature of financial account in a foreign country (such as a bank account, securities account, or other final	r other authority over, a ancial account)?	4a		х	
b If 'Yes,' enter the name of the foreign country. ▶	·	٤.	1.3	``	
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of For Financial Accounts	oreign Bank and			-	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax y	year [?] .	5a		X	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	transaction?.	5b		X	
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Tax Shelter Transaction?	y Regarding Prohibited	5с			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and solicit any contributions that were not tax deductible?	did the organization	6a		x	
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?					
7 Organizations that may receive deductible contributions under section 170(c).		6ь			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and part provided to the payor?	tly for goods and services				
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for whice Form 8282?	ch it was required to file	7c			
d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums	7d				
benefit contract?.	on a personal	7e			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit	it contract?	7f			
g For all contributions of qualified intellectual property, did the organization file Form 8899 as req	quired?	_7g			
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form		7h			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, have holdings at any time during the year?	organizations. Did the e excess business	8	•		
9 Sponsoring organizations maintaining donor advised funds.	·	-	,		
a Did the organization make any taxable distributions under section 4966?		9a			
b Did the organization make any distribution to a donor, donor advisor, or related person? .	· '	9b			
10 Section 501(c)(7) organizations. Enter	}	- 36			
	0 a	- 1		ł	
	0b				
11 Section 501(c)(12) organizations. Enter	 1				
1	1a	Ī	-	1	
b Gross income from other sources (Do not net amounts due or paid to other sources against]	
amounts due or received from them)	1 b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F	orm 10/117	122			

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Form 990 (2009)

