

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016
Open to Public
Inspection

A For the 2016 calendar year, or tax year beginning 07/01/16, and ending 06/30/17

B Check if applicable:

☒ Address change☒ Name change☐ Initial return☐ Final return/
terminated☐ Amended return☐ Application pending

C Name of organization

OUACHITA REGIONAL COUNSELING &
MENTAL HEALTH CTR INC

Doing business as

DBA OUACHITA BEHAVIORAL HEALTH AND

Number and street (or P.O. box if mail is not delivered to street address)

125 WELLNESS WAY

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

HOT SPRINGS

AR 71913

F Name and address of principal officer:

ROBERT GERSHON

125 WELLNESS WAY

HOT SPRINGS

AR 71913

D Employer identification number

71-0401764

E Telephone number

501-624-7111

G Gross receipts \$ 10,678,626

H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status:

☒ 501(c)(3)☐ 501(c) ()

(insert no.)

☐ 4947(a)(1) or☐ 527

J Website:

N/A

K Form of organization:

☒ Corporation☐ Trust☐ Association☐ Other

H(c) Group exemption number

L Year of formation: 1969

M State of legal domicile: AR

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	202
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,104,934	2,157,410
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,769,407	8,095,215
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,770	92,695
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,880,111	10,345,320
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,644,586	8,579,597
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,915,504	2,350,058
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,560,090	10,929,655
19 Revenue less expenses. Subtract line 18 from line 12	320,021	-584,335	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	10,761,929	9,655,351
	22 Net assets or fund balances. Subtract line 21 from line 20	3,251,354	2,729,111
		7,510,575	6,926,240

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign
Here

Signature of officer

ROBERT GERSHON

Type or print name and title

PRESIDENT

Date

1/19/2018

Paid

Preparer

Use Only

Print/Type preparer's name

JIMMY M. PATE

Preparer's signature

Date

01/12/18

Check ☐ if self-employed

PTIN P00732768

Firm's name

JORDAN, WOOSLEY, CRONE & KEATON

Firm's EIN

71-0465329

Firm's address

PO BOX 909
HOT SPRINGS, AR 71902-0909

Phone no.

501-624-5788

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form 990 (2016)