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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 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

2009Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Missouri Chapter of American College of Emergency Physicians		D Employer identification number 23-7328424
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 211 East Capitol		E Telephone number (573) 634-4876
		City or town, state or country, and ZIP + 4 Jefferson City MO 65101		F Group Exemption Number _____

• 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) _____

I Website: ► **N/A**

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

J Tax-exempt status (check only one) — ☒ 501(c) (**6**) (insert no.) ☐ 4947(a)(1) or ☐ 527

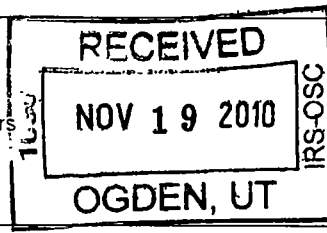
K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

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

► \$ **106,551.**

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	47,062.
	2	Program service revenue including government fees and contracts	2	14,826.
	3	Membership dues and assessments	3	43,463.
	4	Investment income	4	825.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	6	
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	6b	Less direct expenses other than fundraising expenses	6b	
EXPENSES	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ► EPIC Advertising)	8	375.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	106,551.
	10	Grants and similar amounts paid (attach schedule)	10	50,393.
	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	400.
	14	Occupancy, rent, utilities, and maintenance	14	
ASSETS	15	Printing, publications, postage, and shipping	15	2,072.
	16	Other expenses (describe ► See Other Expenses Statement)	16	52,003.
	17	Total expenses. