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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung The organization may have to use a copy of this return to satisfy state reporting requirements

benefit trust or private foundation)

OMB No 1545-0047

Open to Public Inspection

and ending For the 2011 calendar year, or tax year beginning C Name of organization D Employer identification number Check if applicable X Address change ORLEANS PARISH MEDICAL SOCIETY Name change 72-0523235 Doing Business As Initial E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite 504-523-2474 P.O. BOX 26683 Amended return City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-NEW ORLEANS, LA 70186 H(a) Is this a group return F Name and address of principal officer.NORMAN E. Yes X No MCSWAIN, for affiliates? 70112-263 H(b) Are all affiliates included? 1430 TULANE AVE, NEW ORLEANS LA Tax-exempt status: \square 501(c)(3) \square 501(c) (6) \triangleleft (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.OPMS.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1927 M State of legal domicile: LA Part I | Summary Briefly describe the organization's mission or most significant activities **SEE SCHEDULE** O 220% Activities & Governance Check this box fit the organization discontinued its operations or disposed of more than 25% of its net assets. 10 Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) 1 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 10 Total number of volunteers (estimate if necessary) 6 7a 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year **Current Year** SCANNED JAN 0. 0. Contributions and grants (Part VIII, line 1h) 81,398. 89,527 Program service revenue (Part VIII, line 2g) 2,962. 1,714. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 92,489 83,112. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 7,100. 0 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Partix Competital Fig. 5-10) 35,786. 35,589. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D) line 25) 40,285. 36,017. Other expenses (Part IX, column (A), lines 11a 17d 111246) 78,706. 76,071. Total expenses. Add lines 13-17 (must equal Part IX, column (A) 4,406. 16,418. Revenue less expenses. Subtract line 18 from line 12 000 **Beginning of Current Year End of Year** 474,233. 471,587. Total assets (Part X, line 16) 61,981 54,778 Total liabilities (Part X, line 26) 412,252. 416,809 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block 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 dizoricer Sign NORMAN E. JR., MD. PAST-PRESIDENT Here MCSWAIN, Type or print name and title Date Preparer's signature Print/Type preparer's name P00442624 Paid CPA CLAUDE M. SILVERMAN, 72-0549733 Firm's name **ERICKSEN**, **KRENTEL** LAPORTE Preparer Firm's address Use Only 4227 CANAL STREET NEW ORLEANS, LA 70119 504-486-7275 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

	1990 (2011) ORLEANS PARISH MEDICAL SOCIETY 72-0523	3235	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		
	THE MISSION OF THE ORLEANS PARISH MEDICAL SOCIETY IS TO SERVE A	ND	
	ASSIST PHYSICIANS IN MEETING THE HEALTH CARE NEEDS OF THEIR PAT		3
		. 1 111111	
	AND THE COMMUNITY.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
_	·		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	LA NO
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allo	cations to)
	others, the total expenses, and revenue, if any, for each program service reported.		
_			
4a	(Code) (Expenses \$ including grants of \$) (Revenue \$,
	ADVOCACY FOR PHYSICIAN MEMBERS REGARDING REFORMS IN HEALTH CARE	<u>s</u>	
4b	(Code) (Expenses \$)
	REPRESENTATION OF THE PROFESSION OF MEDICINE IN PUBLIC, BUSINES	<u>is ani</u>	<u> </u>
	MEDIA FORUMS		
	Service Administration (Control of Control o		
	No. 1997 Control of the Control of t		
4c	(Code) (Expenses \$)
	EDUCATE PHYSICIANS AND THEIR STAFF TO PREPARE FOR THE CHANGING	HEAL	ΓH
	CARE ENVIRONMENT		
	CHILD BRYTRONMENT		
4d	Other program services (Describe in Schedule O.)		_
-		1	
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ▶		
		Form 99	(2011)

2 3 4 5 6 7 8 9 10 11 a b c	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 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 I Section 501(c)(3) organizations. 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 is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 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 Schedule D, Part IV	1 2 3 4 5 6 7		х х х
2 3 4 5 6 7 8 9 10 11 a b	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part III</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i> 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? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	3 4 5 6		X X
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9 10 11 a b	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 Schedule D, Part IV	8		
10 11 a b	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV			_X_
10 11 a b				
11 a b		9_		<u> </u>
11 a b	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
a b c	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
a b c	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
b c	as applicable.			
c	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
С	Part VI	11a	X	
С	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		٠,,	
	assets reported in Part X, line 16? 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	11b	X	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			v
	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	11c		<u>X</u>
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.0		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
	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, Parts II and IV	15		<u> </u>
	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, Parts III and IV	16		<u> </u>
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			4.5
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			77
		18	-	<u> </u>
	•			
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		v
	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		<u>X</u>
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19 20a 20b		X

