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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, organizations that operate one or more hospital facilities, All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

Open to Public Inspection

- 1	A F	or t	ne 2011 calend	ar year, or tax year beginning OCTOBER 1 , 2011, and ending	SE	PTEMBER 30 , <b>20</b> 12			
ı	<b>В</b> с	heck if	applicable	C Name of organization	7	Employer identification number			
		Addı	ess change		1				
		Nam	e change	AM CO OSTEOPATHIC FAMILY PHYSICIANS		42-1318046 E Telephone number			
		Initia	ıl return	Number and street (or P O box, if mail is not delivered to street address)  Room/suite	E				
		Term	inated	(515) 283-0002					
	L	Amended return City or town, state or country, and ZIP + 4				F Group Exemption			
_		Application pending DES MOINES, IA 50309				Number ▶ N/A			
(	G /	Accounting Method Cash Accrual Other (specify) ► MODIFIED CASH H Che req				If the organization is not			
1	V					to attach Schedule B			
<u>.</u>	J (d	neck of	mpt status nly one) -	orm 99	m 990, 990-EZ, or 990-PF)				
ŀ	<b>(</b> C	heck	▶if the or	ganization is not a section 509(a)(3) supporting organization or a section 527 organization	and	its gross receipts are normally			
	n	ot m	ore than \$50,000	A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) m	ay be	required (see instructions). But if			
	th								
ı	_ A	dd lın	es 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,					
	lir	ne 25	column (B) below	) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. •	77,801.00			
	Pa	rt I	Revenue, E	expenses, and Changes in Net Assets or Fund Balances (see the	e inst	ructions for Part I)			
			Check if the		x				
_		1	Contributions	, gifts, grants, and similar amounts received	. 1				
		2		ice revenue including government fees and contracts		63,953.00			
		3		dues and assessments		11,650.00			
		4		come		1,564.00			
		5 8	Gross amoun	t from sale of assets other than inventory	0				
Q	2	ı		other basis and sales expenses	0				
ς	3			from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5 c	634.00			
Ź	Revenue	6	Gaming and f	undraising events					
Z		i	Gross income	from gaming (attach Schedule G if greater than					
Ü			\$15,000)						
		I		from fundraising events (not including \$ of contributions					
Ē	&		from fundraisi	ing events reported on line 1) (attach Schedule Gif the					
			sum of such g	gross income and contributions exceeds \$15,000 \ 6.5	╛				
18	ļ		Less direct e	xpenses from gaming and fundratsing events	╛				
	Ì		d Net income o	or (loss) from gaming and fundraising events) and lines be and 6b and subtract	]				
2012			IIII 6 6 6 7		60				
~		7 2	Gross sales o	f inventory, less returns and allowances					
		1	Less cost of g	goods sold	╛	_			
			Gross profit o	goods sold	70	:			
		8	Other revenue	e (describe in Schedule O).	8				
_		9	Total levelle	26. Add intes 1, 2, 3, 4, 50, 6d, 70, and 6		77,801.00			
		10	Grants and si	milar amounts paid (list in Schedule O)	10	1,162.00			
		11	Benefits paid	to or for members	11				
		12	Salaries, othe	r compensation, and employee benefits	12				
	Sus	13	Professional f	ees and other payments to independent contractors	13	1,860.00			
Net Assets Expenses	ă	14	Occupancy, re	ent, utilities, and maintenance	14				
	Ŵ	15	Printing, publi	cations, postage, and shipping	15				
	- 1	16	Other expense	es (describe in Schedule O) SEE SCHEDULE	16	66,665.00			
	]	17	Total expens	ses. Add lines 10 through 16	- 17	<del></del>			
	<u>s</u>	18	Excess or (de	ficit) for the year (Subtract line 17 from line 9)	18	6,689.00			
	Sel	19	Net assets or	fund balances at beginning of year (from line 27, column (A)) (must agree with		-			
	As		end-of-year fig	gure reported on prior year's return)	19	55,102.00			
	ž	20		s 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	61,791.00			

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)



	990-EZ (2011)					Page 2
<u>Part</u>	Balance Sheets. (see the instructions for					
	Check if the organization used Schedule	O to respond to any que				
			(A) Beginning of year		(B) E	nd of year
	Cash, savings, and investments		58,235.0		_	62,556.00
	Land and buildings		1,590.0	23		510.00
	Other assets (describe in Schedule O)	l l	59,825.0			63,066.00
	Total liabilities (describe in Schedule O)	l l	4,723.0			1,275.00
	Net assets or fund balances (line 27 of column (B) must		55,102.0			61,791.00
	Statement of Program Service Accomp				Fyr	penses
	Check if the organization used Schedule O	to respond to any question	on in this Part III	[] (Red	guired fo	
What	is the organization's primary exempt purpose? TO PF	ROMOTE FAMILY PHYS	ICIANS			d 501(c)(4)
by exp	ribe the organization's program service accomplishments penses. In a clear and concise manner, describe the serv ant information for each program title.		=	4947		s and section rusts, optional
	ROGRAM SERVICE IS DERIVED FROM AC	TIVITIES TO PROMO	TE PUBLIC HEALT	4		<del></del>
—	ND MEDICAL EDUCATION THROUGH CONF		THE LODDIC HUMBI	<u>-</u>		
1 111	TEDICIE EDUCATION INVOCAL CONT	<u> </u>		-		
(G	Grants \$ ) If this amoun	it includes foreign grants, chec	k here	7   28a		
29						
				_		
				_		
	Grants \$ ) If this amoun	it includes foreign grants, chec	k here	29a		
30 _				_		
_				_		
		t and the state of the state of		$\neg   $		
		it includes foreign grants, chec		30a		
	ther program services (describe in Schedule O)			<b>-</b>		
//			k horo	1194-1		
			k here	31a		
32 To	otal program service expenses (add lines 28a throu	gh 31a)		32	the instru	ctions for Part IV )
32 To	otal program service expenses (add lines 28a throut IV List of Officers, Directors, Trustees, and Ke	gh 31a)	e even if not compensat	► 32 ed (see 1		
32 To	otal program service expenses (add lines 28a throu	gh 31a)	e even if not compensation this Part IV	ed (see 1	benefits, to employee ans, and	
32 To	otal program service expenses (add lines 28a throut IV List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule O to (a) Name and address	gh 31a)	e even if not compensate that this Part IV	ed (see t	benefits, to employee ans, and	(e) Estimated amount of
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Did the organization engage in any significant activity not previously reported to the RS? If "Yes," provide a detailed description of each activity in Schedule O  4 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 organizations have any significant changes made to the organization of have seen structure (seen has tructions).  5 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)?  5 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)?  5 Did the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements during the year? If "No," provide an explanation in Schedule 0.  5 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.  5 Did the organization file Form 1120-POL for this year?  5 Did the organization file Form 1120-POL for this year?  5 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?  5 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?  5 Did the organization flee Form 1120-POL for this year?  5 Did the organization flee Form 1120-POL for this year?  5 Did the organization flee Form 1120-POL for this year the end of the tax year covered by this return?  5 Did the organization flee Form 1120-POL for t	Part '				
13 Dut the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schodule O.  14 Were any significant changes make to the organizing or governing documents? If "Yes," allian's a conformed copy of the amended documents if they refled a change to the organizations name Otherwise, explain the change on Schodule O(see instructions).  15 Did the organization have consistent or the company of the company of the amended documents if they refled a change to the organizations name Otherwise, explain the change on Schodule O(see instructions).  15 Did the organization as 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 Schodule C, Part III.  16 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes," complete sphicately part of the year?  17 Selfer amount of potitical expenditures, direct or indirect, as described in the instructions ▶   37e   N/A   37b   X   37b   37c   37b   37c   37b   37c   37b   37c		instructions for Part V) Check if the organization used Schedule O to respond to any question in	this P	art V	_L_
detailed description of each activity in Schedule O  4. Wese any significant changes made to the organization's name Otherwise, explain the Otherwise of Schedule Obes instructions).  5.5 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, 6s, and 7s, among others)?  5.0 b if "Yes," to line 35s, has the organization septored on lines 2, 6s, and 7s, among others)?  6.1 b if "Yes," to line 35s, has the organization field a Form 990-1for the year? If "Yes, provide an explanation in Schedule O. 35b, N. A. 1 b if "Yes," to line 35s, has the organization did and the provided on lines 2, 6s, and 7s, among others)?  7.5 b Did the organization organization as economic of \$1,000 or more during the year from business activities (such as those reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III				Yes	No
Were any synificant changes made to the organization for powering documents? If "Yes," attach a conformed copy of the emerical content is a fine emerical content to the emerical content is emerically content in the emerical content in the emerical content is emerically content in the emerical content in the emerical content is emerically content in the emerical account in a foreign country to N/A. Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax emposed on any official conte	33				
155. 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?)  156. Was the organization as each of 101(c)(4), 501(c)(5), 601(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.  157. Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete Schedule N. A. The organization between the properties of the organization of profits of the organization of the organiza		detailed description of each activity in Schedule O	33		X
