Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements*

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning OCTOBER 1 **, 2009, and ending** SEPTEMBER 30, 2010

B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization		D Employer identification number
☐ Address change		AM CO OSTEOPATHIC FAMILY PHYSICIANS		42-1318046
☐ Name change		Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E Telephone number
☐ Initial return		950 12TH ST		(515) 283-0002
☐ Termination		City or town, state or country, and ZIP + 4		F Group Exemption Number ▶
☐ Amended return		DES MOINES, IA 50309		
☐ Application pending				

• ***Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting method ☐ Cash ☐ Accrual
Other (specify) ▶MODIFIED CASH

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ N/A

J Tax-exempt status (check only one) - [X] 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 45,841

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Section	Line	Description	Sub-line	Sub-amount	Line	Amount
Revenue	1	Contributions, gifts, grants, and similar amounts received			1	
	2	Program service revenue including government fees and contracts			2	50,971
	3	Membership dues and assessments			3	10,925
	4	Investment income			4	
	5 a	Gross amount from sale of assets other than inventory	5a	63,500		
	b	Less cost or other basis and sales expenses	5b	79,555		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	-16,055
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ ☐				
	a	Gross revenue (not including $ ______ of contributions reported on line 1)	6a			
	b	Less direct expenses other than fundraising expenses	6b			
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6c	
	7 a	Gross sales of inventory, less returns and allowances	7a			
	b	Less cost of goods sold	7b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenue (describe ▶)			8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶			9	45,841
Expenses	10	Grants and similar amounts paid (attach schedule)			10	700
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	
	13	Professional fees and other payments to independent contractors			13	1,290
	14	Occupancy, rent, utilities, and maintenance			14	
	15	Printing, publications, postage, and shipping			15	1,515
	16	Other expenses (describe ▶ SEE SCHEDULE)			16	68,076
	17	**Total expenses.** Add lines 10 through 16 ▶			17	71,581
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	-25,740
	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	79,859
	20	Other changes in net assets or fund balances (attach explanation)			20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶			21	54,119

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Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

Line	(See the instructions for Part II)	(A) Beginning of year	Line	(B) End of year
22	Cash, savings, and investments	79,258	22	52,701
23	Land and buildings		23	
24	Other assets (describe ▶ EQUIPMENT)	2,026	24	1,418
25	**Total assets**	81,284	25	54,119
26	**Total liabilities** (describe ▶DEFERRED DUES)	1,425	26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	79,859	27	54,119

9-5 2

Part III **Statement of Program Service Accomplishments** (See the instructions for Part III.)

	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? TO PROMOTE FAMILY PHYSICIANS Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title	
28 PROGRAM SERVICE IS DERIVED FROM ACTIVITIES TO PROMOTE PUBLIC HEALTH AND MEDICAL EDUCATION THROUGH CONFERENCES. (Grants $) If this amount includes foreign grants, check here ▶ ☐	**28a**
29 (Grants $) If this amount includes foreign grants, check here ▶ ☐	**29a**
30 (Grants $) If this amount includes foreign grants, check here ▶ ☐	**30a**
31 Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ▶ ☐	**31a**
32 **Total program service expenses** (add lines 28a through 31a) ▶	**32**

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SCHEDULED ATTACHED	VARIOUS	-0-	-0-	-0-

Part V **Other Information** (Note the statement requirements in the instructions for Part V)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant dosposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a N/A			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	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) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ N/A			
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

41 List the states with which a copy of this return is filed ▶ NONE

42a The organization's books are in care of ▶ BOARD SECRETARY Telephone no ▶ (515) 283-0002

Located at ▶ 950 12TH ST DES MOINES, IA ZIP + 4 ▶ 50309

			Yes	No
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)?	42b		X
	If "Yes," enter the name of the foreign county ▶ N/A See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreing Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	If "Yes," enter the name of the foreign country ▶ N/A			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors receiving over $100,000 ▶

Sign Here

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

▶ Leah S. McWilliams — Signature of officer — Date 11/9/10

▶ Leah McWilliams, Executive Director — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Reynold M. Brown	Date 11/4/10	Check if self-employed ▶ ☐	Preparer's identifying number (See instructions) P00278700
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ROBERT M. KNAPP CPA, P.C.			EIN ▶ 42-1232603
WEST DES MOINES, IA 50265			Phone no ▶ (515) 223-5409

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

JSA
9E1031 2 000

AMERICAN COLLEGE OF OSTEOPATHIC FAMILY PHYSICIANS, INC.
I.D. #42-1318046
Year ended September 30, 2010

Page 1
line 5c — Gain or (Loss) from Sale of Assets Other Than Inventory

		Gross Amount	Cost	Gain (Loss)
954.046	shares – Fidelity Advisor Growth Opportunities Fund	25,855	35,979	(10,124)
823.402	shares – Fidelity Advisor Equity Growth Fund	35,440	41,536	(6,096)
2.094	shares – Brandywine Blue Fund	47	44	3
5.382	shares – Columbia Mid Cap Value Fund	64	58	6
17.440	shares – DWS Small Cap Value Fund	584	537	47
2.648	shares – Fidelity New Insights Fund	47	44	3
29.641	shares – Goldman Sachs Grw & Incm Fund	600	560	40
2.691	shares – Hartford Dividend & Growth Fund	47	44	3
1.876	shares – Pioneer Fund	70	65	5
17.506	shares – Thornburg Invt Tr Value Fund	573	536	37
.764	shares – Virtus Frgn Oppts Fund	16	15	1
6.668	shares – Virtus Real Estate Secs Fund	157	137	20
		63,500	79,555	(16,055)

line 10 — Grants and Similar Amounts Paid

Des Moines University American College of Osteopathic Family Physicians Club – Contribution	200
Charlene Balcer – Student scholarship	500
	700

line 16 — Other Expenses

Supplies	2,172
Contract services	27,000
Conference expenditures	35,463
Board expenditures	914
Insurance	918
Depreciation expense	607
Service charges	575
National meetings	399
Miscellaneous	28
	68,076

IOWA CHAPTER
AMERICAN COLLEGE OF OSTEOPATHIC FAMILY PHYSICIANS
BOARD OF TRUSTEES
2010