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Form 990-EZ

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

2010

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 01-01-2010

, and ending 12-31-2010

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

C Name of organization Pulaski County Medical Society	D Employer identification number 71-0332268
Number and street (or P O box, if mail is not delivered to street address) 500 South University	E Telephone number (501) 687-0039
City or town, state or country, and ZIP + 4 Little Rock, AR 72205	F Group Exemption Number ►

G Accounting method Cash Accrual Other (specify) ► _____I Website: ► www.pulaskcms.orgJ Tax-Exempt status (check only one) — 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527H 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 \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 197,060

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

Check if the organization used Schedule O to respond to any question in this Part I

1 Contributions, gifts, grants, and similar amounts received	1	143,250
2 Program service revenue including government fees and contracts	2	44,323
3 Membership dues and assessments	3	
4 Investment income	4	9,487
5a Gross amount from sale of assets other than inventory	5a	
b Less cost or other basis and sales expenses	5b	10,294
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-10,294
6 Gaming and fundraising events		
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)	6b	
c Less direct expenses from gaming and fundraising events	6c	0
d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	0
7a Gross sales of inventory, less returns and allowances	7a	
b Less cost of goods sold	7b	0
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe in Schedule O)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	186,766
10 Grants and similar amounts paid (list in Schedule O)	10	
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	76,227
13 Professional fees and other payments to independent contractors	13	4,913
14 Occupancy, rent, utilities, and maintenance	14	11,787
15 Printing, publications, postage, and shipping	15	37,289
16 Other expenses (describe in Schedule O)	16	33,137
17 Total expenses. Add lines 10 through 16	17	163,353
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	23,413
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	267,929
20 Other changes in net assets or fund balances (explain in Schedule O)	20	14,194
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	305,536

Part II Balance SheetsCheck if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		270,703	22 310,648
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		569	24 520
25 Total assets		271,272	25 311,168
26 Total liabilities (describe in Schedule O)		3,343	26 5,632
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		267,929	27 305,536

Part III Statement of Program Service AccomplishmentsCheck if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

Promote and preserve the highest standards of medical care and medical ethics, conserve and protect the public health of the community, and foster and guard the professional interest of its members

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, and 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 To promote medical care and ethics

(Grants \$ 163,353)

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 (describe in Schedule O)

(Grants \$)

If this amount includes foreign grants, check here **31a****32 Total program service expenses** (add lines 28a through 31a)**32**

163,353

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this 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 Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

- 33** Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
- 34** Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
- 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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?

b If "Yes," has it filed a tax return on **Form 990-T** for this year? (see instructions)

- 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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a**

b Did the organization file **Form 1120-POL** for this year?

- 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 tax year covered by this return?

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

0

b Gross receipts, included on line 9, for public use of club facilities

0

- 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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

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** No

- 41** List the states with which a copy of this return is filed ► _____

42a The organization's books are in care of ► **The Organization** Telephone no ► (501) 687-0039

500 S University Ste 311

Located at ► Little Rock, AR

ZIP + 4 ► 72205

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.**

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 ► _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ► **43** and enter the amount of tax-exempt interest received or accrued during the tax year

44a Did the organization maintain any donor advised funds? If "Yes," *Form 990 must be completed instead of Form 990-EZ.*

b Did the organization operate one or more hospital facilities during the year? If "Yes," *Form 990 must be completed instead of Form 990-EZ*

c Did the organization receive any payments for indoor tanning services during the year?

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

	Yes	No
33		No
34		No
35a		No
35b		
36		No
37b		No
38a		No
38b		
39a	0	
39b	0	
40b		
40e		No
42b		No
42c		No
43		
44a		
44b		No
44c		No
44d		No

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form 990-EZ	45	No
45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form 990-EZ	45a	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	No

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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school 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	

<p>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".</p> <table border="1"> <thead> <tr> <th>(a) Name and address of each employee paid more than \$100,000</th><th>(b) Title and average hours per week devoted to position</th><th>(c) Compensation</th><th>(d) Contributions to employee benefit plans & deferred compensation</th><th>(e) Expense account and other allowances</th></tr> </thead> <tbody> <tr> <td>NONE</td><td></td><td></td><td></td><td></td></tr> <tr> <td></td><td></td><td></td><td></td><td></td></tr> <tr> <td></td><td></td><td></td><td></td><td></td></tr> <tr> <td></td><td></td><td></td><td></td><td></td></tr> <tr> <td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>					(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	NONE																								
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NONE																																		

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
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Yes No

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.

