

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



Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150 2014

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

A For the 2014 calendary year, or tax year beginning			the Treasury	► Information about Form 990-EZ and its instructions is at www.irs.gov/for	rm990.		Inspection			
B Octob Language Name of organization More of organization Mo	_						20			
Author Schroge Number and steed (or P 0 box, if mail and deliverset is street address) Roombusile E Telephone number	_						ication number			
Number and sizes (or PO tool, if mail is not detivered to sizes address) Roomfuule E Tellephone number	_	-								
Institution	=		•	"	Telephon	e numbe	r			
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 2,98 1 1 1 2,984 2 1 1 2 3 4 4 1 2 3 2 1 3 4 4 4 1 3 3 4 4 5 5 5 4 5 6 6 6 7 7 7 5 6 6 7 7 7 7 5 6 6 7 7 7 7 5 7 7 7 7 7 5 7 7 7 7 7 6 7 7 7 7 7 7 7 7 7			-							
Annexed ream City or town, stee or province, country, and 2Pr of threeph postal code F Group Exemption Application principle Application principle F Group Exemption Application principle F Group Exemption Application principle F Group Exemption Application F Group Exemption F Gr	\equiv			1301 3RD STREET	(940) 723-	7072			
Application pending	\equiv									
S Accounting Method:	\equiv				-	-				
Website: NWW.WICHITACMS, COK Solicity	_						rganization is not			
Tax-exempt status (check only one) selicips) destroic			-				•			
K Form of organization					•					
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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ										
			=		ets					
Revenue, Expenses, and Changes in Net Assets or Fund Balances(see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, grifs, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 1 2,98 4 Investment income 4 2 1 5a Gross amount from sale of assets other than inventory 5 a Gam or (loss) from sale of assets other than inventory 5 a Gam or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from fundraising events a 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) 6 Net income or (loss) from gaming and fundraising events 6 Net income or (loss) from gaming and fundraising events 6 Net income or (loss) from gaming and fundraising events 6 Net income or (loss) from gaming and fundraising events 6 Net revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salanes, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (deficit) for the year (Subtract line 17 from line 9) 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Total expenses. Add lines 10 through 16 17 from line 9) 10 Other changes in net assets or fund balances at end of year Combine lines 18 through 20 19 Note changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances at end of year Combine lines 18 through 20 21 Net assets or fundes at end of year Combine lines 18 through 20 22						▶ \$	45,519			
Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 1 1 5a Gross amount from sale of assets other than inventory 5a Investment income 4 1 1 5a Gross amount from sale of assets other than inventory 5b Less: cost or other basis and sales expenses 5b 5b 5c 5c 5c 5c 5c 5c							-			
1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 42,52 4 Investment income 4 1 1 1 1 1 1 1 1 1	<u></u>	 ,								
2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 1 42,52 4 Investment income 4 1 1 5a Gross amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses 5 C Gamro (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than st.5,000) 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) 6 Very service expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7 a Gross sales of inventory, less returns and allowances 1 b Less: cost of goods sold 2 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 b C C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 c To		1				1				
3 Membership dues and assessments 3 42,522		l .			· · · · ⊢	2				
4 Investment income 5a Gross amount from sale of assets other than inventory 5 b Less: cost or other basis and sales expenses 5 c Garn or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Garning and fundraising events a Gross income from garning (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions from fundraising events (add lines \$ of contributions exceeds \$ 15,000) 6 Less: direct expenses from garning and fundraising events (add lines \$ of contributions exceeds \$ 15,000) 7 a Gross sales of inventory, less returns and allowances 1 Less: cost of goods sold 2 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 to 10 Grants and similar amounts pad (list in Schedule O) 7 Total revenue (describe in Schedule O) 7 Benefits pad to or for members 10 Grants and similar amounts pad (list in Schedule O) 11 Benefits pad to or for members 12 Salanes, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 JUN		l .	-				42.525			
5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 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) c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salanes, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Profits, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 Eq. (14 Eq. (14 Eq. (15 Eq. (1		4	•		-		11			
c Gann or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions 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) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7b Other revenue, (describe in Schedule O) 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salanes, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on pnor year's return) 19 Net assets or fund balances at end of year Combine lines 18 through 20 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 In Retail Balance and fund balances at end of year Combine lines 18 through 20 24 Net assets or fund balances at end of year Combine lines 18 through 20 25 In Retail Balance and fund balances at end of year Combine lines 18 through 20 26 In Retail Balance and fund balances at end of year Com	(E)	5a		1 1		-	 ==			
c Gann or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions 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) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7b Other revenue, (describe in Schedule O) 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salanes, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on pnor year's return) 19 Net assets or fund balances at end of year Combine lines 18 through 20 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 In Retail Balance and fund balances at end of year Combine lines 18 through 20 24 Net assets or fund balances at end of year Combine lines 18 through 20 25 In Retail Balance and fund balances at end of year Combine lines 18 through 20 26 In Retail Balance and fund balances at end of year Com	9	1		· · · · · · · · · · · · · · · · · · ·						
6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$	₩	1				5c				
a Gross income from gaming (attach Schedule G if greater than \$15,000) 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 c Less: direct expenses from gaming and fundraising events (et al. et al. e		I _								
\$15,000) 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) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances 7a b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salanes, other compensation, and employee benefits 12 Salanes, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 70 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Excess or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on pnor year's return) 19 74,76 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year Combine lines 18 through 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 Net assets or fund balances at end of year Combine lines 18 through 20	لي	1	_							
Inne 6c)	3	~	• · · · · · · · · · · · · · · · · · · ·							
Inne 6c)	Ē.	Ь								
Inne 6c)	8	from fundraising events reported on line 1) (attach Schedule G if the								
Inne 6c)	By				1	ļ				
Inne 6c)	J J	c		· · · · · · · · · · · · · · · · · · ·		i				
Iline 6c)	Q	ا				ļ				
Ta Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salanes, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 OGDEN LIT 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on pnor year's return) 19 74,76 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 Let a series of the sale of year Combine lines 18 through 20 25 Let a series of the sale of year Combine lines 18 through 20 26 Let a series of the sale of year Combine lines 18 through 20 27 Let assets or fund balances at end of year Combine lines 18 through 20	0	The meeting of (1633) from gaming and tandraising events (and mice of and obtained subtract								
b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salanes, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 70 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 74,76 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 21 62,14		7a	•	1 1	· · · ·					
C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salanes, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 Total expenses at end of year Combine lines 18 through 20 24 Septimental in the septiment of		1		· · · · · · · · · · · · · · · · · · ·						
8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 74,76 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 Eq. (2) 24 65,23 25 62,14						70				
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salanes, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 Net assets or fund balances at end of year Combine lines 18 through 20 24 15,51 10 10 10 10 10 10 10 10 10 10 10 10 10 1		1 .	· ·		· · · · ·	-				
10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits RECEIVED 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 Salaries, paid to or for members 11				·	· · · · ·		45.519			
11 Benefits paid to or for members 12 Salarnes, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 Late 19 Net assets or fund balances at end of year Combine lines 18 through 20 24 Capture 12 Late 12 Late 12 Late 13 Late 13 Late 14 Late 14 Late 14 Late 14 Late 14 Late 15							20,020			
12 Salaries, other compensation, and employee benefits RECEIVED 13 Professional fees and other payments to independent contractors 13 70 14 Occupancy, rent, utilities, and maintenance 15 JUN 29 2015 15 15 24 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 16 26,23 17 Total expenses. Add lines 10 through 16 OCCUPANLIT 17 58,14 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 (12,62) 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 74,76 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 62,14					· · · · ⊢					
Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) Other expenses in net assets or fund balances at end of year Combine lines 18 through 20 Net assets or fund balances at end of year Combine lines 18 through 20 13 70 14 15 16 17 17 18 18 18 18 18 18 18 18			•		⊢		29.459			
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 16 26,23 17 Total expenses. Add lines 10 through 16 18 (12,62 19 Total expenses. Add lines 10 through 16 10 Total expenses. Add lines 10 through 16 11 Total expenses. Add lines 10 through 16 12 Total expenses. Add lines 10 through 16 18 (12,62 19 Total expenses. Add lines 10 through 16 19 Total expenses. Add lines 10 through 17 19 Total expenses. Add lines 10 through 17 10 Total expenses. Add lines 10 through 16 11 Total expenses. Add lines 10 through 17 12 Total expenses. Add lines 10 through 16 18 (12,62 19 Total expenses. Add lines 10 through 16 19 Total expenses. Add lines 10 through 17 19 Total expenses. Add lines 10 through 17 10 Total expenses 10 through 17 10 Total expenses. Add lines 10 through 17 11 Total expenses 10 through 17 11 Total expenses 10 through 17	308				-					
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 16 26,23 17 Total expenses. Add lines 10 through 16 18 (12,62 19 Total expenses. Add lines 10 through 16 10 Total expenses. Add lines 10 through 16 11 Total expenses. Add lines 10 through 16 12 Total expenses. Add lines 10 through 16 18 (12,62 19 Total expenses. Add lines 10 through 16 19 Total expenses. Add lines 10 through 17 19 Total expenses. Add lines 10 through 17 10 Total expenses. Add lines 10 through 16 11 Total expenses. Add lines 10 through 17 12 Total expenses. Add lines 10 through 16 18 (12,62 19 Total expenses. Add lines 10 through 16 19 Total expenses. Add lines 10 through 17 19 Total expenses. Add lines 10 through 17 10 Total expenses 10 through 17 10 Total expenses. Add lines 10 through 17 11 Total expenses 10 through 17 11 Total expenses 10 through 17	ě				· · · · ·					
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 16 26,23 17 Total expenses. Add lines 10 through 16 18 (12,62 19 Total expenses. Add lines 10 through 16 10 Total expenses. Add lines 10 through 16 11 Total expenses. Add lines 10 through 16 12 Total expenses. Add lines 10 through 16 18 (12,62 19 Total expenses. Add lines 10 through 16 19 Total expenses. Add lines 10 through 17 19 Total expenses. Add lines 10 through 17 10 Total expenses. Add lines 10 through 16 11 Total expenses. Add lines 10 through 17 12 Total expenses. Add lines 10 through 16 18 (12,62 19 Total expenses. Add lines 10 through 16 19 Total expenses. Add lines 10 through 17 19 Total expenses. Add lines 10 through 17 10 Total expenses 10 through 17 10 Total expenses. Add lines 10 through 17 11 Total expenses 10 through 17 11 Total expenses 10 through 17	Exp		-	lications, postage, and shipping	⊢		246			
17 Total expenses. Add lines 10 through 16	_		= -	100	-					
18 Excess or (deficit) for the year (Subtract line 17 from line 9)										
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)		+			+					
21 Net assets or fund balances at end of year Combine lines 18 through 20	ţ	1			-	· ·	(12,021)			
21 Net assets or fund balances at end of year Combine lines 18 through 20	SSB						74 761			
21 Net assets or fund balances at end of year Combine lines 18 through 20	Ā	20	-		—		/1,/01			
	ž	1	_		- -		62 140			
For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2014					•••		Form 990-EZ (2014)			



