MINED AUT 0 8 2017

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2016

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

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R C	heck if	2016 calendar year, or ta		เเกษ					and en	-111 0	nr	lave :	de ntiti ne ti n	number	
_	pplicab T	c Name of organization ess change enchange WICHITA COUNTY MEDICAL SOCIETY						D Employer identification number							
<u> </u>	_ Addre							75-0846311							
<u>_</u>	7	11 11 11								 				<u> </u>	
<u>_</u>	Initial	Number and stre	-	-	IS NOT GEILVE	rea to street	(address)			Room/suite		-			
<u>_</u>	Initial return Final return Final return Terminated Amended return Amended return Amended return Amended return Number and street (of P.O. box, if mail is not delivered to street address) 1301 3RD STREET City or town, state or province, country, and ZIP or foreign postal code						<u> </u>			723-70	172				
<u></u>	Amen						IAI COOB				F Gro	up Exer	nption		
<u>L_</u>	Applica	hon pending WICHITA			763	01						nber 🕨			
		ting Method: Cas			Other (spec	:ify) ▶					H Che	ck 🚩	X if the	organizatio	n is
		: ► WWW.WICH]									not	require	d to attach S	ichedule B	1
		ompt status (check only on			X 501(c)	(6)	(insert no.)	49	47(a)(1)	or 527	(Fo	m 990,	990-EZ, or	990-PF).	
K F	orm o	organization; X Cor	poration	Trust	L_	Associati	on	Other							
L A	dd line	s 5b, 6c, and 7b to line 9 t	to determine g	ross recei	pts. If gross	receipts ar	\$200,000 (or more,	or if tota	l assets (Part	II,				
C	olumn	(B) below) are \$500,000 o	or more, file Fo	rm 990 in	stead of Fo	rm 990-EZ	<u></u>				<u></u>	\$		58,8	<u>76.</u>
Pa	rt I	Revenue, Expen	ises, and	Chang	es in Ne	et Asset	s or Fun	d Bala	ances	(see the instr	uctions	for Pari	tt)		
		Check if the organization	n used Schedu	ule O to re	spond to an	y question i	n this Part I		. <u>.</u>						X
	1	Contributions, gifts, grants	s, and similar	amounts r	eceived]	1			
	2	Program service revenue i	including gove	ernment fe								2		2,5	00.
	3	Membership dues and ass										3		55,3	20.
	4	Investment income					SI	ee s	CHEC	ULE O		4		1,0	56.
	5a	Gross amount from sale of	f assets other	than inve	ntory			5a							
	ь	Less: cost or other basis a										1			
	c									· · · · · · · · · · · · · · · · · · ·		5c			
	6	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events													
		Gross income from gaming (attach Schedule G if greater than									`				
Revenue		\$15,000)	- ,		-			6a							
Š	6	Gross income from fundra						Ь	ntribution	is		}			
œ		from fundraising events reported on line 1) (attach Schedule G if the sum of such							1						
	Ì	gross income and contributions exceeds \$15,000) 6b					1								
		Less; direct expenses from						6c							
		Net income or (loss) from	-		_				ne 6c)			6d			
	7a	Gross sales of inventory,	_		•			7a	i		••••	''			
) 'a	Less; cost of goods sold						1	 						
		_						جستنجا	L			7c			
	8	· · · · · · · · · · · · · · · · · · ·	or (loss) from sales of inventory (Subtract line 7b from line 7a) e (describe in Schedule O)					8							
	٥	•										9		58,8	76.
	10	Total revenue. Add lines Grants and similar amount						Die Co	<u>िमंदिर</u>	ULE O		10			70.
							رچو. 	ميريد	بلجمه برب	†		11		<u> </u>	///·
	11	Benefits paid to or for mer					=					12		40,1	12
Expenses	12	Salaries, other compensat					101	1UL-3	1 20	17 0		13			00.
ë	13	Professional fees and othe		-							••••			<u>_</u>	00.
푔	14	Occupancy, rent, utilities, a					· · · · · · · · ·	CD	-KI T			14	~		
	15	Printing, publications, postage, and shipping Other expenses (describe in Schedule 0) SEE SCHEDULE O					15		10 2	32					
	16						16		18,6	74.					
	17		al expenses. Add lines 10 through 16 ess or (deficit) for the year (Subtract line 17 from line 9)						. 🕨	17		63,2			
\$2	18—								······	***************************************		18		<4,3	20.
Net Assets	19	Net assets or fund balance	-			•	())							C1 ^	0.0
₹		(must agree with end-of-y		-	_		 .حم	<u> </u>				19		61,3	80.
Š	20	Other changes in net asset		, ,				ĽĽ S	CHEI	Mrë Ö		20		<10,9	
	21	Net assets or fund balance	es at end of ye	ar. Comb	ine lines 18	through 20					. 🕨	21		46,0	46.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2016

