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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 11/01/09 , and ending 10/31/10

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
ARKANSAS OSTEOPATHIC MEDICAL ASSOCIATION

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
1400 W MARKHAM

City or town, state or country, and ZIP + 4
LITTLE ROCK AR 72201

D Employer identification number
73-1274465

E Telephone number
501-374-8900

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: ▶ WWW.AROSTEOPATHIC.ORG

J Tax-exempt status (check only one) — [X] 501(c) (6) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

H Check ▶ [X] 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 ▶ $ 152,966

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	131
	2	Program service revenue including government fees and contracts		2	123,604
	3	Membership dues and assessments	SEE STATEMENT 1	3	28,175
	4	Investment income		4	1,056
	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 ▶ [ ]			SEE STMT 2
	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	152,966
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	74,233
	13	Professional fees and other payments to independent contractors		13	1,325
	14	Occupancy, rent, utilities, and maintenance		14	11,962
	15	Printing, publications, postage, and shipping		15	6,727
	16	Other expenses (describe ▶ SEE STATEMENT 3)		16	79,463
	17	**Total expenses.** Add lines 10 through 16 ▶		17	173,710
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-20,744
	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	104,653
	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	83,909

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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	101,589	22	79,394
23 Land and buildings		23	
24 Other assets (describe ▶ SEE STATEMENT 4)	3,064	24	4,515
25 **Total assets**	104,653	25	83,909
26 **Total liabilities** (describe ▶)	0	26	0
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	104,653	27	83,909

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

Form **990-EZ** (2009)

DAA

16

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 THE ASSOCIATION HELD SEVERAL CONFERENCES, CONVENTIONS, AND MEETINGS TO PROMOTE THE OSTEOPATHIC PROFESSION AND SPONSOR CONTINUING EDUCATION THROUGHOUT THE YEAR.

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a 55,286

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 55,286

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
FRAZIER EDWARDS	LITTLE ROCK	EXECUTIVE DIRECTOR			
412 UNION TRAIN STATION	AR 72201	40.00	40,323	0	0
PATRICIA WILLIAMS, D.O.	LITTLE ROCK	PRESIDENT			
412 UNION TRAIN STATION	AR 72201	1.00	0	0	0
RANDY CONOVER, D.O.	LITTLE ROCK	PRESIDENT ELECT			
412 UNION TRAIN STATION	AR 72201	1.00	0	0	0
ESTHER TOMPKINS, D.O.	LITTLE ROCK	PAST PRESIDENT			
412 UNION TRAIN STATION	AR 72201	1.00	0	0	0
JAMES ZINI, D.O., F.A.C.O.F.P.	LITTLE ROCK	TRUSTEE			
412 UNION TRAIN STATION	AR 72201	1.00	0	0	0
KENNETH SEITER, D.O.	LITTLE ROCK	TRUSTEE			
412 UNION TRAIN STATION	AR 72201	1.00	0	0	0
GARY EDWARDS, D.O., F.A.C.O.F.P.	LITTLE ROCK	TRUSTEE			
412 UNION TRAIN STATION	AR 72201	1.00	0	0	0
STACEY RICHARDSON, D.O.	LITTLE ROCK	TRUSTEE			
412 UNION TRAIN STATION	AR 72201	1.00	0	0	0
JAMES BAKER, D,O.	LITTLE ROCK	TRUSTEE			
412 UNION TRAIN STATION	AR 72201	1.00	0	0	0
LONETTE BEBBENSEE, D.O.	LITTLE ROCK	TRUSTEE			
412 UNION TRAIN STATION	AR 72201	1.00	0	0	0
ROY MATTHEWS, D.O., M.P.H	LITTLE ROCK	TRUSTEE			
412 UNION TRAIN STATION	AR 72201	1.00	0	0	0
SHANE SPEIGHTS, D.O.	LITTLE ROCK	TRUSTEE			
412 UNION TRAIN STATION	AR 72201	1.00	0	0	0
VERYL HODGES, D.O.	LITTLE ROCK	TRUSTEE			
412 UNION TRAIN STATION	AR 72201	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 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 ▶ FRAZIER EDWARDS Telephone no ▶ 501-374-8900

Located at ▶ 1400 W MARKHAM ST. LITTLE ROCK, AR ZIP + 4 ▶ 72201-9977

			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	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

Signature of officer — Date 12/13/10

FRAZIER EDWARDS, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Jason A Barnes — Date 12/2/10 — Check if self-employed ▶ ☐ — Preparer's Identifying Number (See instr) P00272359

Firm's name (or yours if self-employed), address, and ZIP + 4: HOWLAND & NORRIS, CPA'S, 401 W. CAPITOL, SUITE 501, LITTLE ROCK, AR 72201 — EIN ▶ 71-0598221 — Phone no ▶ 501-372-3112