Form 990-EZ (2014)

EEA

Form 990-EZ		SOCIETY			75-0	846	311 Page 2
Part II	Balance Sheets (see the instructions for Part II)						_
	Check if the organization used Schedule O to respond	o any question in this Pa	nt II	<u></u>	<u> </u>	<u></u>	<u></u> 🛚
				(A) Begi	nning of year		(B) End of year
22 Cash, sa	avings, and investments		[_		89,192	22	76,110
23 Land an	nd buildings		[0	23	0
24 Other as	ssets (describe in Schedule O)		<i>.</i> . [0	24	0
25 Total as	ssets		[89,192	25	76,110
26 Total lia	abilities (describe in Schedule O)	<i></i>			14,431	26	13,970
27 Net ass	sets or fund balances (line 27 of column (B) must agree	with line 21)	[74,761	27	62,140
Part III	Statement of Program Service Accomp		structions for P	art III)	<u>. </u>		
	Check if the organization used Schedule O to respond				🗆		Expenses
What is the	organization's primary exempt purpose? A profess	ional forum for	physician	.s		l '	quired for section
							(c)(3) and 501(c)(4)
	e organization's program service accomplishments for ea d by expenses. In a clear and concise manner, describe	•	_	•		_	inizations, optional for
	nefited, and other relevant information for each program to		e number of			for c	others)
	medical seminars were held in 2014						T
	tional purposes to discuss legislati			-			
	matters affecting the practice of m						
(Grants		ncludes foreign grants, c	heck here .			28a	8,217
<u> </u>	Vichita County Medical Society assign				<u> </u>		1,722
	members of other Texas Medical Socie						
	ers requiring the attention of legis						
(Grants		ncludes foreign grants, c				29a	2,959
30	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,					
· -		-					
			_				
(Grants	s \$) If this amount i	ncludes foreign grants, o	heck here		▶ □	30a	
` 	···································					1000	+
(Grants	,	ncludes foreign grants, o				31a	
<u> </u>	rogram service expenses (add lines 28a through 31a)					32	+
	dylani sei vice expenses (add illes 20a ullough 5 la)			<u></u>		<u> </u>	11/1/0
				neated (cee the instruc	tions	for Part IV/)
Part IV	List of Officers, Directors, Trustees, and Key Empl	oyees (list each one eve	n if not comper				
		oyees (list each one eve	en if not comper art IV			<u></u>	for Part IV)
	List of Officers, Directors, Trustees, and Key Empl Check if the organization used Schedule O to respond	to any question in this P	n if not comper			.	
	List of Officers, Directors, Trustees, and Key Empl	to any question in this P (b) Average hours per week	en if not comper eart IV (c) Reportable compensation (Forms W-2/1099	e n -MISC)	(d) Health benefits contributions to emp	loyee	
Part IV	List of Officers, Directors, Trustees, and Key Empl Check if the organization used Schedule O to respond (a) Name and title	to any question in this P	en if not comper	e n -MISC)	(d) Health benefits	loyee	(e) Estimated amount of
SRIRAM S	List of Officers, Directors, Trustees, and Key Empl Check if the organization used Schedule O to respond (a) Name and title SUDARSHAN	to any question in this P (b) Average hours per week devoted to position	en if not comper eart IV (c) Reportable compensation (Forms W-2/1099	-MISC)	(d) Health benefits contributions to emp	loyee d ation	(e) Estimated amount of other compensation
SRIRAM SEX OFFICE	List of Officers, Directors, Trustees, and Key Empl Check if the organization used Schedule O to respond (a) Name and title SUDARSHAN CIO	to any question in this P (b) Average hours per week	en if not comper eart IV (c) Reportable compensation (Forms W-2/1099	e n -MISC)	(d) Health benefits contributions to emp	loyee	(e) Estimated amount of
SRIRAM SEX OFFICE BRUCE MC	List of Officers, Directors, Trustees, and Key Empl Check if the organization used Schedule O to respond (a) Name and title SUDARSHAN CIO CDONALD	to any question in this P (b) Average hours per week devoted to position	en if not comper eart IV (c) Reportable compensation (Forms W-2/1099	-MISC)	(d) Health benefits contributions to emp	loyee	(e) Estimated amount of other compensation
SRIRAM SEX OFFICE BRUCE MC	List of Officers, Directors, Trustees, and Key Empl Check if the organization used Schedule O to respond (a) Name and title SUDARSHAN CIO CDONALD NT	to any question in this P (b) Average hours per week devoted to position	en if not comper eart IV (c) Reportable compensation (Forms W-2/1099	-MISC)	(d) Health benefits contributions to emp	loyee d ation	(e) Estimated amount of other compensation
SRIRAM SEX OFFICE BRUCE MC PRESIDER MYRNA DE	List of Officers, Directors, Trustees, and Key Empl Check if the organization used Schedule O to respond (a) Name and title SUDARSHAN CIO CDONALD NT eASIS	(b) Average hours per week devoted to position 5.00	en if not comper eart IV (c) Reportable compensation (Forms W-2/1099		(d) Health benefits contributions to emp	loyee d ation	(e) Estimated amount of other compensation
SRIRAM SEX OFFICE BRUCE MC PRESIDEN MYRNA DE SECRETAR	List of Officers, Directors, Trustees, and Key Empl Check if the organization used Schedule O to respond (a) Name and title SUDARSHAN CIO CDONALD NT eASIS RY TREASURER	to any question in this P (b) Average hours per week devoted to position	en if not comper eart IV (c) Reportable compensation (Forms W-2/1099	-MISC)	(d) Health benefits contributions to emp	loyee	(e) Estimated amount of other compensation
SRIRAM SEX OFFICE BRUCE MC PRESIDEN MYRNA DE SECRETAI JOHN HII	List of Officers, Directors, Trustees, and Key Empl Check if the organization used Schedule O to respond (a) Name and title SUDARSHAN CIO CDONALD NT eASIS RY TREASURER LMI	(b) Average hours per week devoted to position 5.00	en if not comper eart IV (c) Reportable compensation (Forms W-2/1099		(d) Health benefits contributions to emp	loyee datuon	(e) Estimated amount of other compensation 0
SRIRAM SEX OFFICE BRUCE MC PRESIDEN MYRNA DE SECRETAR JOHN HII AT LARGE	List of Officers, Directors, Trustees, and Key Empl Check if the organization used Schedule O to respond (a) Name and title SUDARSHAN CIO CDONALD NT eASIS RY TREASURER LMI E MEMBER	(b) Average hours per week devoted to position 5.00	en if not comper eart IV (c) Reportable compensation (Forms W-2/1099		(d) Health benefits contributions to emp	loyee d ation	(e) Estimated amount of other compensation
SRIRAM SECRETAL JOHN HILL AT LARGE	List of Officers, Directors, Trustees, and Key Empl Check if the organization used Schedule O to respond (a) Name and title SUDARSHAN CIO CDONALD NT eASIS RY TREASURER LMI E MEMBER VATH	(b) Average hours per week devoted to position 5.00 5.00	en if not comper eart IV (c) Reportable compensation (Forms W-2/1099	0 0 0 0	(d) Health benefits contributions to emp	loyee dation 0	(e) Estimated amount of other compensation 0 0 0
SRIRAM SECRETAL JOHN HII AT LARGE EVA HORNA AT LARGE	List of Officers, Directors, Trustees, and Key Empl Check if the organization used Schedule O to respond (a) Name and title SUDARSHAN CIO CDONALD NT eASIS RY TREASURER LMI E MEMBER VATH E MEMBER	(b) Average hours per week devoted to position 5.00	en if not comper eart IV (c) Reportable compensation (Forms W-2/1099		(d) Health benefits contributions to emp	loyee datuon	(e) Estimated amount of other compensation 0
SRIRAM SEX OFFICE MYRNA DE SECRETAI JOHN HII AT LARGIEVA HORVAT LARGIEVA ASHVIN I	List of Officers, Directors, Trustees, and Key Empl Check if the organization used Schedule O to respond (a) Name and title SUDARSHAN CIO CDONALD NT eASIS RY TREASURER LMI E MEMBER VATH E MEMBER PATEL	(b) Average hours per week devoted to position 5.00 5.00 5.00	en if not comper eart IV (c) Reportable compensation (Forms W-2/1099	0 0 0 0	(d) Health benefits contributions to emp	loyee of the station	(e) Estimated amount of other compensation 0 0 0
SRIRAM SEX OFFICE BRUCE MC PRESIDEN MYRNA DE SECRETAR JOHN HII AT LARGE EVA HORVAT LARGE ASHVIN I PRESIDEN	List of Officers, Directors, Trustees, and Key Empl Check if the organization used Schedule O to respond (a) Name and title SUDARSHAN CIO CDONALD NT eASIS RY TREASURER LMI E MEMBER VATH E MEMBER PATEL NT ELECT	(b) Average hours per week devoted to position 5.00 5.00	en if not comper eart IV (c) Reportable compensation (Forms W-2/1099	0 0 0 0	(d) Health benefits contributions to emp	loyee dation 0	(e) Estimated amount of other compensation 0 0 0