155. 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?)  156. Was the organization as each of 101(c)(4), 501(c)(5), 601(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.  157. Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete Schedule N. A. The organization between the properties of the organization of profits of the organization of the organiza	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
activities (such as those reported on lines 2, 6a, and 7a, among others)?  b if Yes, "to line 35a, bas the organization telled a Form 890-Tr firsh year? if 1"No; "provide an explanation in Schedule 0.  c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? if Yes," complete Schedule C, Part III .  35b N A  37c 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.  37a Enter amount of potitical expenditures, direct or indirect, as described in the instructions ≥ 37a N/A  37b Did the organization for form 1120-POL for this year?  37a bit of the organization for form 1120-POL for this year?  37b Did the organization form of the organization throw from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  38a Did the organization form of the organization should be a section 501(c)(2) organizations. Enter amount of tax imposed on the organization during the year under section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year of did the agage in an excess benefit transaction unity provided the section 4911 ≥ N/A, section 4912 ≥ N/A, section 4915 ≥ N/A  40a Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disquisified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disquisified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization or disputations. If any time during the tax year, was the organization a party to a prohibited t		change on Schedule O (see instructions)	34	L	X
b If Yes," to line 35s, has the organization a section 501(c)(4), 501(c)(5) organization a section 501(c)(4), 501(c)(5) organization subject to section 603(s) notice, reporting, and proxy tax requirements during the year? If Yes," complete Schedule C, Part III 35c X  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. Part III 37a N/A 37a Enter amount of political expenditures, direct or indirect, as described in the instructions \$\begin{array}{ c c c c c c c c c c c c c c c c c c c	35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	ľ		
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 star requirements during the year? If "Yes," complete Schedule C, Part III 35c X and 4978 and 4978 are anount of political expenditures, diverted or indirect, as described in the instructions ▶ 37a N/A 38 N/A 37a Enter amount of political expenditures, diverted or indirect, as described in the instructions ▶ 37a N/A 37b X 37b Did the organization bid expenditures, diverted or indirect, as described in the instructions ▶ 37a N/A 37b X 37b Did the organization file Form 1120-POL for this year?  38b Did the organization form was any iona 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?  38b N/A 38b N		activities (such as those reported on lines 2, 6a, and 7a, among others)?			X
reporting, and proxy tax requirements during the year/ If "Yes," complete Schedule C, Part III	b		35b	N	A
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	С				
during the year? If "Yes," complete applicable parts of Schedule N.  71a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a N/A			35c	<u> </u>	X
Test amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	36				
b Did the organization file Form 1120-PQL for this year?  38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  b If "Yes," complete Schedule L. Part II and enter the total amount involved 38b N/A  Section 501(c)(7) organizations Enter amount of tax imposed on the organization during the year under section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 501(c)(3) and 501(c)(4) organizations. But the organization engage in any section 4955 excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction of an any of its prior Forms 990 or 990-E27 II "Yes," complete Schedule L. Part I set with the organization organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on 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  1 List the states with which a copy of this return is filed ▶ NONE  1 List the states with which a copy of this return is filed ▶ NONE  1 List the states with which a copy of this return is filed ▶ NONE  2 In the 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 year, and a shark account, or other financial account in a foreign country year of the state with which a copy of this return is filed				% s.as.	X
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 the return?  b   f"Yes," complete Schedule L, Part II and enter the total amount involved   38b   N/A    Section 501(c)(7) organizations Enter   19   19   19   19   19   19   19   1	_			<u> </u>	
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  b   f "Yes," complete Schedule L, Part II and enter the total amount involved    Section 501(c)(7) organizations Enter   Sab   N/A   Sab   N/A   Section 501(c)(7) organizations Enter   Sab   N/A   Sab   N/A   Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► N/A   Section 4915 ► N/A   Section 4915 ► N/A   Section 4915 ► N/A   Section 4915 ► N/A   Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4918 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      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   Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization   N/A   Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization   N/A   Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization   N/A   Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization   N/A   Section 501(c)(3) and 501(c)(4) organizations   N/A   Section 501(c)(3) and 501(c)(4) organizations   Section 501(c)(5) and 501(c)(6) organizations   Section 501(c)(6) organization			37b	1 1990-1	X