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	$ 28,175
TOTAL	$ 28,175

Statement 2 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Other

Description							
How Received	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
LAPTOP COMPUTER PURCHASE		7/01/02	10/31/10	$	$ 2,200	$ 2,200	$
COMPUTER PROJECTOR PURCHASE		7/01/02	10/31/10		2,300	2,300	
DELL LAPTOP PURCHASE		8/21/03	10/31/10		1,500	1,500	
ADOBE CREATOR SOFTWARE PURCHASE		6/06/06	10/31/10		859	859	
TOTAL				$ 0	$ 6,859	$ 6,859	$ 0

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

Description	Amount
EXPENSES	$
CONVENTION EXPENSES	55,286
DEVELOPMENT	11,811
BANK CHARGES	1,385
DUES & SUBSCRIPTIONS	430
INSURANCE- BUSINESS	1,617
LICENSES & TAXES	43
MISCELLANEOUS	800
OFFICE EXPENSE	2,531
TELEPHONE	5,560
TOTAL	$ 79,463

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

Description	Beginning of Year	End of Year
EQUIPMENT	$ 12,401	$ 6,401
LESS ACCUMULATED DEPRECIATION	9,507	4,282
SOFTWARE	1,085	2,815
LESS ACCUMULATED AMORTIZATION	915	419
	3,064	4,515

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

Description
THE ARKANSAS OSTEOPATHIC MEDICAL ASSOCIATION IS ORGANIZED SPECIFICALLY TO PROMOTE AND PROTECT THE INTERESTS OF ARKANSAS OSTEOPATHIC PHYSICIANS.

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: ARKANSAS OSTEOPATHIC MEDICAL ASSOCIATION

Identifying number: 73-1274465

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	1,062

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	0
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	1,062
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	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles **)**

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No — 24b If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L-		
		%				S/L-		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions).

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions)					
43 Amortization of costs that began before your 2009 tax year				43	76
44 **Total.** Add amounts in column (f) See the instructions for where to report				44	76

Tax Asset Detail 11/01/09 - 10/31/10

Asset	dt	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
1		Mailing Equipment	7/01/02	823.52	0 00	0.00	823.52	0.00	823.52	0 00	S/L	7 0
2	d	Laptop Computer	7/01/02	2,200.00	0.00	0 00	2,200 00	0.00	2,200.00	0 00	S/L	5 0
3	d	Computer Projector	7/01/02	2,300 00	0 00	0 00	2,300 00	0.00	2,300.00	0 00	S/L	5 0
4	d	Dell Laptop	8/21/03	1,500 00	0.00	0 00	1,500 00	0.00	1,500 00	0.00	200DB	5 0
5		Dell Computer - Lap Top	2/08/05	1,608 91	0 00	0 00	1,528 46	80 45	1,608 91	0 00	S/L	5.0
6		Fire King File Cabinet	1/25/06	854.63	0 00	0 00	457.84	122 09	579.93	274.70	S/L	7 0
7		Exec office chair	5/23/06	424.63	0 00	0.00	207.26	60 66	267.92	156 71	S/L	7 0
8	d	Adobe creator software	6/06/06	858.93	0 00	0 00	858 93	0 00	858 93	0 00	Amort	3 0
9		E C Machine	9/07/06	225.00	0.00	0 00	142.50	45 00	187 50	37 50	S/L	5 0
10		Apple Computer	1/12/09	1,779 41	0.00	0 00	296 57	355 88	652 45	1,126 96	S/L	5.0
11		Apple Computer Equipment	1/08/09	238 56	0 00	0 00	39.76	47 71	87 47	151 09	S/L	5.0
12		Quickbooks Software	2/18/09	225.65	0 00	0 00	56 41	75.22	131 63	94 02	Amort	3 0
13		Office Furniture	9/08/09	446.13	0 00	0 00	10 62	63.73	74 35	371 78	S/L	7.0
14		Website	7/01/10	2,589.64	0.00c	0.00	0 00	287.74	287.74	2,301.90	Amort	3 0
		Grand Total		16,075.01	0.00c	0 00	10,421 87	1,138.48	11,560.35	4,514 66		
		Less: Dispositions and Transfers		6,858 93	0 00	0 00	6,858 93	0 00	6,858 93	0 00		
		Net Grand Total		9,216.08	0.00c	0 00	3,562 94	1,138 48	4,701.42	4,514 66		

Arkansas Osteopathic Medical
Association
1400 W Markham
Little Rock, AR 72201

Electing out of the 50% Bonus Depreciation Allowance for Code Section 167 - Computer Software Property

The taxpayer elects out of the 50% first-year bonus depreciation allowance under IRC Section 168(k) for IRC Section 167 computer software acquired after December 31, 2007. This election applies to all such qualified 50% bonus depreciation property placed in service after December 31, 2007.