



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



A For the 2012 calendar year, or tax year beginning 05-01-2012 , and ending 04-30-2013			
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization OUACHITA MEDICAL SOCIETY		D Employer identification number 72-0925607
	Number and street (or P O box, if mail is not delivered to street address) P O BOX 2884	Room/suite	E Telephone number (318) 512-6932
	City or town, state or country, and ZIP + 4 MONROE, LA 712072884		F Group Exemption Number ▶

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ☐ _____

I Website: ☐ ouachitameditalsociety.org

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(4) ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

H 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 or a section 527 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. ▶ \$ 91,135

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 ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	0	
	2	Program service revenue including government fees and contracts		2	0	
	3	Membership dues and assessments		3	50,006	
	4	Investment income		4	215	
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less cost or other basis and sales expenses	5b	0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0	
	6	Gaming and fundraising events				
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			0
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b			40,914
	c	Less direct expenses from gaming and fundraising events	6c			29,858
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	11,056	
	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	0		
8	Other revenue (describe in Schedule O)		8			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	61,277		
Expenses	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	28,466	
	13	Professional fees and other payments to independent contractors		13	1,277	
	14	Occupancy, rent, utilities, and maintenance		14	11,506	
	15	Printing, publications, postage, and shipping		15	1,233	
	16	Other expenses (describe in Schedule O)		16	10,362	
	17	Total expenses. Add lines 10 through 16		17	52,844	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	8,433	
	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	73,397	
	20	Other changes in net assets or fund balances (explain in Schedule O)		20		
	21	Net assets or fund balances at end of year Combine lines 18 through 20		21	81,830	

Part II

Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	74,041	22	81,896
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	74,041	25	81,896
26 Total liabilities (describe in Schedule O)	644	26	66
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	73,397	27	81,830

Part III

Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose?
SCHEDULE O - ATTACHED

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 SCHEDULE O - ATTACHED (Grants \$) If this amount includes foreign grants, check here	28a	82,702
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	82,702

Part IV

List of Officers, Directors, Trustees, and Key Employees (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 title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V

Other Information (Note the Schedule A and personal benefit contract 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
35a	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 Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
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 Form 1120-POL for this year?	37b	No
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?	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	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or 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	No
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 KRYSTLE MEDFORD Telephone no (318) 512-6932 Located at 1811 TOWER DRIVE MONROE, LA ZIP + 4 71201		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	No
c	At any time during the calendar year, did the organization maintain an office outside 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 Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
		Yes	No
44a	Did the organization maintain any donor advised funds during the year? 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	
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		

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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 as 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 title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f	Total number of other employees paid over \$100,000	
---	---	--

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization If there is none, enter "None "		
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d	Total number of other independent contractors each receiving over \$100,000.	
---	--	--

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	*****		2013-12-10	
	Signature of officer		Date	
Paid Preparer Use Only	KRYSTLE MEDFORD EXECUTIVE DIRECTOR			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature CATHY M TRICHEL CPA	Date 2013-12-10	Check ☒ if self-employed
Firm's name ☐ CATHY M TRICHEL CPA		Firm's EIN ☐		
Firm's address ☐ PO BOX 14659 MONROE, LA 71207		Phone no (318) 323-7597		
May the IRS discuss this return with the preparer shown above? See instructions				
Yes No				

Additional Data

Software ID:
Software Version:
EIN: 72-0925607
Name: OUACHITA MEDICAL SOCIETY

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

(a) Name and title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
KRYSTLE MEDFORD EXECUTIVE DIRECTOR	40 00	27,000		
DAVID BARNES MD PRESIDENT	0 50	0		
ADRIENNE WILLIAMS MD VICE PRESIDENT	0 50	0		
EUIL LUTHER MD BOARD MEMBER	0 50	0		
VINCENT FORTE MD BOARD MEMBER	0 50	0		
FULVANTIBEN MISTRY MD BOARD MEMBER	0 50	0		
ROBERT HENDRICK MD BOARD MEMBER	0 50	0		
JOSEPH WALTERS MD BOARD MEMBER	0 50	0		
JASON READ MD BOARD MEMBER	0 50	0		