SRIRAM SEX OFFICE MYRNA DE SECRETAI JOHN HII AT LARGIEVA HORVAT LARGIEVA ASHVIN I	List of Officers, Directors, Trustees, and Key Empl Check if the organization used Schedule O to respond (a) Name and title SUDARSHAN CIO CDONALD NT eASIS RY TREASURER LMI E MEMBER VATH E MEMBER PATEL NT ELECT	(b) Average hours per week devoted to position 5.00 5.00 5.00 5.00	en if not comper eart IV (c) Reportable compensation (Forms W-2/1099	0 0 0 0	(d) Health benefits contributions to emp	loyee of the station	(e) Estimated amount of other compensation 0 0 0
SRIRAM SEX OFFICE BRUCE MC PRESIDEN MYRNA DE SECRETAI JOHN HII AT LARGE EVA HORVAT LARGE ASHVIN IN PRESIDEN DIANNE CO	List of Officers, Directors, Trustees, and Key Empl Check if the organization used Schedule O to respond (a) Name and title SUDARSHAN CIO CDONALD NT eASIS RY TREASURER LMI E MEMBER VATH E MEMBER PATEL NT ELECT	(b) Average hours per week devoted to position 5.00 5.00 5.00	en if not comper eart IV (c) Reportable compensation (Forms W-2/1099	0 0 0 0	(d) Health benefits contributions to emp	loyee of the station	(e) Estimated amount of other compensation 0 0 0
SRIRAM SEX OFFICE BRUCE MC PRESIDER MYRNA DE SECRETAR JOHN HII AT LARGE EVA HORVAT LARGE ASHVIN I PRESIDER DIANNE CAT LARGE FRED LARGE FRED LARGE	List of Officers, Directors, Trustees, and Key Emple Check if the organization used Schedule O to respond (a) Name and title SUDARSHAN CIO CDONALD NT eASIS RY TREASURER LMI E MEMBER VATH E MEMBER PATEL NT ELECT COOPER E MEMBER NGNER	(b) Average hours per week devoted to position 5.00 5.00 5.00 5.00 5.00	en if not comper eart IV (c) Reportable compensation (Forms W-2/1099	0 0 0 0 0 0	(d) Health benefits contributions to emp	loyee de lation O O O O O O O O O O O O O O O O O O O	(e) Estimated amount of other compensation 0 0 0 0 0 0
SRIRAM SEX OFFICE BRUCE MC PRESIDER MYRNA DE SECRETAR JOHN HII AT LARGE ASHVIN I PRESIDER DIANNE CAT LARGE PRED LARGE AT LARGE PRED LARGE AT LARGE PRED LA	List of Officers, Directors, Trustees, and Key Empliched Check if the organization used Schedule O to respond (a) Name and title SUDARSHAN CIO CDONALD NT eASIS RY TREASURER LMI E MEMBER VATH E MEMBER PATEL NT ELECT COOPER E MEMBER NGNER E MEMBER	(b) Average hours per week devoted to position 5.00 5.00 5.00 5.00	en if not comper eart IV (c) Reportable compensation (Forms W-2/1099	0 0 0 0	(d) Health benefits contributions to emp	loyee de lation O O O O O O O O O O O O O O O O O O O	(e) Estimated amount of other compensation 0 0 0 0 0
SRIRAM SEX OFFICE BRUCE MC PRESIDER MYRNA DE SECRETAR JOHN HII AT LARGE EVA HORVAT LARGE ASHVIN I PRESIDER DIANNE CAT LARGE FRED LARGE FRED LARGE	List of Officers, Directors, Trustees, and Key Empliched Check if the organization used Schedule O to respond (a) Name and title SUDARSHAN CIO CDONALD NT eASIS RY TREASURER LMI E MEMBER VATH E MEMBER PATEL NT ELECT COOPER E MEMBER NGNER E MEMBER	(b) Average hours per week devoted to position 5.00 5.00 5.00 5.00 5.00 5.00 5.00	en if not comper eart IV (c) Reportable compensation (Forms W-2/1099	0 0 0 0 0 0	(d) Health benefits contributions to emp	loyee destroor	(e) Estimated amount of other compensation 0 0 0 0 0 0
SRIRAM SEX OFFICE BRUCE MC PRESIDER MYRNA DE SECRETAI JOHN HII AT LARGE ASHVIN I PRESIDER DIANNE CAT LARGE FRED LARGE FRED LARGE VENKAT	List of Officers, Directors, Trustees, and Key Empliched Check if the organization used Schedule O to respond (a) Name and title SUDARSHAN CIO CDONALD NT eASIS RY TREASURER LMI E MEMBER VATH E MEMBER PATEL NT ELECT COOPER E MEMBER NGNER E MEMBER	(b) Average hours per week devoted to position 5.00 5.00 5.00 5.00 5.00	en if not comper eart IV (c) Reportable compensation (Forms W-2/1099	0 0 0 0 0 0	(d) Health benefits contributions to emp	loyee destroor	(e) Estimated amount of other compensation 0 0 0 0 0 0
SRIRAM SEX OFFICE BRUCE MC PRESIDER MYRNA DE SECRETAI JOHN HII AT LARGE ASHVIN I PRESIDER DIANNE CAT LARGE FRED LARGE FRED LARGE VENKAT	List of Officers, Directors, Trustees, and Key Empl Check if the organization used Schedule O to respond (a) Name and title SUDARSHAN CIO CDONALD NT eASIS RY TREASURER LMI E MEMBER VATH E MEMBER PATEL NT ELECT COOPER E MEMBER NGNER E MEMBER NGNER E MEMBER THOTA	(b) Average hours per week devoted to position 5.00 5.00 5.00 5.00 5.00 5.00 5.00	en if not comper eart IV (c) Reportable compensation (Forms W-2/1099	0 0 0 0 0 0	(d) Health benefits contributions to emp	loyee of stuon	(e) Estimated amount of other compensation 0 0 0 0 0 0 0 0
SRIRAM SEX OFFICE BRUCE MC PRESIDER MYRNA DE SECRETAI JOHN HII AT LARGE ASHVIN I PRESIDER DIANNE CAT LARGE FRED LARGE FRED LARGE VENKAT	List of Officers, Directors, Trustees, and Key Empl Check if the organization used Schedule O to respond (a) Name and title SUDARSHAN CIO CDONALD NT eASIS RY TREASURER LMI E MEMBER VATH E MEMBER PATEL NT ELECT COOPER E MEMBER NGNER E MEMBER NGNER E MEMBER THOTA	(b) Average hours per week devoted to position 5.00 5.00 5.00 5.00 5.00 5.00 5.00	en if not comper eart IV (c) Reportable compensation (Forms W-2/1099	0 0 0 0 0 0	(d) Health benefits contributions to emp	loyee of stuon	(e) Estimated amount of other compensation 0 0 0 0 0 0 0 0
SRIRAM SEX OFFICE BRUCE MC PRESIDER MYRNA DE SECRETAI JOHN HII AT LARGE ASHVIN I PRESIDER DIANNE CAT LARGE FRED LARGE FRED LARGE VENKAT	List of Officers, Directors, Trustees, and Key Empl Check if the organization used Schedule O to respond (a) Name and title SUDARSHAN CIO CDONALD NT eASIS RY TREASURER LMI E MEMBER VATH E MEMBER PATEL NT ELECT COOPER E MEMBER NGNER E MEMBER NGNER E MEMBER THOTA	(b) Average hours per week devoted to position 5.00 5.00 5.00 5.00 5.00 5.00 5.00	en if not comper eart IV (c) Reportable compensation (Forms W-2/1099	0 0 0 0 0 0	(d) Health benefits contributions to emp	loyee of stuon	(e) Estimated amount of other compensation 0 0 0 0 0 0 0 0
SRIRAM SEX OFFICE BRUCE MC PRESIDER MYRNA DE SECRETAI JOHN HII AT LARGE ASHVIN I PRESIDER DIANNE CAT LARGE FRED LARGE FRED LARGE VENKAT	List of Officers, Directors, Trustees, and Key Empl Check if the organization used Schedule O to respond (a) Name and title SUDARSHAN CIO CDONALD NT eASIS RY TREASURER LMI E MEMBER VATH E MEMBER PATEL NT ELECT COOPER E MEMBER NGNER E MEMBER NGNER E MEMBER THOTA	(b) Average hours per week devoted to position 5.00 5.00 5.00 5.00 5.00 5.00 5.00	en if not comper eart IV (c) Reportable compensation (Forms W-2/1099	0 0 0 0 0 0	(d) Health benefits contributions to emp	loyee of stuon	(e) Estimated amount of other compensation 0 0 0 0 0 0 0 0
SRIRAM SEX OFFICE BRUCE MC PRESIDER MYRNA DE SECRETAI JOHN HII AT LARGE ASHVIN I PRESIDER DIANNE CAT LARGE FRED LARGE FRED LARGE VENKAT	List of Officers, Directors, Trustees, and Key Empl Check if the organization used Schedule O to respond (a) Name and title SUDARSHAN CIO CDONALD NT eASIS RY TREASURER LMI E MEMBER VATH E MEMBER PATEL NT ELECT COOPER E MEMBER NGNER E MEMBER NGNER E MEMBER THOTA	(b) Average hours per week devoted to position 5.00 5.00 5.00 5.00 5.00 5.00 5.00	en if not comper eart IV (c) Reportable compensation (Forms W-2/1099	0 0 0 0 0 0	(d) Health benefits contributions to emp	loyee of stuon	(e) Estimated amount of other compensation 0 0 0 0 0 0 0 0
SRIRAM SEX OFFICE BRUCE MC PRESIDER MYRNA DE SECRETAI JOHN HII AT LARGE ASHVIN I PRESIDER DIANNE CAT LARGE FRED LARGE FRED LARGE VENKAT	List of Officers, Directors, Trustees, and Key Empl Check if the organization used Schedule O to respond (a) Name and title SUDARSHAN CIO CDONALD NT eASIS RY TREASURER LMI E MEMBER VATH E MEMBER PATEL NT ELECT COOPER E MEMBER NGNER E MEMBER NGNER E MEMBER THOTA	(b) Average hours per week devoted to position 5.00 5.00 5.00 5.00 5.00 5.00 5.00	en if not comper eart IV (c) Reportable compensation (Forms W-2/1099	0 0 0 0 0 0	(d) Health benefits contributions to emp	loyee of stuon	(e) Estimated amount of other compensation 0 0 0 0 0 0 0 0
SRIRAM SEX OFFICE BRUCE MC PRESIDER MYRNA DE SECRETAI JOHN HII AT LARGE ASHVIN I PRESIDER DIANNE CAT LARGE FRED LARGE FRED LARGE VENKAT	List of Officers, Directors, Trustees, and Key Empl Check if the organization used Schedule O to respond (a) Name and title SUDARSHAN CIO CDONALD NT eASIS RY TREASURER LMI E MEMBER VATH E MEMBER PATEL NT ELECT COOPER E MEMBER NGNER E MEMBER NGNER E MEMBER THOTA	(b) Average hours per week devoted to position 5.00 5.00 5.00 5.00 5.00 5.00 5.00	en if not comper eart IV (c) Reportable compensation (Forms W-2/1099	0 0 0 0 0 0	(d) Health benefits contributions to emp	loyee of stuon	(e) Estimated amount of other compensation 0 0 0 0 0 0 0 0

Pert V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the programatation used Schedule O to respond to any question in this Part V Schedule O to respond to any question in this Part V Schedule O to respond to any question in this Part V Schedule O to respond to any question in this Part V Schedule O to respond to the organization ergage in any significant changes made to the organization growing documents? If Yes, attach a conformed copy of the amended documents if they reflect a charge to the organization's name. Otherwise, explain the change on Schedule O (see instructions) Schedule O (see ins	Form 9	90-EZ (2014) WICHITA COUNTY MEDICAL SOCIETY 75-0846	311	F	Page 3
No. 1	Pa	tV Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
33 Did the organization engage in any significiant activity not previously reported to the IRS7 If Yes, "provide a detailed description of each activity in Schedule O, 24 34 Were any significant changes made to the organization or governing documents? If Yes, attach a conformed copy of the amended documents if they reflect a change to the organization is amen. Otherwise, explain the change on Schedule O, (see instructions) 35 a Did the organization have unreflected 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)? 36 Did the organization have unreflected 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)? 37 In International Professional Pr		instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			. 🗌
desibled description of each activity in Schedule O Were any significant changes made to the organizary or governing documents? If Yes, "attach a conformed copy of the amended documents of they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see intentiocins) 35 a D of the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2.6 a, and 7a, aming others)? b If Yes, "to line 35s, has the organization filled a Form 990 T for the year? If Yes, "rovices an explanation in Schedule O (see in the Company of the organization in 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 X 50 bit the organization undergo a tapidation, desolution, termination, or synificant desposition of net assets during the year? If If Yes, complete sophication princed is of Schedule II organization through the princed in the complete schedule complete special princed in schedule of the subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If Yes, complete schedule in Table 11 the princed of the tax year occurred disposition of net assets. 35 a D of the organization through the Table 11 the princed of the tax year occurred by this return? 35c X 36 b If Yes, complete Schedule II. Part II and enter the total amount involved 35b 35c 35				Yes	No
34 Were any significant changes made to the organization or occurrency of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schrödial C (see instructions) a change on Schrödial C (see instructions) b If Yes, 10 line 35a, has the organization field a Form 999. To the year? If Yos, provide an explanation in Schrödial C (35b) If Yes, 10 line 35a, has the organization field a Form 999. To the year? If Yos, provide an explanation in Schrödial C (35b) If Yes, 10 line 35a, has the organization field a Form 999. To the year? If Yos, provide an explanation in Schrödial C (35b) If Yes, 10 line 35a, has the organization field a Form 999. To the year? If Yos, provide an explanation in Schrödial C (35b) If Yes, 10 line 35a, has the organization field a Form 999. To the year? If Yos, provide an explanation in Schrödial C (35b) If Yes, 10 line 35a, has the organization field a Form 999. To the year? If Yos, 10 line 999. To the year year? If Yos, 10 line 999. To the year? If Yos, 10 line 999. To the year year? If Yos, 10 line 999. To the year? If Yos, 10 line 999. To the year? If Yos, 10 line 999. To the year year. If Yos, 10 line 999. To the year year year year year. If Yos, 10 line 999. To the year year. If Yos, 10 line 999. To year. Year year.	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
copy of the amended documents of they reflect a change to the organization's name. Otherwise, explain the change on Schedule (Disse instructions) 3 a D diffe organization have unrelated business gross income of \$1,000 or more during the year from business achieties (cut has those reported on times 2, 8a, and 7a, among others)? b If "Yes," to line 35a, has the organization filled a Form 990-T for the year? If "No", provide an explanation in Schedule 0 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(5) or ganization subject to section 603(e) notice, reporting, and proxy tax requirements during the year? If "No", Povide an explanation in Schedule 0 c Was the organization undergo a liquidation, dissolution, termination, or significant desposition of net assets during the year? If If "No", complete speciated period special explanation and solution, termination, or significant desposition of net assets during the year? 3 a D lot the organization brown from . or make any loans 10, any officer, director, tivistic, or key employee or were any such loans made in a pinn year and still outsidanding at the end of the tax year covered by this return? 3 a D lot the organization brown from. or make any loans 10, any officer, director, tivistic, or key employee or were any such loans made in a pinn year and still outsidanding at the end of the tax year covered by this return? 3 a D lot the organization and the still responsible to the still		detailed description of each activity in Schedule O	33		Х
copy of the amended documents of they reflect a change to the organization's name. Otherwise, explain the change on Schedule (Disse instructions) 3 a D diffe organization have unrelated business gross income of \$1,000 or more during the year from business achieties (cut has those reported on times 2, 8a, and 7a, among others)? b If "Yes," to line 35a, has the organization filled a Form 990-T for the year? If "No", provide an explanation in Schedule 0 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(5) or ganization subject to section 603(e) notice, reporting, and proxy tax requirements during the year? If "No", Povide an explanation in Schedule 0 c Was the organization undergo a liquidation, dissolution, termination, or significant desposition of net assets during the year? If If "No", complete speciated period special explanation and solution, termination, or significant desposition of net assets during the year? 3 a D lot the organization brown from . or make any loans 10, any officer, director, tivistic, or key employee or were any such loans made in a pinn year and still outsidanding at the end of the tax year covered by this return? 3 a D lot the organization brown from. or make any loans 10, any officer, director, tivistic, or key employee or were any such loans made in a pinn year and still outsidanding at the end of the tax year covered by this return? 3 a D lot the organization and the still responsible to the still	34	·	_		
change on Schedule O (see mitructions) 3					
33 a D of the organization have unreliated business gross income of \$1,000 or more during the year from business acholines (cut has those reported on hine ≥ (3a, and 7a, among others)? 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 c Was the organization a section 5016(c)(4), 501(c)(6), or 501(c)(6) organization subject to section 6033(s) notice, reporting, and proxy its requirements during the year? If Yes, "complete Schedule C, Part III			34		x
sactivites (such as those reported on lines 2, 6a, and 7a, among others)? b If "Yes", 1 line 35a, has the organization filed a Form 990-T for the year? If "No." provide an explanation in Schedule O 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 bix requirements during the year? If "Yes", complete Schedule C, Part III Did the organization undergo a lequilation, discolution, fermandary or significant disposition of net assets during the year? If "Yes", complete sphilosition or organization to policial separations of more or ordered, as described in the instructions 3 a Did the organization infer form 1120-PDL for files year? 3 Did the organization from file form 1120-PDL for files year? 3 Did the organization from file form or, or make any lyans to, any officer, director, fusition, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes", complete Schedule L. Part II and enter the total amount involved 3 Section 501(c)(7) organizations. Enter amount of tax interests of the search of the say year covered by this return? b Section 501(c)(3) organizations. Enter amount of tax interests of the search of the complete Schedule II. Part II and enter the total amount involved 3 Section 501(c)(3) organizations. Enter amount of tax interests on a special organization during the year under section 4911 \(\) is exected 4911 \(\) is section 4912 \(\) is section 4912 \(\) is section 591(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40 cell organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40 organization managers or disqualified persons during the year under sections 4912, 4955, and 4	35 a	·			
b If "Yes," to line 35a, has the organization feed a Form 990-T for the year? If "No." provide an explanation in Schodule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(5) or 501(c)(5) or section 6033(4) notice, reporting, and proxy lax requirements during the year? If "Yes," complete Schodule C, Part III 35c X 35 Did the organization undergo a lequidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete sphicable perts of Schedule N	00 u		352		x
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(4) notice, reporting, and proxy tax requirements during the year? If Yes, complete Schedule C, Part III 36	h		-		1
Reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III			330		
36 Did the organization undergo a liquisidation, dissolution, termination, or significant disposition of net assets during the year? If Yes," complete applicable parts of Schedule N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	С		0.5		J.