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
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		<u> X</u>
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		_X_
24a	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, 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		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		
þ	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			v
~~	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			X
20	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ů	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	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	i		
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	<u> </u>
b	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," complete Schedule R, Part V, line 2	35b	ļ	X
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		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	X	<u> </u>
		Form	990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 1h Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 2a 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 2<u>a</u> b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Х Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X 32 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 or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 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 which it was required to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: 10 a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Entera Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

72-0523235 ORLEANS PARISH MEDICAL SOCIETY Form 990 (2011). Part VI | 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. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No

1a	Enter the number of voting members of the governing body at the end of the tax year	1a_	1	<u>ם</u>		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	1	<u>ם</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under t	he direc	t supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3	L	X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	is filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint	one or	1		
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by th	e following:	1		
а	The governing body?			8a	X	ļ
b	Each committee with authority to act on behalf of the governing body?			8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached a	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenu	e Code)		ļ	Ь
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	L	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy befo	re filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990					l
	Did the organization have a written conflict of interest policy? If "No," go to line 13		_	12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri			12b	<u> </u>	-
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	'Yes," d	escribe		•	
	ın Schedule O how this was done			12c		
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14	-	X
15	Did the process for determining compensation of the following persons include a review and appro		ndependent		1	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	ائ				١
	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b	X	1
	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 arrang	ement v	vith a			
	taxable entity during the year?		•	16a	 	X
b					1	1
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the control					

b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		l
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		ı
	exempt status with respect to such arrangements?	16b	L
ec	tion C. Disclosure		

Section	C .	Disclosure
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17	List the states with which a copy of this Form 990 is required to be filed $\triangleright \underline{\bot}$	<u>A</u>
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18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available								
for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request								

Own website	Another's website	LX Upon red
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20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 _
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Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

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

Check if Schedule O contains a response to any question in this Part VII

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 organization's tax year.
- 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, if any. See instructions for definition of "key employee"
- 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.

X Check this box if neither the organization	n nor any related	orga	ınıza	ation	cor	npei	nsate	ed any current officer, o	lirector, or trustee.	
(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average	/do	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation	amount of
	week	_	ceran	oad I	irecto	or/trus	100)	from	from related	other
	(describe	iecto						the	organizations	compensation
	hours for related	poa	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste(Ę		8	臣		(44-27 1099-141130)	•	and related
	in Schedule	laal	Eg		[월	is st	<u>ا</u> ا			organizations
	0)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Form			3
(1) ROBERTO E. QUINTAL, M.D.										
BOARD MEMBER	1.00	X				<u> </u>		0.	0.	0.
(2) LOUIS TRACHTMAN, M.D.										
BOARD MEMBER	1.00	X			_	<u> </u>		0.	0.	0.
(3) MYRA KLEINPETER, M.D.										
BOARD MEMBER	1.00	X				$oxed{oxed}$		0.	0.	0.
(4) JAMES B. AIKEN, M.D.										
BOARD MEMBER	1.00	X		L.	L.			0.	0.	0.
(5) FLOYD A. BURAS, JR. M.D.		١			ł					
BOARD MEMBER	1.00	X						0.	0.	0.
(6) NORMAN MCSWAIN, M.D.										
BOARD MEMBER	1.00	X			<u> </u>	ļ.,_	<u> </u>	0.	0.	0.
(7) ROBERT MAUPIN JR. MD			ļ		l	ļ				
PRESIDENT	1.00	X	_	X	<u> </u>			0.	0.	0.
(8) CATHI FONTENOT, MD			1							
IMMEDIATE PAST-PRESIDENT	1.00	X		X	<u> </u>	<u> </u>	_	0.	0.	0.
(9) WILLIAM DALY, MD										_
PRESIDENT-ELECT	1.00	X	<u> </u>	X	╙	<u> </u>	<u> </u>	0.	0.	0.
(10) ROYCE DEAN YOUNT, JR., MD		İ						_	_	_
SECRETARY - TREASURER	1.00	X	<u> </u>	X	_	<u> </u>	<u> </u>	0.	0.	0.
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Par	t VII Section A. Officers, Directors, Tru	i .	nplo	yee			ligh	<u>est</u>	Compensated Employ	ees (continued)				
	(A) Name and title	(B) Average hours per week (describe	box offic	not ci	Pos heck ss pe	rson	than is bot or/trus	h an	(D) Reportable compensation from the	(E) Reportable compensatior from related organizations		Est amo	(F) imate ount o other	of
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS		fro orga	m the nızatı relate	e on ed
							_							
														<u>. </u>
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1b	Sub-total						▶		0.		0.			0.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)	I, Section A					>		0.		0.			0.
2	Total number of individuals (including but recompensation from the organization	ot limited to th	ose	liste	d al	bove	e) wh	no re	eceived more than \$100	0,000 of reportable) 			0
3	Did the organization list any former officer,	director, or tru	ıstee	e, ke	y er	nplo	yee,	or l	highest compensated e	mployee on	٢		Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su		le cc	mpe	ensa	ation	n and	d otl	her compensation from	the organization	-	3		<u>X</u>
5	and related organizations greater than \$15 Did any person listed on line 1a receive or a			-						dual for services	-	4		<u> </u>
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedul	e J f	Or SL	ıch	pers	son					5		X
1	Complete this table for your five highest co the organization. Report compensation for	•								-	oensa	ition fro	om 	
	(A) Name and business	address	ŅC	ONE	3				(B) Description of s	services	C	(C) ompen		<u> </u>
	**													
	<u></u>							-						
								\dashv						
	The state of the s							\dashv						
2	Total number of independent contractors (i	ncluding but n	ot lu	nıte	d to	tho	se li:	sted	I above) who received n	nore than				
	\$100,000 of compensation from the organi	_					0		· 			Form 9	90 (2	2011)

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Statement of Revenue (D)
Revenue
excluded from
tax under
sections 512,
513, or 514 (A) (B) (C) Related or Unrelated Total revenue exempt function business revenue revenue Federated campaigns <u>1a</u> 1b b Membership dues Fundraising events 1c d Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code 541900 78,459. 78,459 2 a MEMBERSHIP DUES Program Service 611710 2,939. 2,939 b EDUCATION & SEMINARS f All other program service revenue 81,398 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,714 1,714. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents Less rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from garning activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue Total. Add lines 11a-11d 112 398 0 Total revenue See instructions.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respon	nse to any guestion in th	s Part IX		
	not include amounts reported on lines 6b, 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 United States. See Part IV, line 21	4,100.			
2	Grants and other assistance to individuals in		'	1	
	the United States. See Part IV, line 22	3,000.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				•
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	33,000.		<u></u>	
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits		· · · · · · · · · · · · · · · · · · ·		
10	Payroll taxes	2,589.	,		
11	Fees for services (non-employees):				
а	Management		 -		
b	Legal				
С	Accounting	8,563.		···	
d	Lobbying		·		
е	Professional fundraising services. See Part IV, line 17	0 605			
f	Investment management fees	2,605.	·		
g	Other				
12	Advertising and promotion	4 700			
13	Office expenses	4,786. 941.	· · · · · · · · · · · · · · · · · · ·		
14	Information technology	341.	· , .	<u></u>	
15 16	Royalties	2,380.			
16 17	Occupancy Travel	1,211.		 	<u>-</u>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,514.			·
20	Interest		<u> </u>	-	
21	Payments to affiliates	·.		· · · · · · · · · · · · · · · · · · ·	
22	Depreciation, depletion, and amortization				
23	Insurance	347.			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	1,026.	****		·
b	BANKING EXPENSE	644.			-
C					
d					
e	All other expenses				
<u>25</u>	Total functional expenses. Add lines 1 through 24e	78,706.			 -
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)			1	

Form 990 (2011) .