Section 501(c)(7) organizations Enter  Initiation fees and capital contributions included on line 9  Section 501(c)(7) organizations Enter  Section 501(c)(3) organizations Enter  N/A  Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ N/A  Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ N/A  Section 501(c)(3) organizations Did the organization angage in any section 4956 ₱ N/A  Section 501(c)(3) and 501(c)(4) organizations Did the organization angage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction 4912 ₱ N/A  Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 400 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  The organization's books are in care of ▶ BOARD, SECRETARY. Telephone no ▶ (515), 283-0002  Located at ▶50.12TH ST DES MOINES, ITA  ZiP + 4 ▶ 50309  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 ▶ N/A  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside the U S?  yes No  44a Did the organization maintai	38 a		+n		
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a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities   39b   N/A    Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► N/A    b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any 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 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 I, Part I    c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c    reimbursed by the organization and 501(c)(4) organizations. Enter amount of tax on line 40c    reimbursed by the organization shooks are in care of ► BOARD SECRETARY. Telephone no ► (51.5), 283-0002    1 List the states with which a copy of this return is filed ► NONE    1 List the states with which a copy of this return is filed ► NONE    1 List the states with which a copy of this return is filed ► NONE    1 List the states with which a copy of this return is filed ► NONE    1 List the states with which a copy of this return is filed ► NONE    1 List the states with which a copy of this return is filed ► NONE    1 List the states with which a copy of this return is filed ► NONE    1 List the states with which a copy of this return is filed ► NONE    2 Located at ► 50.12 FTR. ST. DES MOINES, I.A.    2 Lip + 4 ► 50309.    b At any time during the calendar year, did the organization have an interest in or a signature or other funancial account; if "Yes," enter the name of the foreign country ► N/A    See the instructions for exceptions and filling requirements for Form					
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b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization  e All organizations At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If "Yes," complete Form 8866-T  List the states with which a copy of this return is filed ▶ NONE  1 The organization's books are in care of ▶ BOARD SECRETARY. Telephone no ▶ (515) 283-0002  Located 1▶950 1.2TH, ST DES MOINES, IA  2IP + 4 ▶ 50309  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 ▶ N/A  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  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 ▶ N/A  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 year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tranning services during the year? If "No," provide an explanati	40a			1,1%	
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reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization  e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed NONE  List the states with which a copy of this return is filed NONE  List the states with which a copy of this return is filed NONE  Located at P50 12TH ST DES MOINES, IA  Telephone no (515), 283-0002  Located at P50 12TH ST DES MOINES, IA  ZIP + 4 50309  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 N/A  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  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 N/A  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  Ves No  1420  Ves No  442 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 "No," provide an explanation in Schedule O  446 N A  450 Di	D				· ·
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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 ▶ NONE  1 List the states with which a copy of this return is filed ▶ NONE  1 List the states with which a copy of this return is filed ▶ NONE  1 The organization's books are in care of ▶ BOARD SECRETARY Telephone no ▶ (515) 283-0002  Located at ▶950 12TH ST DES MOINES, TA Zip+4▶ 50309  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 ▶ N/A  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  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 ▶ N/A  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  If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization maintain any donor advised funds 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 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 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 Form 990-EX  If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EX	_		2		
transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed ▶ NONE  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  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 ▶ N/A  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  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 ▶ N/A  Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 - Check here. ★ At any time during the amount of tax-exempt interest received or accrued during the tax year ★ At any time during the sear? If "Yes," Form 990 must be completed instead of Form 990-EZ  b 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  d Did the organization receive any payments for indoor tanning services during the year? If "No," provide an explanation in Schedule O  44d N A  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Form 990 and Schedule R may need to be completed instead of the organization function for 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 the organization fu	е				
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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  Page 10	С		42c		X
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meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			4,4		<del></del> .
			/· `*		
			45b		X