12b

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

Is Enter the number of volting members of the governing body be Enter the number of volting members that are independent 1	Sec	tion A.	Governing	sody and	vianageme	<u> </u>										
b Enter the number of volting members that are independent 2 Did any officer, director, instales or like yengloyee have a family relationship or a business relationship with any other officer, director, instales or like yengloyees? 3 Did the organization delegate control over management dutiles calcinarily parformed by or under the direct supervision of the organization make any significant changes to its organizational documents such the prior Form 990 was filed? 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 Did the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 5 Did the organization have members, stockholders, or other persons' SEE SCH DIULE 0 6 Avairy decisions of the governing body subject to approval by members, stockholders, or other persons' SEE SCH DIULE 0 6 Avairy decisions of the governing body; because the following a The governing body? 6 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 7 Did the organization of the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 Did the organization of the governing body? 9 Is there are officer, director or inside or it key employee itself or Part VII. Section A, who cannot be reached at the organization's meeting address? If Yes, provide the names and addresses in Schedule O 10 Decisions of Policies (This Section B requests information about policies not required by the Internal Revenue Code). 10 Decisions of the governing body of this Form 990 to all members of the governing body before filing the form? 11 Has the organization have a written policies and procedures governing the activities of s															Yes	No
2 Any officer, director, fuscles or, key employee have a family relationship or a business relationship with any other officers, directors of tusides, or key employee. 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of difficers, directors or tusides, or key employees to a management company or other person? 4 Did the organization delegate on supervisional of organizational documents since the prior form 900 was filed? 5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 Does the organization become aware during the year of a material diversion of the organization's assets? 6 Does the organization become members or stockholders? 7 Does the organization become members, sockholders, or other persons who may elect one or more members of the governing body? 8 Did the organization become members, sockholders, or other persons' SEE SCH O 7 Does the organization become members, sockholders, or other persons' SEE SCH O 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the fellowing or the persons' SEE SCH O 8 Did the organization or the properties of the governing body? 9 Is there any officer, director or trusitee, or key employee listed in Part VIII, Section A, who cannot be reached at the governing body? 9 Is there any officer, director or trusitee, or key employee listed in Part VIII, Section A, who cannot be reached at the governing body? 9 Is the properties of the organization about policies and propedures opverning the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization. 10a Does the organization have written policies and procedures opverning the activities of such chapters, affiliates, and branches to the source the organization have a written policies and procedures opverning the activities of such chapters, affiliates, and consisten	1 a	Enter the	number of votir	ng members	of the goverr	ning bod	ly:			L	<u>1a</u>				•	`
a Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors of trustees, or key employees to a management company or other person? 3	t	Enter the	number of voting	ng members	that are inde	pendent	t			L	1Ь		11			,
3 Did the organization delegate control over management duties customerly performed by or under the direct supervision of officers, directions of tustees, or key employees to a management company or other person? 4 Did the organization have make any significant changes to its organization adocuments since the prior Form 990 was filed? 5 Did the organization have members of stockholders? SEE SCHEDULE 0 6 Does the organization become aware during the year of a material diversion of the organization's assets? 5 Did the organization have members of stockholders? SEE SCHEDULE 0 6 Does the organization become members of stockholders? SEE SCHEDULE 0 7 Does the organization become members of stockholders? SEE SCHEDULE 0 8 Did the organization onterreporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 Each committee with authority to act on behalf of the governing body? 9 Is their any officer, director or trustee, or key employee listed in Part VIII, Section A, who cannot be reached at the organization's mailing address? If Yes, provide the names and addresses in Schedule O 10 a Does the organization have local chapters, branches, or affiliates? 10 a Does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11 Has the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations. are consistent with those of the organization? 11 Has the organization have a written conflict of interest policy? If Yes, 'go to line 13 12 b A Cobes the organization have a written conflict of interest policy? If Yes, 'go to line 13 13 b A Cobes the organization have a written whistleblower policy? 14 Does the organization between the written policies of policies of the organization of the following persons include a review and appr	2	Did any o	officer, director, irector, trustee o	trustee, or ke	y employee	have a f	family rel	lationship	or a business	rela	ationship	with any o	other	2		x
4	3	Did the o	rganization dele	gate control	over manage	ment du	uties cust	tomarily p	performed by or	r un	der the d	rect supe	ervision	9		
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13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers of key employees of the organization if 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b if 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosures 17 List the states with which a copy of this Form 990 is required to be filled ► NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply Own website Another's website X Upon request 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public SEE SCHEDULE O 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	c				onsistently m	ionitor a	nd enford	ce compi	iance with the p	polic	cy? If 'Ye	s,' descri	be ın	126		
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15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers of key employees of the organization if 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosures 17 List the states with which a copy of this Form 990 is required to be filed ► NONE 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply Own website Another's website X Upon request 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public SEE SCHEDULE O 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.			•					uction no	diou2	•	•	•			-	
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If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X		•	•			_		ficial							\dashv	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosures 17 List the states with which a copy of this Form 990 is required to be filed ► NONE 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply Own website Another's website X Upon request 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	b		- *	-	-			•		•	•			15 b		
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Section C. Disclosures 17 List the states with which a copy of this Form 990 is required to be filed ► NONE 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply □ Own website □ Another's website □ William Vision (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public SEE SCHEDULE O 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	b	ın joint ve	enture arrangem	ents under a	oplicable fed	icy or pr eral tax	rocedure law, and	requiring I taken st	the organization	on t	o evaluat he organi	e its parti zation's e	cipation xempt			- 3
 List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply Own website Another's website	_	status wit	h respect to suc	h arrangeme	nts?				-					16b		<u> </u>
 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization. 																
Own website Another's website X Upon request 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public SEE SCHEDULE O 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.															- -	
 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization. 	18	Section 6 inspection	104 requires an Indicate how y			Forms 1 . Check				and	1 990-T (5	501(c)(3)s	only) av	/aılabl	e for p	oublic
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:																
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:	19	Describe i statement	ın Schedule O w ts avaılable to th	hether (and e public	ıf so, how) th SEE SCHE	ne organ EDULE	nization m O	nakes its	governing docu	ume	nts, conf	lict of inte	rest poli	cy, an	id fina	incial
	20	State the	name, physical	address, and	l telephone r	number (of the pe	rson who	possesses the	e bo	oks and i	ecords of				-

Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees, highest compensated employees; and former such persons