Part X Balance Sheet

Pa	rt X	Balance Sheet			
	-		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	66,681.	1	62,648.
	2	Savings and temporary cash investments	9,689.	2	9,689.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	488.	9	11.
	10a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a 8, 4	43.		
	ь	Less. accumulated depreciation 10b 8, 4	43.	10c	0.
	11	Investments - publicly traded securities	277,638.	11	279,502.
	12	Investments - other securities. See Part IV, line 11	51,798.	12	51,798.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	67,939.	15	67,939.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	474,233.	16	471,587.
	17	Accounts payable and accrued expenses	240.	17	1,200.
	18	Grants payable		18	
	19	Deferred revenue	61,741.	19	53,578.
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees	s,		
jab		highest compensated employees, and disqualified persons. Complete Par	t II		
_		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third	{		
		parties, and other liabilities not included on lines 17-24) Complete Part X of	of		
		Schedule D	61 001	25	E 4 . E E O
	26	Total liabilities. Add lines 17 through 25	61,981.	26	54,778.
		Organizations that follow SFAS 117, check here and complete	ete		
Ses		lines 27 through 29, and lines 33 and 34.			
au	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
Ē	29	Permanently restricted net assets		29	
F		Organizations that do not follow SFAS 117, check here	³		
S		complete lines 30 through 34.			^
set	30	Capital stock or trust principal, or current funds	0.		0.
As	31	Paid-in or capital surplus, or land, building, or equipment fund	412 252	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	412,252.		416,809.
_	33	Total net assets or fund balances	412,252.		416,809.
	34	Total liabilities and net assets/fund balances	474,233.	34	471,587.

Form **990** (2011)

orm	990(2011). ORLEANS PARISH MEDICAL SOCIETY	72-0	523235	Pag	ge 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u> 12.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>06.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	4	.,4	<u>06.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	412	2,2	<u>52.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5		1	<u>51.</u>
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	416	<u>5,8</u>	<u>09.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
b	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	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 Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		1 1		
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		L
			Form \$	990 (2011)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

ORLEANS PARISH MEDICAL SOCIETY

Employer identification number

Pa	t I Organizations Maintaining Donor Advise		/2-U323233
Fal			Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		0.5
		(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 donor advisors in v	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	ed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	nferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Part	t IV, line 7
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e		rically important land area
	Protection of natural habitat	Preservation of a certifie	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	a conservation easement on the last
_	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	•	2b
•	Number of conservation easements on a certified historic str	Proture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	• •	
u	listed in the National Register	arter 6/17/00, and not on a historic structure	2d
2	_	looped extinguished or terminated by the o	**************************************
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the of	rganization during the tax
	year •	coment is leasted	
4	Number of states where property subject to conservation eas	· · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the per		—, —,
_	violations, and enforcement of the conservation easements of		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	-	
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	
_	and section 170(h)(4)(B)(ii)?		└ Yes
9	In Part XIV, describe how the organization reports conservati	•	
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	e organization's accounting for
D-	conservation easements	6 Art Historical Transcriptor on Oth	or Cimilar Aposts
Ра	t III Organizations Maintaining Collections o	· · · · · · · · · · · · · · · · · · ·	er Similar Assets.
	Complete if the organization answered "Yes" to Form	·	
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext		e of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement ar	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of public	c service, provide the following amounts
	relating to these items.		
	(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 art, historical tre	asures, or other similar assets for financial g	
	the following amounts required to be reported under SFAS 1	_	
а	Revenues included in Form 990, Part VIII, line 1	. •	▶ \$
	Assets included in Form 990, Part X		▶ \$

		PARISH ME							23235 Page 2
Pai	t III Organizations Maintaining C								
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	e following that	at are a si	gnıficant	use of its	collection items
	(check all that apply)		_						
а	Public exhibition	C			change progr	ams			
b	Scholarly research	•	.	Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and expla	ın how tl	ney further	the organizat	ion's exer	npt purpo	ose in Par	t XIV
5	During the year, did the organization solicit o	r receive donations	of art, h	storical trea	asures, or oth	er sımılar	assets		_
	to be sold to raise funds rather than to be ma								Yes No
Par	t IV Escrow and Custodial Arran		ete if the	e organizati	on answered	"Yes" to	Form 990	, Part IV,	line 9, or
	reported an amount on Form 990, Par	rt X, line 21							
1a	Is the organization an agent, trustee, custode	an or other interme	diary for	contributio	ns or other as	ssets not	ıncluded		
	on Form 990, Part X?								」Yes No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table:					
									Amount
С	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		<u></u>
f	Ending balance						1f		
2a	Did the organization include an amount on Fe		21?						」Yes No
	If "Yes," explain the arrangement in Part XIV.								
Par	t V Endowment Funds. Complete	f the organization ar	nswered	"Yes" to Fo	1				
	ļ	(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four years back
1a	Beginning of year balance		ļ						
b	Contributions		ļ		ļ				
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs		ļ						
f	Administrative expenses .	· · · · ·			ļ				
9	End of year balance		l					_	
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1	g, column ((a)) held as				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%							
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administe	ered for th	ne organiz	zation	F
	by:								Yes No
	(i) unrelated organizations			-					3a(i)
	(ii) related organizations								3a(ii)
þ	If "Yes" to 3a(ii), are the related organizations					•			3b
4	Describe in Part XIV the intended uses of the								
Par		T		1	<u> </u>	γ		. 1	
	Description of property	(a) Cost or o			t or other		cumulate		(d) Book value
	 	basis (investi	ment)	Dasis	(other)	dep	reciation		
	Land			ļ					·
b	Buildings			<u> </u>		ļ	-		
C	Leasehold improvements			ļ					
d	Equipment		4.4.5	ļ				42	
	Other		<u>443.</u>	L		!	8,4	43.	0.
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line	10(c).)				0.