P	art II Balance Sneets (see the instructions for Part II)					
	Check if the organization used Schedule O to res	pond to any question	in this Part II			X
		(/	A) Beginning of year		(B) E	nd of year
22	Cash, savings, and investments		74,566.	22		77,202.
23				23		
24			0.	24		11,270.
25			74,566.	25		88,472.
26)	13,186.			42,426.
27			61,380.			46,046.
	art III Statement of Program Service Accomplishme	nts (see the instruction		121	Fv	Denses
٠	Check if the organization used Schedule O to res	•		(Re		for section
14/6-	at is the organization's primary exempt purpose? A PROFESSIONAL					and 501(c)(4)
			******		janizatio Iers.)	ns; optional for
	onbe the organization's program service accomplishments for each of its three largest program oner, describe the services provided, the number of persons benefited, and other relevant inform		s. In a clear and concise	100	1010.)	
	PROFESSIONAL ASSOCIATION OF PHYSICI					
26	PROFESSIONAL ASSOCIATION OF PHISICI	TWIND.	·····			
				J		
					į	
	(Grants \$) If this amount includes foreign	grants, check here		288	\	
29]	
					Ì	
	(Grants \$) If this amount includes foreign	grants, check here	<u></u>	296	<u> </u>	
30			····			
					Ì	
					i	
	(Grants \$) If this amount includes foreign	grants, check here	<u> 🕨 l</u>	308	4	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount includes foreign	grants, check here		318		
32	Total program service expenses (add lines 28a through 31a)			▶ 32		
P	art IV List of Officers, Directors, Trustees, and Key E	mployees (list each one e	ven if not compensated - s	ee the instr	uctions fo	or Part IV)
	Check if the organization used Schedule O to res	pond to any question	in this Part IV		. <u>.</u>	
		(b) Average hours		(d) Health i		(e) Estimated
	(a) Name and title	per week devoted to	compensation (Forms W-2/1099-MISC)	contributi employee	benefit	amount of other
		position	(if not paid, enter -0-)	plans, and o compens	deferred sation	compensation
CH	HANDRAMOULI CHAKINALA, MD					
ĀΊ	LARGE MEMBERS	1.00	0.		0.	0.
DI	IANNE COOPER, MD					
	LARGE MEMBERS	1.00	0.1		0.	0.
VE	ED GANESHRAM, MD		† · · · · · · · · †			
	LARGE MEMBERS	1.00	0.		0.	0.
	RED LANGNER, MD		f			
	LARGE MEMBERS	1.00	0.		0.	0.
	ENKAT THOTA, MD					
	LARGE MEMBERS	1.00	0.		0.	0.
	SHVIN PATEL, MD	+	 			
	RESIDENT	1.00	0.		0.	0.
	OHN HILMI, MD	1.00	1		-	
	RESIDENT-ELECT	1.00	0.		0.	^
_	YRNA DEASIS, MD	1.00	 			0.
		1 100			Λ	_
	CRETARY A HORVATH, MD	1.00	0.		0.	0.
	/A DUBYA'I'D MI		1			
		1 00			^	^
TF	REASURER	1.00	0.		0.	0.
TF	REASURER IM TAYLOR					0.
TF	REASURER	30.00	0. 38,108.	2,0	0.	0.
TF	REASURER IM TAYLOR			2,0		
TF	REASURER IM TAYLOR			2,0		
TF K)	REASURER IM TAYLOR			2,0		

	instructions for Part V) Check if the organization used Sch. O to respond to any question in this	Part	V	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		x
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		x
ь	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	85c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or Indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37ь		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			7,
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
þ	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			-
	Initiation fees and capital contributions included on line 9			ı
þ	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A	-		'
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-EZ? If "Yes," complete Schedule L, Part I	40b	N/	A
0	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			,
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			ł
	by the organization N/A		•	
0	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	ا مم	٠.	x
44	transaction? If "Yes," complete Form 8886-T	40e	L	
41	List the states with which a copy of this return is filed ► NONE The organization's books are in care of ► THE ORGANIZATION Telephone no. ► 940-72	3-7	077	
42 Q	Located at > 1301 3RD STREET, WICHITA FALLS, TX			
h	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		Yes	No
	account)?	42b		X
	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).	1	1	
C	At any time during the calendar year, did the organization maintain an office outside the United States?	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	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			l ˈ
	Form 990-EZ	44a	 	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	ننہ ا	ĺ	
	_of Form 990-EZ	44b	ļ	X
C	Did the organization receive any payments for indoor tanning services during the year?	44c	 	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
4E -	in Schedule O	44d 45a	 	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	458	├──	 ^
D	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45Ь]	-
			90-F7	(2016)