Check this box if the organization did not compensate any current officer, director, or trustee										
(A)	(B)	ľ			c)			(D)	(E)	(F)
Name and Title	Average hours		ition (k all	hat app		Reportable compensation from	Reportable	Estimated
	per week	Individual trustee or director	İnst	Officer	X ey	en H	Former	the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation
	}	rect vidus	밥	E	Key employee	oloye	ם	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related
		or 15	nai	l	l og	i i c				and related organizations
	1	stee	Institutional trustee		18	Den				
		"	8			Highest compensated employee	ŀ			
JERRY W SCHWARZBACH, MD			_		-	<u> </u>			_	
DIRECTOR	2	Х				1	ŀ	0.1	0.	0.
RONALD J PINKENBURG, MD										
DIRECTOR	2	Х				}		0.	0.	0.
RODERICK B MEESE, MD										
DIRECTOR	2	Х						0.	0.	0.
JONATHAN E MACCLEMENTS, MD										
DIRECTOR	2	Х	•					0.	0.	0.
THERESA M. VAIL, MD										
DIRECTOR	2	Х						0.	0.	0.
ROBERT F. JONES, MD										
DIRECTOR	2	X						0.	0.	0.
RICHARD R. YATES, MD										
TREASURER	2	X		X				0.	0.	0.
C. JEFFERY PENNELL, MD										
PRESIDENT-ELECT	2	X		X				0.	0.	0.
FRANK T. WARD, MD										
VICE PRESIDENT	2	X		X				0.	0.	0.
GARY E. GROSS, MD										
SECRETARY	2	X		X				0.	0.	0.
RICHARD A ANDERSON, MD									1	
PRESIDENT	2	X		Х				0.	0.	0.
ANGELA DRIGGS										
EXECUTIVE DIREC	40				Х			57,584.	0.	4,271.
		i								
								- '		
			\Box							
						i			_	
										
										·
				- 1						
							- 1			

Part VII Section A. Officers, Directors, Trus (A)	tees, r	\ey	En		oye c)	es.	<u>an</u>	(D)		
Name and Title	Average	Posi	ition (-	-	that a	apply)	, ,	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organization (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
1 b Total .							>	57,584.	0	-
2 Total number of individuals (including but not limited	d to thos	se lis	sted	abo	ve)	wh	o re	ceived more than	\$100,000 in repo	rtable compensatio
from the organization 0			—				-			Yes No
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in 4 For any individual listed on line 1a, is the sum of repetitive organization and related organizations greater the individual. 5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch 	<i>ndividua</i> portable han \$15 ompens	/ con 0,00	nper 10? /	nsati If 'Ye	ion es' d	and com	oth plet	er compensation i e Schedule J for s	from such	4 X
Section B. Independent Contractors									0100.000 (
Complete this table for your five highest compensate compensation from the organization.	ea indep	end	ent	con	trac	tors	tha			
Name and business address	5							(B) Description o	f Services	(C) Compensation
				<u> </u>						
										
2 Total number of independent contractors (including I \$100,000 in compensation from the organization ►		lımıt	ed t	o the	ose	liste	ed a	bove) who receive	ed more than	- ,-