ORLEANS PARISH MEDICAL SOCIETY

Schedule D (Form 990) 2011

72-0523235 Page 3

	dule D (Form 990) 2011 ORLEANS PARISH MEDICAL SOC				3235 Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finan	cial S	tatements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		83,112.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		78,706.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		4,406.
4	Net unrealized gains (losses) on investments		4		151.
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)		8		
9	Total adjustments (net). Add lines 4 through 8		9		151.
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and t XII Reconciliation of Revenue per Audited Financial Statements.		10 l	er Return	4,557.
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				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
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				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
С	Add lines 4a and 4b			4c	
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Pa	t XIII Reconciliation of Expenses per Audited Financial Statem	ents With Expe	nses	per Return	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ì			
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
е	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	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
Pa	t XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part I e 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comp				
					
					

SCHEDULE Q

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047
2011
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ORLEANS PARISH MEDICAL SOCIETY

Employer identification number 72-0523235

ORDEAND TAXIBIT MEDICAL DOCTETT 72-0323233
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE MISSION OF THE ORLEANS PARISH MEDICAL SOCIETY IS TO SERVE AND
ASSIST PHYSICIANS IN MEETING THE HEALTH CARE NEEDS OF THEIR PATIENTS
AND THE COMMUNITY.
FORM 990, PART VI, SECTION B, LINE 11: A COPY OF FORM 990 WAS SUPPLIED TO
THE BOARD FOR REVIEW BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 15B: INFORMATION HAS BEEN OBTAINED FROM
OTHER COMPONENT SOCIETIES IN THE STATE AND THE SALARY SET BASED ON THIS
INFORMATION. SALARY APPROVED BY THE BOARD.
FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
NET UNREALIZED GAINS ON INVESTMENTS: 151.

SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990.
 ► See separate instructions.

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

ORLEANS PARISH MEDICAL SOCIETY

2011	Open to Public	Inspection

OMB No 1545-0047

Employer identification number 72-0523235

			;			
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	Direct	(f) t controlling entity
Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	tions (Complete if the organization a	nswered "Yes" to Form 990,	Part IV, line 34 beca	ause it had one or r	nore related tax-exem	pt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 12(bX13) controlled entity?
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s for Form 990.				Schedule R (F	Schedule R (Form 990) 2011

72-0523235

Page 2

Schedule R (Form 990) 2011 ORLEANS PARISH MEDICAL SOCIETY

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total I, income	(9) Share of end-of-year assets	Dispropate alloc	ortion- amou 20 of No K-1 (F	Code V-UBI camount in box amount in box 20 of Schedule K-1 (Form 1065)	General or Financial or Partner?	(j) (k) General or Percentage managing ownership partner? Ves No
Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.)	ganizations Taxable as rporation or trust during	a Corpor the tax y	ration or Trust (Con ear.)	nplete if the orgai	n or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related	Yes" to Form 990	, Part IV, line	34 becau	se it had one	e or more	related
(a) Name, address, and EIN of related organization			(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp. S corp, or trust)		(f) Share of total income	(g) Share of end-of-year assets		(h) Percentage ownership
ORLEANS PARISH MEDICAL SERVICES BUREAU 72-0880804, 3600 PRYTANIA ST, SUITE 44 LA 70115	S BUREAU, INC		MEDICAL SERVICES	LA	N/A	C CORP		0		0	100,008
132162 01-23-12			:						Schedule R (Form 990) 2011	R (Form	990) 2011

