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OMB No 1545-1150

## Open to Public Inspection

► 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.*

<b>D Employer identification number</b>	
71-0332268	
<b>E Telephone number</b>	
(501) 687-0039	
<b>F Group Exemption Number</b>	

**J Tax-Exempt status** (check only one)— ☐ 501(c)(3) ☒ 501(c)(6) ☐ (insert no ) ☐ 4947(a)(1) or ☐ 527

**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 **\$** 194,543

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form **990-EZ** (2010)

Part II

Balance Sheets

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

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(See the instructions for Part II )		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments . . . . .	310,648	22	327,823
23	Land and buildings . . . . .		23	
24	Other assets (describe in Schedule O) . . . . .	520	24	491
25	Total assets . . . . .	311,168	25	328,314
26	Total liabilities (describe in Schedule O) . . . . .	5,632	26	12,884
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	305,536	27	315,430

Part III

Statement of Program Service Accomplishments

Check 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,a nd foster and guard the professional interest of its members

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 To promote medical care and ethics (Grants \$ 176,902) If this amount includes foreign grants, check here . . . . <input type="checkbox"/>		28a	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )
29  (Grants \$ ) If this amount includes foreign grants, check here . . . . <input type="checkbox"/>		29a	
30  (Grants \$ ) If this amount includes foreign grants, check here . . . . <input type="checkbox"/>		30a	
31 Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here . . . . <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a) . . . . .		32	

Part IV

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

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 . . . . .

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	33	No
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) . . . . .	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> 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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes" to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .	35b	No
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .	35c	No
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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
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	0
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	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 . . . . .	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	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 <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	42b	No
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	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . and enter the amount of tax-exempt interest received or accrued during the tax year . . . . .	43	
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
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	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	44d	No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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 may need to be completed instead of Form 990-EZ (see instructions)	45b	No

		Yes	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		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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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
NONE		

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		Date		
	Carolyn Clayton Executive Director				
Paid Preparer's Use Only	Preparer's signature	Marc Lux CPA	Date	Check if self-employed	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			EIN
					Phone no (479) 649-0888

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

Additional Data

Software ID: 11000144

Software Version: 2011v1.2

EIN: 71-0332268

Name: Pulaski County Medical Society

Form 990-EZ, Special Condition Description:

Special Condition Description
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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		
Gary Wheeler MD 500 S University Suite 311 Little Rock, AR 72205	Director 0	0		
Jim Ingram MD 18 Corporate Hill Dr Ste 110 Little Rock, AR 72205	Director 0	0		
Emilio Tirado MD 500 S University Suite 311 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		
Blake McGowan MD 500 S University Suite 311 Little Rock, AR 72205	Director 0	0		
Ashley Deed MD 9601 Lile Dr Ste 500 Little Rock, AR 72205	President Elect 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
Chad Rodgers MD 500 S University Ste 400 Little Rock, AR 72205	President 0	0		
Lydia Lane MD 9800 Lile Dr 400 Little Rock, AR 72205	Secretary/Treas 0	0		
Kristen Leinhart MD 500 S University suite 311 Little Rock, AR 72205	Director 0	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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization Pulaski County Medical Society	Employer identification number 71-0332268
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Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 1003	Total Liabilities 1003	Deferred Revenue - Beginning \$343 Deferred Revenue - Ending \$343
Form 990-EZ, Part II, Line 26 1001	Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$5289 Accounts Payable and Accrued Expenses - Ending \$12541
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
Form 990-EZ, Part II, Line 24 1003	Other Assets 1003	Machinery and Equipment - Beginning \$73 Machinery and Equipment - Ending \$44
Form 990-EZ, Part I, Line 20 1001	Other Changes In Net Assets Or Fund Balances 1001	Net Unrealized Gains and Losses on Investments \$-7747
Form 990-EZ, Part I, Line 16 9	Other Expenses 9	Miscellaneous \$170
Form 990-EZ, Part I, Line 16 8	Other Expenses 8	Repairs and maintenance \$200
Form 990-EZ, Part I, Line 16 7	Other Expenses 7	Dues & subscriptions \$555
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	Telephone \$770
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	Bank and credit charges \$893
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	Meals and entertainment \$2151
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	Special events \$17572
Form 990-EZ, Part I, Line 16 1012	Other Expenses 1012	Insurance \$1669
Form 990-EZ, Part I, Line 16 1009	Other Expenses 1009	Depreciation \$29
Form 990-EZ, Part I, Line 16 1006	Other Expenses 1006	Payments of Travel or Entertainment for Public Officials \$2646
Form 990-EZ, Part I, Line 16 1005	Other Expenses 1005	Travel \$680
Form 990-EZ, Part I, Line 16 1002	Other Expenses 1002	Office Expenses \$1199
Form 990-EZ, Part I, Line 16 1001	Other Expenses 1001	Advertising and Promotion \$816