ra	rt VIII Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
GIFTS, GRANTS	1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d				
CONTRIBUTIONS, GIFT AND OTHER SIMILAR	e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribns included in lns 1a-1f. h Total. Add lines 1a-1f .		· · · · · · · · · · · · · · · · · · ·		
	Business Code	· .		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ŒN.	2a MEMBERSHIP DUES & ASSESSMENTS 900004	131,741.	131,741.		
Æ	b WORKSHOPS AND DINNERS 900004	900.	900.		
PROGRAM SERVICE REVENUE	c				
RA	6 All other program converse	<u> </u>			
200	f All other program service revenue g Total. Add lines 2a-2f	132,641.		• ,	- A.; ;
	3 Investment income (including dividends, interest and other similar amounts)	5,354.			5,354.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	(i) Real (ii) Personal	-		3	: * * *
	6a Gross Rents		•	(* *, ,	1
	b Less rental expenses	<u> </u>		**	7 . 5
	c Rental income or (loss) d Net rental income or (loss)				<u> </u>
	(i) Securities (ii) Other			£	
	7a Gross amount from sales of assets other than inventory 25, 001.	1.	j. **	- 1	
			, ,	, , ,	
	b Less: cost or other basis and sales expenses 24,678.	, , ,	, , ,	, , , , , , , , , , , , , , , , , , ,	2
i	c Gain or (loss) 323.	1_		4,	
	d Net gain or (loss)	323.			323.
NUE	8a Gross income from fundraising events (not including \$		and a Townson		, ,
OTHER REVEN	of contributions reported on line 1c). See Part IV, line 18		, ,		4
里	b Less: direct expenses b			_	<i>y</i>
6	c Net income or (loss) from fundraising events .				
	9a Gross income from gaming activities See Part IV, line 19				4 4
	b Less direct expenses b			F	*
	c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances .		, a		
	b Less cost of goods sold . b				لينينا
ļ	c Net income or (loss) from sales of inventory		· · · · · · · · · · · · · · · · · · ·	·	
ŀ	Miscellaneous Revenue Business Code	 			<u></u>
	11 a				
	D				
	d All other revenue				
l	d All other revenue				
l	C Totali Add lilics Trailing	138,318.	122 641		, , , ,
	12 Total revenue. See instructions	TOO'2TQ'	132,641.	0.	5,677.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must com		re not required to compl		nd (D).
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	976.	976.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				1. 1000 1000 1000 1000 1000 1000 1000 1
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16			10000	
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	57,584.	51,826.	5,758.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	14,929.	13,436.	1,493.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,271.	3,844.	427.	
9	Other employee benefits	1/2/1.	3,011.	327.	
10	Payroll taxes .	5,704.	5,134.	570.	
11	Fees for services (non-employees)	3,,01.	3,134.		
	a Management				
	b Legal		† · · · · · · · · · · · · · · · · · · ·		
	c Accounting .	1,850.	1,665.	185.	
	d Lobbying	1,050.	1,000.	105.	
	e Prof fundraising svcs. See Part IV, In 17				
	Investment management fees .		<u> </u>	·	
	Other	- 			
	Advertising and promotion		-	· <u>-</u>	
13	Office expenses .	409.	368.	41.	
14	Information technology	407.	300.	41.	
15	Royalties	 			
16	Occupancy .				
17	Travel	5,184.	4,666.	518.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	3,104.	4,000.	510.	
19 20	Conferences, conventions, and meetings Interest	7,751.	6,976.	775.	
21	Payments to affiliates .			<u>-</u>	
22	Depreciation, depletion, and amortization	746.	671.	75.	
23	Insurance	740.	0/1.		
	Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)			,	3
a	SPEAKERS FOR MEETINGS	3,108.	2,797.	311.	
	TELEPHONE	2,999.	2,699.	300.	
c	MISCELLANEOUS	2,202.	1,982.	220.	
d	POSTAGE AND SHIPPING	1,965.	1,769.	196.	
е	SERVICES CHARGES	1,069.	962.	107.	
	All other expenses	3,375.	3,037.	338.	
25	Total functional expenses. Add lines 1 through 24f	114,122.	102,808.	11,314.	0.
	Joint costs. Check here Inf following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		, , , , ,	/	
BAA			<u> </u>		Form 990 (2009)

				(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing		31,056.	1	1,762
	2	Savings and temporary cash investments		304,104.	2	345,105
	3	Pledges and grants receivable, net .	[3	
	4	Accounts receivable, net		3,424.	4	3,424
	5	Receivables from current and former officers, directors, trustees, key and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section		, , , , , , , , , , , , , , , , , , ,		
Δ		and persons described in section 4958(c)(3)(B) Complete Part II of S	Schedule L		6	
ŝ	7	Notes and loans receivable, net	. [7	
A S S E T S	8	Inventories for sale or use	. [8	
Ś	9	Prepaid expenses and deferred charges			9	
	10 a	Land, buildings, and equipment: cost or other basis. 10a	56,332.	•	.:	* * * * * * * * * * * * * * * * * * * *
		Complete Part VI of Schedule D		·	-	
	t	Less accumulated depreciation 10b	56,060.	1,018.	10 c	272
	11	Investments — publicly-traded securities .			11	
	12	Investments – other securities See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets .	<u> </u>	·	14	
	15	Other assets. See Part IV, line 11	L		15	
	16	Total assets Add lines 1 through 15 (must equal line 34)		339,602.	16	350,563
	17	Accounts payable and accrued expenses	<u> </u>	2,337.	17	1,591
	18	Grants payable			18	
	19	Deferred revenue	L		19	
ı	20	Tax-exempt bond liabilities			20	
В	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
LIT	22	Payables to current and former officers, directors, trustees, key empli highest compensated employees, and disqualified persons Complete	oyees, Part II			
ı		of Schedule L .	ļ		22	
S	23	Secured mortgages and notes payable to unrelated third parties	į		23	
	24	Unsecured notes and loans payable to unrelated third parties .	Į.		24	
	25	Other liabilities. Complete Part X of Schedule D	L	88,555.	25	76,068
	26	Total liabilities. Add lines 17 through 25		90,892.	26	77,659
NET		Organizations that follow SFAS 117, check here ▶ ☐ and comple	te lines			
. 1		27 through 29 and lines 33 and 34.			_	
5	27	Unrestricted net assets	[27	
Ĕ	28	Temporarily restricted net assets	. [28	
	29	Permanently restricted net assets	L		29	
3			complete	÷ ,		<i>t.</i> ,
		lines 30 through 34.				····
;	30	Capital stock or trust principal, or current funds	[30	
:	31	Paid-in or capital surplus, or land, building, and equipment fund			31	· · · · · · · · · · · · · · · · · · ·
5	32	Retained earnings, endowment, accumulated income, or other funds	Ĺ	248,710.	32	- 272,904.
משל של איווי	33	Total net assets or fund balances		248,710.	33	272,904.
5	34	Total liabilities and net assets/fund balances	ľ	339,602.	34	350,563.