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ORLEANS PARISH MEDICAL SOCIETY Schedule R (Form 990) 2011

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ine 1 if any entity is listed in Parts II, III, or IV of this schedule	ax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
Note. Complete line 1 if any en	1 During the tax year, did the

- Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity Gift, grant, or capital contribution to related organization(s)

 - Gift, grant, or capital contribution from related organization(s)
 - d Loans or loan guarantees to or for related organization(s)
 - e Loans or loan guarantees by related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- i Lease of facilities, equipment, or other assets to related organization(s) Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets from related organization(s)
- k Performance of services or membership or fundraising solicitations for related organization(s)
 - Performance of services or membership or fundraising solicitations by related organization(s)
 - m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses
- Reimbursement paid by related organization(s) for expenses
- q Other transfer of cash or property to related organization(s)
- Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ho must complete th	is line, including covered re	lationships and transaction thresholds
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) ORLEANS PARISH MEDICAL SERVICE BUREAU, INC	Q	59,649.	
(2)			
(9)			
(4)			
(5)			
(9)			

Schedule R (Form 990) 2011

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72-0523235 Page 4

Schedule R (Form 990) 2011 ORLEANS PARISH MEDICAL SOCIETY

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(k) ercentage wnership				90) 2011
General or Pomanaging of partner?				
Disproper Code V-UBI General or Percentage broade amount in Dox 20 managing ownership of Schedule K-1 partner? Of Schedule K-1 partner? Of Schedule K-1 partner?				Schedule R (Form 990) 2011
Disproportionate allocations?	3			
(g) Share of end-of-year assets				
(f) Share of total income				
Are all partners sec 501(c)(3) orgs 7	2			
(d) (e) Are all Predominant income partners sec (related, unrelated, 501(c)(3) excluded from tax ongs? Under Section 512-514) Yes No				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				

Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OM3 lo. 145-1709

File a separate application for each return.

■ If you	i are filing for an Automatic 3-Month Extension, complet	ie only Pa	rt I and check this box				
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form).			
Do not	complete Part II unless you have already been granted a	an automa	tic 3-month extension on a previous	ly filed Fo	rm 8868.		
Electro	nic filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tin	ne to file (6	months for a	corporation	
require	d to file Form 990-T), or an additional (not automatic) 3-moi	nth extens	sion of time. You can electronically fi	le Form 88	368 to request	an extension	
	to file any of the forms listed in Part I or Part II with the exc				=		
	al Benefit Contracts, which must be sent to the IRS in pap						
	w irs gov/efile and click on e-file for Charities & Nonprofits		,			,	
Part	····, ====:		submit original (no copies ne	eded)			
	oration required to file Form 990-T and requesting an autor						
Part I o				oompioto.		▶ □	
	, r corporations (including 1120-C filers), partnerships, REM	ICs and to	rusts must use Form 7004 to reques	t an exten	sion of time		
	come tax returns.				0.00.		
Туре о	Name of exempt organization or other filer, see instru	ctions.		Employe	dentification	number (EIN) or	
print							
,	ORLEANS PARISH MEDICAL SOCIETY X 72-0523235						
File by the	Number of the DO I	ber, street, and room or suite no. If a P O box, see instructions. Social security number (SSN)					
filing your	3600 PRYTANIA STREET, SUITI		· · · · · · · · · · · · · · · · · · ·				
return Se	9		ress, see instructions.				
	NEW ORLEANS, LA 70115						
	·						
Enter th	ne Return code for the return that this application is for (file	e a separa	te application for each return)			0 1	
			,				
Applica	ation	Return	Application		-	Return	
Is For		Code	1 7				
Form 9	90	01	Form 990-T (corporation)			Code 07	
Form 9	90-BL	02	Form 1041-A			08	
Form 9	90-EZ	01	Form 4720 09				
Form 9	90-PF	04	Form 5227 10				
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069 11				
	90-T (trust other than above)	06	Form 8870 12				
	TONI JOHNSTON						
• The	books are in the care of ▶ 4684 SHAILMAR I	OR - 1	NEW ORLEANS, LA 70	126			
Tele	phone No. ► 504-241-8081		FAX No. ▶				
• If the	e organization does not have an office or place of business	s in the Ur	nited States, check this box	•		▶ □	
• If th	s is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	If this is fo	r the whole gro	oup, check this	
box ▶	. If it is for part of the group, check this box	1	ach a list with the names and EINs o				
1 1	request an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time	until			
	AUGUST 15, 2012 to file the exemp	t organiza	tion return for the organization name	ed above	The extension		
IS	for the organization's return for:		·				
	X calendar year 2011 or						
	tax year beginning	, an	d ending		•		
2 1	the tax year entered in line 1 is for less than 12 months, o	heck reas	on: Initial return	Final retur	'n		
	Change in accounting period						
3a II	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any				
<u>n</u>	onrefundable credits. See instructions.			3a	\$	0.	
b 11	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and				
e	stimated tax payments made. Include any prior year overp	payment a	llowed as a credit.	3b	\$	0.	
	lalance due. Subtract line 3b from line 3a. Include your pa						
-	V USING FETDS (Flactronic Federal Tay Payment System)	Sac inctri	etions	2-	ا و	Λ	