Form 99	-EZ <sub>1</sub> (2011)						Page 4
						Yes	No
46	Did the organization engage, directly or indirectly	, in political campa	ign activities on beha	alf of or in opposition			
Part \	to candidates for public office? If "Yes," complete:				46	-4:	X
Fart	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494						
	and 52, and complete the tables for line		of charitable trusts	must answer questi	JIIS 4	-491	,
	Check if the organization used Schedule		any question in this	Part VI			
47					<del></del>	Yes	No
47	Did the organization engage in lobbying activities year? If "Yes," complete Schedule C, Part II	or nave a section 5	OT(n) election in erre	ect during the tax	47		
48	Is the organization a school as described in section	on 170(b)(1)(A)(ແ)? If	"Yes." complete Sch	edule E	48		
49a	Did the organization make any transfers to an exe	empt non-charitable	related organization?		49a		
b	If "Yes," was the related organization a section 52	?7 organization?			49b		
50 Complete this table for the organization's five highest compensated employees (other than officers, directors							
	employees) who each received more than \$100,0	000 of compensation			ter "No	ne "	_
	(a) Name and address of each employee	(b) Title and average hours per week	(c) Reportable compensation		) Estima		
	paid more than \$100,000	devoted to position	(Forms W-2/1099-MISC)	benefit plans, and deferred compensation	other co	mpens	ation
-	*****		**				
		_					
		ļ .		-			
		4					
			,				
		-					
		-					
f	Total number of other employees paid over \$100,	000		<u></u>			
51	Complete this table for the organization's five h	lighest compensate	d independent contr	actors who each rec	eived	more	than
	\$100,000 of compensation from the organization	If there is none, en	ter "None "				
(a)	lame and address of each independent contractor paid more the	an \$100,000	(b) Type of service	(c) Com	pensatio	n	
					-		
				` -			
	<del></del>		•				
	-		<del></del>				
	Fotol number of other independent contractors of		100.000				
	Total number of other independent contractors ea	_					
52	Did the organization complete Schedule A? <b>Note:</b> <i>p</i> nonexempt charitable trusts must attach a comple	All section 501(c)(3)	) organizations and 4	1947(a)(1)	$\square_{\mathbf{v}_{\bullet}}$		]a
Under pe	nalties of perjury, I declare that I have examined this return, incl	luding accompanying sch	edules and statements, an	d to the best of my knowled	ge and	pelief. i	No tıs
true, cdrn	ct, and complete Declaration of preparer (other than officer) is b	pased on all information of	which preparer has any kr	nowledge			
\	Xaba Mawulla	m		V 11/12/12	_		
Sign	Signature of officer (A.A. (1) Date						
Here	LXLXIKJ. Mc Wilham	15, Execu	tive Dire	ector			
	Type or print name and title	· ) = ALCO					
	Print/Type preparer's name Preparer's		Date	Check If PTII	N		
Paid	REGINALD M. BROWN Rem	Eld M. Bran	11/6/12		0135	0793	1
Prepar Use O				Firm's EIN ▶ 42-123			
JJE U	Firm's address ▶ 950 OFFICE PARK RD	#216		Phone no			
	WEST DES MOINES, I	A 50265		(515)	223-		09
May the	IRS discuss this return with the preparer shown	above? See instruction	ons	<u> </u>	XYes	; 🔲	No