BAA Form **990** (2009)

			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual X Other SEE SCH. O	į,	N. C.	X :
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
þ	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis	ري . معدد		P 3
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		х
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

BAA

Form 990 (2009)

SCHEDULE D (Form 990)

Supplemental Financial Statements

2009

Department of the Treasury Internal Revenue Service ► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions

Open to Public Inspection

OMB No 1545-0047

Name of the organization

SMITH COUNTY MEDICAL SOCIETY

JH.	III COONII MEDICAE SOCIEII		75-0869892
Pai	rt I Organizations Maintaining Dono	r Advised Funds or Other Similar Fur	
	the organization answered 'Yes' t	o Form 990, Part IV, line 6.	, ac or a coordinate of the process
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year .		
2	Aggregate contributions to (during year)	· · · · · · · · · · · · · · · · · · ·	
3	Aggregate grants from (during year).	· • · · · · · · · · · · · · · · · · · ·	
4	Aggregate value at end of year		
5	Did the organization inform all donors and dor funds are the organization's property, subject	nor advisors in writing that the assets held in d	onor advised Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private beneather.	the benefit of the donor or donor advisor or for	nds may be rany other Yes No
Pai	rt II Conservation Easements Comple	ete if the organization answered 'Yes'	to Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by	· · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (e.g., r	ecreation or pleasure) Preservation	of an historically important land area
	Protection of natural habitat		of certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contribution in	the form of a conservation easement on the
			Held at the End of the Year
á	Total number of conservation easements		2a
ı	Total acreage restricted by conservation ease	ments	2b
•	Number of conservation easements on a certi-	fied historic structure included in (a)	2c
•	Number of conservation easements included i	n (c) acquired after 8/17/06.	2d
3	Number of conservation easements modified,	transferred, released, extinguished, or termina	ated by the organization during the tax
	year >		
4	Number of states where property subject to co	onservation easement is located >	_
5	Does the organization have a written policy re and enforcement of the conservation easemer	garding the periodic monitoring, inspection, hat it holds?	endling of violations, Yes No
	Staff and volunteer hours devoted to monitoring the year -		
7	Amount of expenses incurred in monitoring, in during the year ▶	especting, and enforcing conservation easemen	nts \$
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?		ection Yes No
9	conservation easements	to the organization's financial statements that o	describes the organization's accounting for
Pa	t III Organizations Maintaining Colle	ctions of Art, Historical Treasures, or	r Other Similar Assets
	Complete if the organization ansi	wered 'Yes' to Form 990, Part IV, line	8.
1 a	a If the organization elected, as permitted under treasures, or other similar assets held for pub the text of the footnote to its financial stateme	lic exhibition, education, or research in furthera	nent and balance sheet works of art, historical ance of public service, provide, in Part XIV,
ı	amounts relating to these items	lic exhibition, education, or research in furthera	and balance sheet works of art, historical ance of public service, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1	* \$
	(ii) Assets included in Form 990, Part X		. > \$
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other similar assets 116 relating to these items	for financial gain, provide the following
á	a Revenues included in Form 990, Part VIII, line		> \$
ı	Assets included in Form 990, Part X		> \$