Form 8868 (Rev. 1-2012)					Page 2
 If you are filing for an Additional (Not Automatic) 3-Mon 	th Extension, o	complete only Part II and check this	box		▶ X
Note. Only complete Part II if you have already been granted	d an automatic	3-month extension on a previously fi	led Form	8868	
 If you are filing for an Automatic 3-Month Extension, co 	mplete only Pa	art I (on page 1)			
Part II Additional (Not Automatic) 3-Mon	th Extensio	n of Time. Only file the origin	al (no c	opies nee	eded)
Enter filer's iden				ng number,	see instructions
Type or Name of exempt organization or other filer, see i	nstructions	s Employer identification numb			
print					
File by the ORLEANS PARISH MEDICAL SO	CIETY		<u> </u>	<u>72-05</u>	23235
due date for Number, street, and room or suite no If a P O. b		tions	Social se	curity numb	er (SSN)
return See 3600 PRYTANIA STREET, SUI					
City, town or post office, state, and ZIP code Fo	or a foreign add	lress, see instructions			
NEW ORLEANS, LA 70115					
Enter the Return code for the return that this application is for	or (file a separa	te application for each return)			0 1
		T			
Application	Return	Application			Return
ls For	Code	Is For			Code
Form 990	01				
Form 990-BL	02	Form 1041-A			
Form 990-EZ	01	Form 4720			10
Form 990-PF	04	Form 5227			
Form 990-T (sec 401(a) or 408(a) trust)	05				
Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already gra	06			-L F 000	12
• The books are in the care of ▶ 4684 SHAILMA Telephone No. ▶ 504-241-8081	<u> </u>	FAX No ▶	126		
If the organization does not have an office or place of bus					•
If this is for a Group Return, enter the organization's four		· · · · · · · · · · · · · · · · · · ·		-	
box If it is for part of the group, check this box I request an additional 3-month extension of time until			all memb	ers the exte	nsion is for
 I request an additional 3-month extension of time until For calendar year 2011, or other tax year beginning 		, and ending			
6 If the tax year entered in line 5 is for less than 12 mont			Final i	eturn	
Change in accounting period	, 0.1001.1040	on		O.C.	
7 State in detail why you need the extension					
TAXPAYER NEEDS ADDITIONAL T	IME TO	GATHER THE INFORMAT	TION	NECESS	ARY TO
FILE A COMPLETE AND ACCURAT					
8a If this application is for Form 990-BL, 990-PF, 990-T, 4	720, or 6069, e	nter the tentative tax, less any			
nonrefundable credits See instructions			8a	\$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6	069, enter any	refundable credits and estimated			
tax payments made. Include any prior year overpayme	ent allowed as a	a credit and any amount paid			
previously with Form 8868			8b	\$	0.
c Balance due. Subtract line 8b from line 8a Include yo	ur payment wit	h this form, if required, by using			
EFTPS (Electronic Federal Tax Payment System) See			8c	_\$	0.
		st be completed for Part II o	•		
Under penalties of perjury, I declare that I have examined this form, I t is true, correct, and complete, and that fam authorized to prepare	this form.	panying schedules and statements, and to	the best o		ge and belief,
Signature > The or of the Title	► CPA		Date	▶ 8	11011

Form **8868** (Rev. 1-2012)