during the year? If "Yes," complete applicable parts of Schedule N. 2 2 Enter amount of political expenditures, direct or indirect, as described in the instructions 2 To Did the organization borrow from, or make any loans to, any officer, director, fusited, riveleto, fusited and such any such loans made in a provincy and said fusited fusited and such any such loans made in a provincy and said fusited fusited and such that was a fusited fusited fusited fusited. Section 501(c)(3) organizations Enter: a Instation fees and capital contributions included on line 9 38a 5 Cross receipts, included on line 9, for public use of club facilities 38b 6 Cross receipts, included on line 9, for public use of club facilities 38b 6 Cross receipts, included on line 9, for public use of club facilities 38b 8 Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization during the year under: section 4911 ▶ section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction 4958 excess benefit transaction any of its pine forms 990 of 990-EZ? If "Yeas," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Enter amount of tax imposed on organization managers or disqualfied persons during the year under sections 4912. 4955, and 4958 6 Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Enter amount of tax on line 40c reimbursed by the organization 40 In organization managers or disqualfied persons during the year under sections 4912. 41 In organization backs are in care of ▶ KITM TAYLOR Telephone no ▶ 940-723-7072 Located at ▶ 130 1 3RD STREET, Michita Fallis, TX 21 The organization's books			35C	ļ	<u> </u>
17 a Inter amount of political expenditures, direct or indirect, as described in the instructions 37 a 37 b	36				
b Did the organization bile Form 1120-POL for this year? 38 a 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? 38 b If "Yes," complete Schedule L, Part II and enter the total amount involved 38 Section 501(c)(7) organizations Enter: 3 Initiation fees and capital contributions included on line 9 39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 39 section 4911 b			36	ļ	X
38 a 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? 38 a X X 59 Section 501(c)(7) organizations. Enter: 39 In Instantin Gess and captate contributions included on line 9 50 Gross receipts, included on line 9, for public use of club facilities 50 Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under: 50 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year under: 50 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 50 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 50 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912. 50 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 50 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 50 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 50 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 50 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 50 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 50 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 50 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 50 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 50 section 5	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions • 37a	_		
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a	b	Did the organization file Form 1120-POL for this year?	37b	<u> </u>	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38 Section 501(c)(7) organizations. Enter: a Inhabitor fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39b 39a 39b	38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
Section 501(c)(7) organizations. Enter: a Intestion fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39b b Gross receipts, included on line 9, for public use of club facilities 39ction 501(c)(3) organizations. Enter amount of fax imposed on the organization during the year under section 4911 b		any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	<u> </u>	X
a Intestion fees and capital contributions included on line 9 for Sors receipts, included on line 9, for public use of club facilities 39b 39b 39b 40 39b 39b 40 39b 39b 40 39b 40 40 40 40 40 40 40 4	b	If "Yes," complete Schedule L, Part II and enter the total amount involved	_		
b Gross receipts, included on line 8, for public use of club facilities	39	Section 501(c)(7) organizations Enter:			
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ section 4912 ▶ section 4912 ▶ section 4915 ▶ section 4915 ▶ Section 501(c)(3), 501(c)(4), and 501(c)(29) 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-E27 if "Yes," complete Schedule L, Part i C Section 501(c)(4), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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 8866-T 1 List the states with which a copy of this return is filed ▶ 12 The organization's books are in care of ▶ KIM TAYLOR 1 Telephone no ▶ 940-723-7072 1 Cocated at ▶ 1301 3RD STREET, Wichita Falls, TX 1 Located at ▶ 1301 3RD STREET, Wichita Falls, TX 1 Located at ▶ 1301 3RD STREET, Wichita Falls, TX 2 If "Yes," enter the name of the foreign country. ▶ 2 See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 4 At any time during the calendar year, did the organization maintain an office outside the U.S.? 4 At any time during the calendar year, did the organization maintain an office outside the U.S.? 4 At any time during the calendar year, did the organization maintain any diffice outside the U.S.? 4 At any time during the calendar year, did the organization maintain any diffice outside the U.S.? 4 At any time during the calendar year, did the organization maintain any diffice outside the U.S.? 4 At any time during the calendar year, did the organization maintain any difficen	а	Initiation fees and capital contributions included on line 9			
40 a Section 901(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 b Section 901(c)(3), 501(c)(4), and 501(c)(29) 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-E2? If "Yes," complete Schedule L, Part I 40b 10c 10c 10c 10c 10c 10c 10c 10c 10c 10	b	Gross receipts, included on line 9, for public use of club facilities	7		
section 4911 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an sysection 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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 List the states with which a copy of this return is filed List the states with which a copy of this return is filed List the states with which a copy of this return is filed Located at \$\times 1301 378D 97REET\$, Wichita Falle, TX ZiP+4 \$\times 76301\$ 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. See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial account in a foreign country. See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial account of BATC). 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. See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial account of BATC). 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. See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign	40 a		7		
b Section 501(c/3), 501(c/4), and 501(c)/29) 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-E27 if "Yes," complete Schedule I, Part I c Section 501(c/3), 501(c/4), and 501(c)/29) 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), 501(c/4), and 501(c)/29) 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 List the states with which a copy of this return is filed 2 The organization's books are in care of ▶ KIM TAYLOR Located at ▶ 1301 3RD STREET, Wichita Falla, TX 2 The year of the return of the deficient of the organization have an interest in or a signature or other authonity over a financial account in a foreign country (such as a bank account, secuntes account, or other financial account)? 42 a Na ny time during the calendar year, did the organization have an interest in or a signature or other authonity over a financial account in a foreign country. ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 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. ▶ 43 Section 4947(a)(1) nonexempt chantable 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 44a Did the organization personate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization receive any payments for indoor tanning servic					
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 40c Schedule L, Part I 40b 40c Schedule L, Part I 40b 40c Schedule L, Part I 4	b				
that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization mainstangers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 List the states with which a copy of this return is filed 42 a The organization's books are in care of Exist the states with which a copy of this return is filed Located at 1301 3RD STREET, Wichita Falls, TX 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 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 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 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization precieve any payments for indoor tanning services during the year? If "No," provide an explanation in Schedule O 44b X b Did the organization precieve any payments for indoor tanning services during the year? If "No," provide an explanation in Schedule O 44c 54c 54d 54d 54d 54d 54d 54d 54d 54d	_		İ		1
c Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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 List the states with which a copy of this return is filed ▶ Located at ▶ 1301 3RD STREET, Wichita Falls, TX If Yes, a financial account in a foreign country (such as a bank account, secunties account, or other financial account)? 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. ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the U.S.? 42c X If "Yes," enter the name of the foreign country ▶ 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 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O available to the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If the organization receive any payment fro			40h		
on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 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 List the states with which a copy of this return is filed 1 List the states with which a copy of this return is filed 1 List the states with which a copy of this return is filed 1 List the states with which a copy of this return is filed 1 List the states with which a copy of this return is filed 1 List the states with which a copy of this return is filed 1 List the states with which a copy of this return is filed 1 List the states with which a copy of this return is filed 2 The organization's books are in care of	_		100		