#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

**Open to Public** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Inspection Name of the organization Employer identification number AMERICAN COLLEGE OF OSTEOPATHIC PHYSICIANS 42-1318046P PAGE 1 PART I LINE 5C GAIN OR (LOSS) FROM SALES OF ASSETS OTHER THAN INVENTORY GROSS AMOUNT COST GAIN (LOSS) 314.370 SHARES OPPEHEIMER CMD STRAT TOT RET FUND 1,031 1,020 1,683 1,699 (16) 156.883 SHARES LORD ABBETT TOTAL RETURN FUND 2.784 SHARES PIMCO TOTAL RETURN FUND 30 29 1 75.167 SHARES OPPEHEIMER INTL BOND FUND 467 72.390 SHARES BRANDYWINE BLUE FUND 1,525 1,728 203 13.145 SHARES T ROWE PRICE EQUITY INCOME FUND 316 294 49 54 1.593 SHARES DWS SMALL CAP VALUE FUND 21.888 SHARES CREDIT SUISSUE CMD RETURN STRATEGY 163 186 149.232 SHARES JP MORGAN HI YIELD FUND 1,159 1,149 79.446 SHARES HARTFORD DIVIDEND & GROWTH FUND 1,542 1,321 32.676 SHARES PIONEER FUND 1,281 1,143 68.263 SHARES DODGE & COX INTL STOCK FUND 1,983 2,071 557 24.128 SHARES VIRTUS FRGN OPPTS FUND 474 83 6.339 SHARES REAL ESTATE SECS FUND 209 132 12,205 11,571 634 TOTALS LINE 10 GRANTS AND SIMILIAR AMOUNTS PAID CHELSEY FIELD - STUDENT SCHOLARSHIP 562 ACOFP STUDENT CLUB - CONTRIBUTION 600 TOTALS 1162

Schedule O (Form 990 or 990-EZ) (2011)	_			Page 2
Name of the organization  AMERICAN COLLEGE OF OSTEOPAT	HIC PHYSICIANS		Employer identifi 42-131804	
	nie inisierans		42 131004	
LINE 16 OTHER EXPENSE				
SUPPLIES	427			
CONTRACT SERVICES	25 <b>,</b> 000			
CONFERENCE EXPENDITURES	34,574			
BOARD EXPENDITURES	856			
INSURANCE	1,831			
DEPRECIATION EXPENSE	607		<b></b>	
SERVICE CHARGES	850			
NATIONAL MEETING	520			
MISCELLANEOUS	2 <b>,</b> 000			
TOTALS	66,665			
PAGE 2 PART II	·			
LINE 24 OTHER ASSETS	EQUIPMENT	1,285	510	
	PRPAID EXPENSES	473		
~	TOTALS	1,590	510	
LINE 26 OTHER LIABILITIES	DEFERRED REVENUE	4,723	1,275	· <b></b>
	·			·
	· <b></b>			
	· <b></b>			
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	· <del>-</del>	·		

# IOWA CHAPTER AMERICAN COLLEGE OF OSTEOPATHIC FAMILY PHYSICIANS BOARD OF TRUSTEES 2012

Terri Plundo, D.O. - Past President/Treasurer Des Moines University 3200 Grand Avenue Des Moines, IA 50312 (515) 271-1535 FAX (515) 271-4207 Terri.Plundo@dmu.edu

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Joseph Bergstrom, D.O. – President-Elect Trinity at Terrace Park 4480 Utica Ridge Road, Suite 160 Bettendorf, IA 52722 (563) 742-4850 FAX (563) 742-4855 bergstJE@ihs.org

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