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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)

▶ 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.*

OMB No 1545-1150

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning OCTOBER 1 , 2016, and ending SEPTEMBER 30 , 20 17

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
AM CO OSTEOPATHIC FAMILY PHYSICIANS

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
950 12TH ST

City or town, state or province, country, and ZIP or foreign postal code
DES MOINES, IA 50309

D Employer identification number
42-1318046

E Telephone number
(515) 283-0002

F Group Exemption Number ▶ N/A

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

H Check ▶ [X] 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) - ☐ 501(c)(3) [X] 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization. [X] Corporation ☐ Trust ☐ Association ☐ Other

L 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 (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $ 83,301

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 . . . . . [X]

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	68,841
	3	Membership dues and assessments		3	11,325
	4	Investment income		4	2,482
	5a	Gross amount from sale of assets other than inventory	5a 7,493		
	b	Less: cost or other basis and sales expenses	5b 6,840		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	653
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less. direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	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 in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	83,301
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	500
	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	2,155
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	1,523
	16	Other expenses (describe in Schedule O)		16	70,750
	17	**Total expenses.** Add lines 10 through 16		17	74,928
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	8,373
	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	62,800
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	71,173

For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2016)

JSA

6E1008 1 000

Part II Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II X

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	70,047	22	77,745
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	353
25	**Total assets**	70,047	25	78,098
26	**Total liabilities** (describe in Schedule O)	7,247	26	6,925
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	62,800	27	71,173

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . . .

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)

What is the organization's primary exempt purpose? TO PROMOTE FAMILY PHYSICIANS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 PYBLIC 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 (describe in Schedule O) . . . . . .
(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)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . .

(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 employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SEE ATTACHED	VARIOUS	-0-	-0-	-0-

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule 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
35a	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
b	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	A
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	35c		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
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 tax year 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), 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
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 uhder sections 4912, 4955, and 4958 ▶ N/A			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	N	A
41	List the states with which a copy of this return is filed ▶ NONE			
42a	The organization's books are in care of ▶ 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b		X
c	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 ▶ N/A	42c		X
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 N/A			
			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		X
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		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 in Schedule O*	44d	N	A
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
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		X

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
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	47		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b If "Yes," was the related organization a section 527 organization?	49b	N	A

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 employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over $100,000 ▶ NONE

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 business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 ▶ NONE

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☐ Yes ☒ No

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

X Leah McWilliams — Signature of officer — Date: X 11/14/17

X Leah McWilliams, Executive Director/Secretary — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
REGINALD M. BROWN	Reginald M. Brown	11/13/17		P01350791

Firm's name ▶	ROBERT M. KNAPP CPA, P.C.	Firm's EIN ▶	42-1232603
Firm's address ▶	950 OFFICE PARK RD #216	Phone no	
	WEST DES MOINES, IA 50265		(515) 223- 5409

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

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.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization

AM CO OSTEOPATHIC FAMILY PHYSICIANS

Employer identification number

42-1318046

PAGE 1 PART 1 LINE 5C

		GROSS AMOUNT	COST	GAIN (LOSS)
39.757	SHARES BRIDGE BUILDER LARGE VALUE	417	398	19
14.260	SHARES BRIDGE BUILDER LSRGE GROWTH	147	140	7
29.593	SHARES BRIDGE BUILDER SMALL MID VALUE	313	290	23
15.380	SHARES COLUMBIA SMALL CAP VALUE	275	245	30
4.526	SHARES AMERICAN FUNDAMENTAL INVESTORS	250	190	60
5.010	SHARES MFS MASSACHUSETTS INVESTORS	142	115	27
281.601	SHARES MAINSTAY HIGH YIELD CORP BOND	1,617	1,639	(22)
15.744	SHARES T. ROWE PRICE EQUITY INCOME	514	394	120
203573	SHARES MFS INTERNATIONAL VALUE	795	553	242
16.085	SHARES AMERICAN NEW WORLD	891	791	100
118.901	SHARES TEMPLETON GLOBAL	1,470	1,466	4
22.694	SHARES VIRTUS DUFF & PHELPS REAL ESTATE	662	619	43
	TOTALS	7,493	6,840	653

LINE 10 GRANTS AND SIMILAR AMOUNTS PAID

MOLLY OLSON DES MOINES UNIVERSITY STUDENT		500

LINE 16 OTHER EXPENSES

SUPPLIES	259
CONTACT SERVICES	30,000
CONFERENCE EXPENDITURES	33,047
BOARD EXPENDITURES	1,000
INSURANCE	1,829
NATIONAL MEETING	1,185
SERVICE CHARGES	1,125

Name of the organization: AM CO OSTEOPATHIC FAMILY PHYSICIANS

Employer identification number: 42-1318046

WEBSITE	305	
MISCELLANEOUS	2,000	
TOTALS	70,750	

PAGE 2 PART II LINE 24

OTHER ASSETS

EQUIPMENT	-0-	-0-
PREPAID EXPENSES	-0-	353
TOTALS	-0-	353

LINE 26

OTHER LIABILITIES

DEFERRED REVENUE	7,247	6,925