4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e X List the states with which a copy of this return is filed Located at ▶ 1301 3RD STREET, Wichita Falls, TX Death organization's books are in care of ▶ KIM TAYLOR Located at ▶ 1301 3RD STREET, Wichita Falls, TX ZIP + 4 ▶ 76301 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, secuntes account, or other financial account)? If "Yes," enter the name of the foreign country. ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 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 Section 4947(a)(1) nonexempt chantable 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 143 44a	·				
d Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 List the states with which a copy of this return is filed List the states with which a copy of the state of the same interest in or a signature or other authority over a file of the return or other financial account, or other financial a					
40c reimbursed by the organization 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 List the states with which a copy of this return is filed Cocated at 10coated at 11coated at					
a 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 List the states with which a copy of this return is filed ▶ Located at ▶ 1301 3RD STREET, Wichita Falls, TX Description of financial accounts of ▶ KIM TAYLOR 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 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 At 3 Section 4947(a)(1) nonexempt chantable 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 At 3 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "No," provide an explanation in Schedule O At 4d At 4d At 5a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization field a Form 720 to report these payments? If "No," provide an explanation in Schedule O At 4d At 4d At 5a Did the organization fi	а			ŧ	
transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed The organization's books are in care of KIM TAYLOR Located at 1301 3RD STREET, Wichita Falls, TX ZIP+4 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, secunties account, or other financial account)? If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 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 Section 4947(a)(1) nonexempt chantable trusts filling 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 At a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? C Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization have 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 miscand of the completed instead of the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of th					
List the states with which a copy of this return is filed 12 a The organization's books are in care of KIM TAYLOR Telephone no Located at 1301 3RD STREET, Wichita Falls, TX ZiP + 4 76301 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, secunties account, or other financial account)? If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 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 X Section 4947(a)(1) nonexempt chantable 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 Yes No 143 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a X 150 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 X 150 Did the organization receive any payments for indoor tanning services during the year? If "No," provide an explanation in Schedule O 44c X 151 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X 152 Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 17 Yes," Form 990 and Schedule R may need to be completed instead of miscad of the completed instead of the comple	0			•	
42 a The organization's books are in care of ▶ RIM TAYLOR Telephone no Located at ▶ 1301 3RD STREET, Wichita Falls, TX 76301 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)? Yes No financial accounts of the foreign country. ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 42c X If "Yes," enter the name of the foreign country ▶ 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization operate one or more hospital facilities during the year? If "No," provide an explanation in Schedule O 44a X 45a Did the organization have 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 the province of the form 990 and Schedule R may need to be completed instead of the province of the pr		•	40e	L	<u> </u>
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, secunties account, or other financial account)? If "Yes," enter the name of the foreign country. ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 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 ► 3 Section 4947(a)(1) nonexempt chantable trusts filling 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 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d View of the organization have 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	41				
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 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 ▶ 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 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? 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 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 5 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," Form 990 and Schedule R may need to be completed instead of	42 a	The organization's books are in care of ► KIM TAYLOR Telephone no ► 940-7	23-7	072	
a financial account in a foreign country (such as a bank account, secunties account, or other financial account)? If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 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 Section 4947(a)(1) nonexempt chantable 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 Yes No 143 144 154 165 167 167 167 167 167 167 167		Located at ► 1301 3RD STREET, Wichita Falls, TX ZIP+4 ► 76301	<u> </u>		
If "Yes," enter the name of the foreign country. ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 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 ▶ Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 Yes No 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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," Form 990 and Schedule R may need to be completed instead of	b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 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 Section 4947(a)(1) nonexempt chantable 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 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d 55 a 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		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		_X
Financial Accounts (FBAR). 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 Section 4947(a)(1) nonexempt charitable trusts filling 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 Yes No 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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," Form 990 and Schedule R may need to be completed instead of		If "Yes," enter the name of the foreign country.			
Financial Accounts (FBAR). 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 Section 4947(a)(1) nonexempt charitable trusts filling 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 Yes No 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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," Form 990 and Schedule R may need to be completed instead of		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and		1	
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 Section 4947(a)(1) nonexempt chantable trusts filling 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 Yes No 43 In the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation have a controlled entity within the meaning of section 512(b)(13)? If 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					
If "Yes," enter the name of the foreign country 43 Section 4947(a)(1) nonexempt chantable trusts filling Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 Yes No 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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," Form 990 and Schedule R may need to be completed instead of	c		42c	1	Х
Section 4947(a)(1) nonexempt chantable 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 Yes No 143 Yes No 144 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 15 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 15 Did the organization receive any payments for indoor tanning services during the year? 16 If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 16 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	-		لنسب		
and enter the amount of tax-exempt interest received or accrued during the tax year Yes No	43			•	
At a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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," Form 990 and Schedule R may need to be completed instead of		1	į į		_
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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," Form 990 and Schedule R may need to be completed instead of		and cities the amount of the exemptime restricted or accorded during the the year		Vac	No
completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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," Form 990 and Schedule R may need to be completed instead of	44 -	Did the organization maintain any denor advised funds during the year? If "Voc." Form 000 must be	·····	. 63	1
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45 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," Form 990 and Schedule R may need to be completed instead of	44 a		1445		v
completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45 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," Form 990 and Schedule R may need to be completed instead of		·	448	ļ	<u> </u>
c Did the organization receive any payments for indoor tanning services during the year? d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45 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," Form 990 and Schedule R may need to be completed instead of	b			F	
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		·			
explanation in Schedule O	С	Did the organization receive any payments for indoor tanning services during the year?	44c	ļ	X
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		1	
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," Form 990 and Schedule R may need to be completed instead of		explanation in Schedule O	44d		
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," Form 990 and Schedule R may need to be completed instead of	45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		LX.
meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	_		,	<u> </u>	
		· · · · · · · · · · · · · · · · · · ·			
		Form 990-EZ (see instructions)	45b		X