e Other 9,390. 9,390. 0	Part III. Organizations Mainta	ining Collection	ons of Art, Histo	orical Treasures, o	r Other Similar Ass	sets (c	<u>ontını</u>	<u>.ied)</u>
b Scholarly research e Other research e Other c Presearch to future generations 4 Provides a description of the organization's collections and explain how they further the organization's exempt purpose in 5 During the year, did the organization solict or receive denations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization and solicition?	items (check all that apply)	ion accession and			that are a significant us	se of its	collecti	ion
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV 5 Pouring the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, furstee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? b If 'Yes,' explain the arrangement in Part XIV and complete the following table c Beginning balance d Additions during the year f Ending balance 2 Distributions during the year f Ending balance 3 Distributions during the year f Ending balance 2 Distributions during the year f Ending balance 2 Distributions (0) Dirent/year (0) Price year Stock (0) Time years back (0)	a Public exhibition		d Loan	or exchange programs				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization and collection? Yes No	b Scholarly research e Other							
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Column (d) must equal Form 990, Part X, column (B), line 10(c) Depreciation								
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Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))	d Equipment							272.
					9,390.			0.
	Total. Add lines 1a through 1e (Column	n (d) must equal	Form 990, Part X, c	column (B), line 10(c))	<u></u>			272.

BAA

Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 SMITH COUNTY MEDIC	CAL SOCIETY		369892 Page 3
Part VII Investments-Other Securities See Fo	orm 990, Part X, Iir	ne 12. N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	uation arket value
Financial derivatives			
Closely-held equity interests .			
Other			
			·
			,- <u></u>
	· ·-·		
		· · · · · · · · · · · · · · · · · · ·	
		<u>.</u>	
			
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12)		<u> </u>	
Part VIII Investments-Program Related (See	Form 990, Part X, I		
(a) Description of investment type	(b) Book value	(c) Method of value	ıatıon
		Cost or end-of-year ma	arket value
	·		
			
Total (Column (b) must equal Form 990, Part X, Col. (B) line 13.)	"		
Part IX Other Assets (See Form 990, Part X,	line 15) N/A		<u> </u>
(a) De	scription		(b) Book value
	 		
	· · - · · · · · · · · · · · · · · · · ·		
			<u> </u>
			
			
			
	*F\		
Total. (Column (b) must equal Form 990, Part X, col.(B), In			
Part X Other Liabilities (See Form 990, Part			
(a) Description of Liability	(b) Amount	 	
Federal Income Taxes			,
UNEARNED DUES	76,06	<u> </u>	
		<u> </u>	
		- _	
			•
			•
			
		_	· .
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	76,06	8	÷
2. FIN 48 Footnote. In Part XIV, provide the text of the foot			ne organization's liability

Page 3

for uncertain tax positions under FIN 48

Sche	dule D (Form 990) 2009 SMITH COUNTY MEDICAL SOCIETY	75-086	59892	Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		N/A	
1	Total revenue (Form 990, Part VIII,column (A), line 12)			
2	Total expenses (Form 990, Part IX, column (A), line 25)			
2	Excess or (deficit) for the year. Subtract line 2 from line 1			
3				
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			
6	Investment expenses .			
7	Prior period adjustments			
8	Other (Describe in Part XIV)			
9	Total adjustments (net) Add lines 4 through 8			
_10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9.			
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	N/A	
1	Total revenue, gains, and other support per audited financial statements	. 1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
_	Net unrealized gains on investments 2a	``.		
	Donated services and use of facilities 2b	".		
-		─ ┤		
	Recoveries of prior year grants . 2c	\dashv		
	Other (Describe in Part XIV)			
е	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investments expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV)			
c	Add lines 4a and 4b.	4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5		
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	er Retu	ırn N/A	
	Total expenses and losses per audited financial statements .	1		
	Amounts included on line 1 but not on Form 990, Part IX, line 25			
	1 1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
		-		
	Prior year adjustments			
	Other losses 2c			
	Other (Describe in Part XIV)			
	Add lines 2a through 2d .	2e		
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investments expenses not included on Form 990, Part VIII, line 7b . 4a			
b	Other (Describe in Part XIV)			
c	Add lines 4a and 4b.	4c	ľ	
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5		
	XIV Supplemental Information			
line 4	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part II, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this mation.	e iv, lines s part to p	orovide any ad	art v, ditional
BAA	TEEA3304L 02/02/10	Sche	dule D (Form 9	990) 2009

Schedule D (Form 990) 2009 SMITH COUNTY MEDICAL SOCIETY Part XIV Supplemental Information (continued)	75-0869892	Page 5
Part XIV Supplemental Information (continued)	 -	