Sign Here	***** Signature of officer Carolyn Clayton Executive Director Type or print name and title	2011-05-11 Date		
Paid Preparer's Use Only	Preparer's signature Marc Lux CPA	Date	Check if self- employed <input checked="" type="checkbox"/>	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 PRZYBYSZ & ASSOCIATES CPAS PC 4200 JENNY LIND SUITE B FORT SMITH, AR 72901		<input checked="" type="checkbox"/>	EIN <input checked="" type="checkbox"/>
				Phone no <input checked="" type="checkbox"/>

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

Additional Data

Software ID: 10000105
Software Version: 2010v3.2
EIN: 71-0332268
Name: Pulaski County Medical Society

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

(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
Danny Wilkerson 4301 W Markham 515 Little Rock, AR 72205	Director 0	0		
Monica Dellimore MD 9800 Lile Dr 400 Little Rock, AR 72205	Director 0	0		
Ramona Bates MD 500 S University Ste 701 Little Rock, AR 72205	Director 0	0		
Steve Strode MD MEd 2200 Ft Roots Dr 11C North Little Rock, AR 72114	Director 0	0		
Renee Montgomery MD 421 Marshall Rd Jackson, AR 72076	Director 0	0		
Stephen Magie MD 9800 Lile Dr Ste 501 Little Rock, AR 72205	Director 0	0		
Ray Jouett MD 2015 Canal Pointe Little Rock, AR 72202	Director 0	0		
William Jones MD 500 S University Ste 708 Little Rock, AR 72205	Director 0	0		
Charles Phillips MD 9601 Lile Drive 500 Little Rock, AR 72205	Director 0	0		
Jim Ingram MD 18 Corporate Hill Dr Ste 110 Little Rock, AR 72205	Director 0	0		
David Bourne MD 337 Charles St Little Rock, AR 72205	Director 0	0		
Ian Birkett MD 1 St Vincent Circle 160 Little Rock, AR 72205	Director 0	0		
Joseph BeckII MD 500 S University Ste 512 Little Rock, AR 72205	Director 0	0		
Tracy Baltz MD 9800 Lile Dr 400 Little Rock, AR 72205	Director 0	0		
Lee Archer MD 4301 W Markham Ste 500 Little Rock, AR 72205	Director 0	0		

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

(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
Nick Paslidis MD 401 W Capitol Ste 450 Little Rock, AR 72201	Vice President 1 00	0		
Ashley Deed MD 9601 Lile Dr Ste 500 Little Rock, AR 72205	President Elect 1 00	0		
Chad Rodgers MD 500 S University Ste 400 Little Rock, AR 72205	President 1 00	0		
Lydia Lane MD 9800 Lile Dr 400 Little Rock, AR 72205	Secretary/Treas 1 00	0		
Carl Covey MD 9101 Kanis Rd Ste 400 Little Rock, AR 72205	Past-President 1 00	0		

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
► Attach to Form 990 or 990-EZ.**

2010**Open to Public
Inspection****Name of the organization**
Pulaski County Medical Society**Employer identification number**

71-0332268

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 1003	Total Liabilities 1003	Deferred Revenue - Beginning \$343 Deferred Revenue - Ending \$343

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 1001	Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$3000 Accounts Payable and Accrued Expenses - Ending \$5289

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1011	Other Assets 1011	Prepaid Expenses and Deferred Charges - Beginning \$447 Prepaid Expenses and Deferred Charges - Ending \$447

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1003	Other Assets 1003	Machinery and Equipment - Beginning \$122 Machinery and Equipment - Ending \$73

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 20 1001	Other Changes In Net Assets Or Fund Balances 1001	Net Unrealized Gains and Losses on Investments \$14194

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 7	Other Expenses 7	Miscellaneous \$253

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	Dues & subscriptions \$520

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	Telephone \$660

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	Bank and credit charges \$756

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	Meals and entertainment \$1601

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	Special events \$15037

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1012	Other Expenses 1012	Insurance \$1175

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1009	Other Expenses 1009	Depreciation \$49

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1007	Other Expenses 1007	Conferences, Conventions, and Meetings \$5001

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1005	Other Expenses 1005	Travel \$1840

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1002	Other Expenses 1002	Office Expenses \$5429

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1001	Other Expenses 1001	Advertising and Promotion \$816