Form 9	90-EZ (201	4) , WICHITA COUNTY N	MEDICAL SOCIETY				75-0846	311	F	Page 4
		~							Yes	No
46		organization engage, directly or indirectly, in	· · · · · · · · · · · · · · · · · · ·	ies on behal	f of or in opp	osition				
_		dates for public office? If "Yes," complete S		<u></u>	<u></u>	<u></u>		46		X
Par		Section 501(c)(3) organizations		4- 44						
		All section 501(c)(3) organizations	must answer questi	ons 47-48	ob and 52,	and comp	plete the table	es for i	ines	
		50 and 51.	odulo O to roonand			hia Dart V	1			
		Check if the organization used Sch	ledule O to respond	to any qu	iestion in t	nis Part v	<u> </u>	· · · ·		<u> </u>
47	Did the	organization angus in labbuma activities or	have a cartion EO1(b) at	antina in affi	at duman tha	tou			Yes	No
47		organization engage in lobbying activities or "Yes," complete Schedule C, Part II	` '		•			47		
48	•	rganization a school as described in section	170/b)/1)/Δ)/u)2 If "Voc "					48		
49a		organization make any transfers to an exem						49a		
b		was the related organization a section 527		_				49b		
50		te this table for the organization's five highes	-					T-3D		
00		ees) who each received more than \$100,000					•			
	omploy.	<u>σου, τιπο σασι τουσίνου πιστο αιαπ φ του, σου</u>				(d) Health				
		(a) Name and title of each employee	(b) Average hours per week		oortable ensation	contributions	to employee (e)) Estimate		
		(.,	devoted to position	1	2/1099-MISC)	benefit plans, compe		other co	препза	цол
		-	-							
							·			
		-								
f		imber of other employees paid over \$100,00								
51	-	te this table for the organization's five highes	· · · · · · · · · · · · · · · · · · ·		ors who each	received m	ore than			
	\$100,00	0 of compensation from the organization. If	there is none, enter "Non	e "						
	(a)	Name and business address of each independent contra	actor	(b) Type of service	•	(c) Co	mpensatio	n	
				<u> </u>		-				
							•			
		-			·-					
		· · ·								_
								-		
d	Total nu	imber of other independent contractors each	receiving over \$100,000		<u> </u>	-				-
52		organization complete Schedule A? Note . A	•		t attach a					•
	complet	red Schedule A					▶ [Yes	X	No
Under	penalties o	редигу, I declare that I have examined this return, include	ing accompanying schedules ar	nd statements, a	and to the best of	my knowledge	and belief, it is	· <u> </u>		
true, co	orrect, and	complete Declaration of preparer (other than officer) is b	ased on all information of which	preparer has an	y knowledge				_	
		Jum Jaylor				4	0-23-15			
Sig										
Her	е	KIM TAYLOR, EXECUTIVE D	IRECTOR							
		Type or print name and title								
		Print/Type preparer's name	reparer's signature	- T	Date	C	heck I if P	TIN		
Paid		BRANDON SCHULTZ CPA	my		06-17-20	15 s	elf-employed PC	05035	592	
Prep	arer	Firm's name SCHULTZ & COMPAN	Y, PC, CPA'S			Firm's E	in 🕨			
Use	Only	Firm's address ► 3705 MAPLEWOOD								
		WICHITA FALLS TX	76308			Phone r	940-397	-8400)	
May	the IRS o	liscuss this return with the preparer shown a	bove? See instructions	· · · · ·	<u></u>	<u> </u>	<u></u> ► [X Yes		No
EE A							1	Carra 00	0 E7 /	(2014)