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			<u>HIPPOCRATIST</u>	<u>GENERAL MEETINGS</u>		(add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
1	Gross receipts	. . .	17,573	9,525	10,883	37,981	
2	Less Contributions	. .					
3	Gross income (line 1 minus line 2)	. . .	17,573	9,525	10,883	37,981	
Direct Expenses	4	Cash prizes	. . .				
	5	Noncash prizes	. .				
	6	Rent/facility costs	. .		400	400	
	7	Food and beverages	.	4,019	3,305	7,324	
	8	Entertainment	. . .				
	9	Other direct expenses	.	14,698	1,237	2,126	
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶					(25,785)
	11	Net income summary Combine line 3, column (d), and line 10 ▶					12,196

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses . . .			
Direct Expenses	6	Volunteer labor			
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	
b An outside facility	13b	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
------------	------------------	-------------

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

2012

Open to Public Inspection

Name of the organization

OUACHITA MEDICAL SOCIETY

Employer identification number

72-0925607

Identifier	Return Reference	Explanation
PART III		WHAT IS THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE?
		THE PURPOSE OF THIS ORGANIZATION IS TO HOLD FREQUENT MEETINGS
		FOR THE EXCHANGE OF HEALTH CARE INFORMATION AND OTHER
		MATTERS OF PROFESSIONAL, TECHNICAL AND ETHICAL INTEREST,
		TO ENHANCE THE QUALITY OF HEALTH CARE, TO IMPROVE THE
		DELIVERY OF HEALTH CARE IN NORTHEAST LOUISIANA AND TO
		WORK WITH AND SUPPORT OTHER PARISH MEDICAL SOCIETIES
		OF THE STATE OF LOUISIANA, THE LOUISIANA STATE MEDICAL
		SOCIETY AND THE AMERICAN MEDICAL ASSOCIATION THERE
		ARE OVER 200 MEDICAL DOCTORS WHO ARE MEMBERS OF THE
		ORGANIZATION AND THE AREA COVERED MAINLY CONSISTS
		OF OUACHITA PARISH IN NORTHEAST LOUISIANA
PART III		THE MEDICAL SOCIETY EXEMPT PURPOSE IS TO PROVIDE A
LINE 28		MEMBERSHIP ORGANIZATION TO PROMOTE THE MISSION OF THE SOCIETY
		WHICH IS TO PROVIDE A VEHICLE FOR THE COLLECTION AND
		DISSEMINATION OF INFORMATION TO ITS MEMBERS REGARDING
		THEIR HEALTH CARE PROFESSION AS WELL AS THE PROMOTION
		OF GOODWILL AMONG ITS MEMBERS AND THE COMMUNITY
		THE SOCIETY COMMITS ITSELF TO THESE GOALS
		1 TO PURSUE AND MAINTAIN ACCESS TO QUALITY MEDICAL CARE

Identifier	Return Reference	Explanation
		2 TO PROMOTE PUBLIC EDUCATION ON HEALTH ISSUES
		3 TO PROVIDE VALUE TO MEMBERS BY THE REPRESENTATION
		AND ASSISTANCE OF MEMBER PHYSICIANS IN THE PRACTICE
		OF MEDICINE
		THERE ARE OVER 200 MEDICAL DOCTORS WHO ARE MEMBERS OF
Form 990EZ, Part I, Line 16		ANNUAL MEETINGS-AMA, LSMS 974 CELLPHONE SERVICE 1789 COMMITTEE MEETING EXPENSE 498 DUES & PUBLICATIONS 205 HOLIDAY PARTY MEMBERS 5614 MEMORIALS AND GIFTS 313 OFFICE EXPENSES 634 RIBBON CUTTING HEALTH CARE CORNER UPDATE 335
Form 990EZ, Part II, Line 24		EQUIPMENT,FURNITURE & FIXTURES 0 0
Form 990EZ, Part II, Line 26		ACCRUED PAYROLL TAXES 644 66
		THIS ORGANIZATION THE PHYSICAL AREA CONSISTS MAINLY
		OF THE OUACHITA PARISH IN NORTHEAST LOUISIANA