SCANNED FEB 2 2 2018

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

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

B Check If applicable Address change Name change Initial return Final return/Lerminated Amended return Application pending B C Name of organization C Name of organization Mesa County Medical Society Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number 970-243-2808 F Group Exemption Number ▶ F Group Exemption Number ▶			nue Service				A		00 17				
Mess change Mess change Mess County Medical Society Mess change	_				ember 1 , 2016				, 20 17				
Name change	B Check If applicable			C Name of organization		l D	Employ	er identification	number				
Foundation Property Propert	Address change			Mesa County Medical Society				84-6034562	2				
Ford contributions Ford co	닏	Name char	inge	Number and street (or P.O. box, if mail is not delivere	d to street address)	Room/suite E	Telepho	one number					
City or town, state or prownee, country, and ZIP or foreign postal code Farcup Exemption Amendaed water Amendaed wate	=			P. O. Box 4307				970-243-2808					
Acceleration-periong Grand Junction, CO 81502-4307 Number Cash Accounting Method Cash Account Other (specify) The Very Heavier	=				reign postal code	CYLAF	Group	Exemption					
G Accounting Method	=			Grand lunction CO 91502 4207		1)01		•					
Website: F Take-exempt status (check only one)						lu ch	ack N	☐ if the organ	nization is not				
Tax-exempt status (check only one)			-	Cash Cash Chick (Specify)									
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 (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 105,635					4 (1100000000000000000000000000000000000		•						
Ladd 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] Cloumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part I													
Part I 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 0 0 2 Program service revenue including government fees and contracts 2 0 0 0 0 0 0 0 0 0													
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end-of-year figure reported on prior year's return)	se	19			rom line 27, column 🤻	4)) (must agree v	vith 🔓	<u>U.S.</u>					
To 20 Other changes in net assets or fund balances (explain in Schedule 0)	As		end-of-yea	r figure reported on prior year's return) .			. [19	59,306				
2 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 70,490	et	20	Other chan	ges in net assets or fund balances (explai	n in Schedule O)		. Г	20	0				
	Z	21					▶	21	70,490				

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form **990-EZ** (2016)



Form	990-EZ (2016)					Page 2
Pa	Balance Sheets (see the instructions f	,	., , , , ,			
	Check if the organization used Schedule	O to respond to a	ny question in this	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		<u> </u>		22	
22 23	Land and buildings	• • • • • •		59,306	23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			59,306	_	70,490
26	Total liabilities (describe in Schedule 0)				26	0
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)	_59,306	27	70,490
Par						_
	Check if the organization used Schedule		ny question in this	Part III 🔽	(Da	Expenses quired for section
Wha	t is the organization's primary exempt purpose?	Educational				(c)(3) and 501(c)(4)
as n	cribe the organization's program service accomplisheasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the			. ~	anizations, optional for ers.)
28	Colorado Physician Health Program - In support of C	olorado physician he	alth programs		}	
			· · · · · · · · · · · · · · · · · · ·			
	(Create \$ see) If the amount	includes foreign are	nta abaak bara		200	
29	(Grants \$ 500) If this amount Hilltop Community Resources - In support of program	includes foreign gra			288	500
23	miliop community Resources - in support of program	iis to assist vicums (or domestic violence			
	(Grants \$ 500) If this amount	includes foreign gra	ants, check here .	▶ 🗆	298	500
30	Grand Junction High School - In support of Commun					
				·····		
		includes foreign gra			302	250
31	Other program services (describe in Schedule O)	to a to a to a to a con-				
32	(Grants \$ 2,000) If this amount Total program service expenses (add lines 28a t				318	
Par						
	Check if the organization used Schedule					<u></u> -
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ	/ee (e	
Patri	ck Pevoto, M.D., President					
	d Junction, CO 81506	2	0	,	0	C
Bron	wen Magraw, M.D., Treasurer					
	d Junction, CO 81506	2	0		0	0
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Part				_
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
	detailed description of each activity in Schedule O	33		1
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			
35a	change on Schedule O (see instructions)	34		✓_
<i>55a</i>	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		/
c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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 35c		√
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			艺 园
b	Did the organization file Form 1120-POL for this year?	37b		✓
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? .			
h		38a	<u> જિલ્</u> લા	28174.8
39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4915 ▶			
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		
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.			
ď	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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		
41	List the states with which a copy of this return is filed ▶		·	
42a	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ► ZIP + 4 ►			
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)?	[401	Yes	No
	If "Yes," enter the name of the foreign country:	42b	现 货贷款	√
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c	43.020	10469
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	►□
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		
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	44b	新	
C	Did the organization receive any payments for indoor tanning services during the year?	44c		1
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		Est.
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		
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 Form 990-EZ (see instructions)	45b		

46	Did t	he organization engage, directly or in	ndirectly, in political c	ampaign activities	on behalf of	or in opposit	tion 46	Yes	No V			
Part		Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.	s only s must answer que	estions 47–49b an	d 52, and o	complete th			ies			
	Check if the organization used Schedule O to respond to any question in this Part VI											
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II								No			
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E											
49a	Did the organization make any transfers to an exempt non-charitable related organization?											
b	If "Yes," was the related organization a section 527 organization?											
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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employed benefit plans, and deferred compensation							
51	Com	number of other employees paid ov plete this table for the organization, ,000 of compensation from the orga	's five highest comp	ensated independe	nt contracto	ors who each	received	d more	e than			
	(a)	Name and business address of each independ	dent contractor	(b) Type of service (c) Cor			Compensa	tion				
									_			
		·		_		-						
d	Total	number of other independent contra	actors each receiving	over \$100,000 .	.▶							
52		the organization complete Schedu pleted Schedule A	le A? Note: All se		•		na . <mark>▶∐Ye</mark>	s 🔲	No			
Under p	enalties rect, ar	of perjury, I declare that I have examined this indicamplate. Declaration of preparer (other than	retum, including accompan n officer) is based on all info	ying schedules and state ormation of which prepare	ments, and to ter fr has any know	he best of my kr vledge.	nowledge ar	d belief,	, it is			
O!		1 Drivell	1/9/2015			2010	9					
Sign Here	Bronwen Magraw, M.D., Treasurer 2016-2017											
	Type or print name and title											
Paid Prep	arer	Print/Type preparer's name	Preparer's signature	Date Check if self-employed								
Use (Firm's name ▶			ım's EiN ▶							
May th	ne IRS	Firm's address ► discuss this return with the preparer	r shown above? See	Instructions		hone no.	► □ Ye		No			
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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.

20**16**

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

MESA COUNTY MEDICAL SOCIETY	84-6034562
PART 1	
EXPENSES LINE 10 GRANTS AND SIMILAR AMOUNTS PAID	
COLORADO PHYSICIAN HEALTH PROGRAM 500	
HILLTOP COMMUNITY RESOURCES 500	
GRAND JUNCTION HIGH SCHOOL 250	
CITIZENS FOR SCHOOL DISTRICT 51 2,000	
TOTAL 3,250	
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Schedule O (Form 990		<u></u>				Page 2
Name of the organization				E	mployer identification number	er
MESA COUNTY ME	DICAL SOCIETY			l	84-6034562	
PART III	LINE 31	OTHER PROGRAM SERVICES				
CITIZENS FOR SCI	HOOL DISTRICT 51	- In support of School District Im	provements	2,000		•

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