Form 990-EZ (2	016) WICHITA COUNT	Y MEDICAL SO	CIETY			75-0846	311		Page 4
	ganization engage, directly or indirectly, ii	• •					46	Yes	No
	Section 501(c)(3) organization	ons only					40	L	
	All section 501(c)(3) organizations mu		'-49b and 52, and	d complete	the tables for line	s 50 and 51.			
	Check if the organization used Scheo			-					
								Yes	No
47 Did the or	ganization engage in lobbying activities of	r have a section 501(h) ele	ction in effect durin	g the tax year	r? If "Yes," complete	Sch. C, Part II	47		
	anization a school as described in section						48		
	ganization make any transfers to an exem		rganization?				49a		
	as the related organization a section 527						49b	۱	
-	this table for the organization's five highe		-	rs, directors,	trustees, and key ei	nployees) who e	ach re	COIVED	more
than \$100	,000 of compensation from the organizat (a) Name and title of each emplo		(b) Average	houre	(a) a	(d) Health benefit	. 10) Estin	atod
			per week dev	oted to	(C) Reportable compensation (Forms W-2/1099-MISC)	contributions to employee benefit plans, and deferre	am	ount of mpens	other
	N	/A	poolso			compensation	+-		
		······································	4				1		
							+		
			1	1					
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			1						
					· · · · · · · · · · · · · · · · · · ·				
			_						
	ber of other employees paid over \$100,0		<u> </u>						
51 Complete	this table for the organization's five higher		*******	each receive	ed more than \$100,	000 of compens	ation f	rom th	9
	ame and business address of each indepe	endent contractor		(b) T	ype of service	(c)	Comp	ensatio	n
	· · · · · · · · · · · · · · · · · · ·								
									
				, ,					
			······································						
	· · · · · · · · · · · · · · · · · · ·			····					
						Ì			
						<u>.</u>			
	ber of other independent contractors eac	- · · · ·			🕨				
	ganization complete Schedule A? Note: A	, , , , -				. □	-	_	 1
	1 Schedule A					at of my basedo	Y		No
•	of perjury, I deciare that I have examined and complete. Declaration of preparer (other				•	•	ige an	a belle	i, il is
140, 001100, 41		s dian officer / is based on	an mornadon or t	mon propero	. Has dify knowledg	17-28-	77		
Sign	Signature of officer			·····		Date	//-		
Here	KIM TAYLOR, EXECU	TIVE DIRECTO	OR						
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature		Date	Check] if PTIN			
Paid				-	self- emplo	ува			
Preparer	Firm's name			<u> </u>	15:				
Use Only	Firm's address				Firm's EIN				
					Filolio 110.	<u> </u>			
May the IRS dis	Lscuss this return with the preparer shown	above? See instructions					Y	68	No
									(2016)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury internal Revenue Service

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

➤ Attach to Form 990 or 990-EZ.

OMB No 1545-0047 16 Open to Public Inspection

Name of the organization

WICHITA COUNTY MEDICAL SOCIETY

Information about Schedule O (Form 990 or 990-FZ) and its instructions is at www.irs.gov/form990. **Employer identification number** 75-0846311

WICHITA COUNTY MEDICAL SOCIETY	75-0846311
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
Interest	1,056
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
ACTIVITY CLASSIFICATION: SCHOLARSHIP	
GRANTEE NAME: WICHITA COUNTY EDUCATION FOUNDATION	
GRANTEE ADDRESS: 1301 3RD ST WICHITA FALLS, TX 76301-2245	
GRANTEE RELATIONSHIP: NONE	
DATE OF GIFT: 08/26/16	
AMOUNT GIVEN:	1,970
ACTIVITY CLASSIFICATION: SCHOLARSHIP GRANTEE NAME: MIDWESTERN STATE UNIVERSITY GRANTEE ADDRESS: 3410 TAFT BLVD WICHITA FALLS, TX 76308 GRANTEE RELATIONSHIP: NONE DATE OF GIFT: 09/01/16	
AMOUNT GIVEN:	1,800
TOTAL INCLUDED ON FORM 990-EZ, LINE 10	3,770
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
OFFICE EXPENSES MEETING EXPENSES	2,317 8,372
TRAVEL EXPENSES	4,458
U.I.A. For Description Part Maties, and the Instructions for Form 000 or 000 F7	

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 **Open to Public**

Name of the organization

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

Inspection **Employer identification number**

WICHITA COUNTY MEDICAL SOCIETY		75-0	846311
PAYROLL TAXES			3,018.
DONATION			467.
TOTAL TO FORM 990-EZ, LINE 16			18,632.
FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASS			
CHANGES IN NET ASSETS OR FUND BALANCES:		·····	AMOUNT:
CHANGE IN MUTUAL FUND MARKET VALUE		 	-40.
CHANGE TO ACCRUAL ACCOUNTING FOR DUES			-10,956.
TOTAL TO FORM 990-EZ, LINE 20	· · · · · · · · · · · · · · · · · · ·		-10,996.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:			
DESCRIPTION	BEG. OF	YEAR	END OF YEAR
ACCOUNTS RECEIVABLE		0.	10,570.
PREPAID EXPENSES		0.	700.
TOTAL TO FORM 990-EZ, LINE 24			11,270.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES			
DESCRIPTION	BEG. OF	YEAR	END OF YEAR
PAYROLL LIABILITIES		478.	1,416.
DEFERRED INCOME		0.	41,010
OTHER PAYABLES	12,	708.	0.
TOTAL TO FORM 990-EZ, LINE 26	13,	186.	42,426.
		· ••	