TEEA3305L 07/10/09

Schedule **D** (Form 990) 2009

BAA

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Open to Public Inspection Employer identification number Name of the organization SMITH COUNTY MEDICAL SOCIETY 75-0869892 FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDE THE ORGANIZATION DOES NOT HAVE STOCKHOLDERS. THE ORGANIZATION HAS MEMBERS WHO ARE PHYSICIANS. FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY ANNUALLY THE MEMBERSHIP ELECTS THE BOARD OF DIRECTORS AND THE OFFICERS. FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO THE APPROVAL BY THE MEMBERS FOR ITEMS AFFECTING THE OVERALL ORGANIZATION AND ANY CHANGES TO THE GOVERNING DOCUMENTS. FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS FROM 990 IS PROVIDED TO THE ORGANIZATION'S EXECUTIVE DIRECTOR WHO REVIEWS IT WITH A SIGNING OFFICER PRIOR TO FILING THE RETURN. FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE NO DOCUMENTS AVAILABLE TO THE PUBLIC FORM 990, PART XI, LINE 1 - OTHER ACCOUNTING METHOD MODIFIED CASH

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

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

2009

OMB No 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

(99)

SMITH COUNTY MEDICAL SOCIETY

Attachment Sequence No 67

Identifying number 75-0869892

	ess or activity to which this form relat	es							
	RM 990/990-PF			<u> </u>					
Pai	Election To Exp Note: If you have a	ense Certain l ny listed property,	Property Under Secomplete Part V before	ction 179 e you complete	Part I.				
1	Maximum amount. See the	e instructions for a	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 Su	btract line 3 from	line 2 If zero or less, e	enter -0-				4	
5	Dollar limitation for tax year	ar. Subtract line 4	from line 1. If zero or I	ess, enter -0 I	f married	filing			
	separately, see instruction			43-		_		5	-
6_	(a)	Description of property	 - <u>-</u>	(b) Cost (busines	ss use only))	(C) Elected co	st	
	· · · · · · · · · · · · · · · · · ·	**				+-			-
	Listed property Enter the	amount from line	20			+			
7 8	Listed property. Enter the Total elected cost of section			(a) lines E and		.L		8	
9	Tentative deduction Enter			(c), lines o and	′			9	
10	Carryover of disallowed de			562				10	
11	Business income limitation				ro) or lin	ne 5 (se	e instrs)	11	
	Section 179 expense dedu					.0 0 (50		12	
	Carryover of disallowed de				▶ 13	T	···	1	
	: Do not use Part II or Part								
Par			ce and Other Depr		ot includ	de liste	d property) (Se	e instructions)
14	Special depreciation allows			•				T	
	tax year (see instructions)	ance for qualified	property (other than its	· · · · ·	aceu III s	SEI VICE	during the	14	
15	Property subject to section	168(f)(1) election	1					15	
	Other depreciation (including							16	
Par			nclude listed property)	(See instruction	s)			1	_
			Section			· · · · · · · · · · · · · · · · · · ·			
17	MACRS deductions for ass	ets placed in serv	rice in tax years beginni	ng before 2009				17	746.
18	If you are electing to group asset accounts, check here	any assets place				re gene	eral ► □		
	·		n Service During 2009	Tax Year Using	the Gen	eral De	preciation	Svst	tem
	(a) Classification of property	(b) Month and year placed in service	(C) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	Conve)	(f) Method		(g) Depreciation deduction
19a	3-year property				1				
	5-year property				1				- '
	7-year property				1				
	10-year property .								†
	15-year property								
	20-year property		······································		 				
	25-year property			25 yrs	 		S/L		
	Residential rental			27.5 yrs	M		S/L		
•	property			27.5 yrs	M				
	Nonresidential real			39 yrs	M		S/L		
•	property			Jy yrs	M		S/L		
		Accete Placed in	Service During 2009 Ta	av Vear Ileina t	_				
20 a	Class life	ASSELS Flaceu III	Service During 2009 1	ax rear Using u	ne Aitern	iauve L	S/L		Stem
	b 12-year 12 yrs S/L					 			
									
	c 40-year 40 yrs MM S/L Part IV Summary (See instructions.)								
							————	01 1	
21	Listed property Enter amo		one 10 and 20 (-)	and line O1 F 1			· F	21	
	Total. Add amounts from line 12, the appropriate lines of your return	Partnerships and S	corporations — see instruction	ıs .	re and on] ;	22	746.
23	For assets shown above ar the portion of the basis attr	iu piaceu in servio ributable to sectio	te during the current ye n 263A costs	ar, enter	23				