SCHEDULE O (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.

2014

ZU 14

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

WICHITA COUNTY MEDICAL SOCIETY	75-0846311
01. List of grants and similar amounts paid (Part I,	line 10)
Activity WCMS PREMED SCHOLARSHIP	
Grantee MIDWESTERN STATE UNIVERSITY	
Street 1600 11TH STREET	
City, State, Zip Wichita Falls, TX 76301	
Relationship NONE	
02. Description of other expenses (Part I, line 16)	
Description Amount	
BOARD MEETING EXPENSE 477	
NIGHT MEETING EXPENSE 14,668	
SPECIAL CALLED MEETINGS 301	
OFFICE EXPENSES 5,808	
DUES 511	
PLAQUES 334	
GIFTS AND MEMORIALS 250	
DELEGATE EXPENSE 2,667	
TMA EXE SECTY MEETING 548	
MISCELLANEOUS EXPENSE 671	
03. Description of total liabilities (Part II, line	26)
Category Beginning of Year	End of Year
TMA DUES LIABILITY 5,782	5,615
EF FOUND DUES LIABILITY 4,023	3,878

Schedule O (Form 990 or 990-EZ) (2014)			Page 2
Name of the organization		Employer identification num	ber
WICHITA COUNTY MEDICAL SOCIETY		75-0846311	
PRE-MED LIABILITY		2,608	
	2,,33	2,000	
DTOX ITADIIIMU	400	400	
FICA LIABILITY	400	400	
WITHHOLDING LIABILITY	1,347	1,343	
UNEMPLOYMENT LIABILITY	126	126	
		_	
 			
	·· -		
			
			
<u> </u>			
-			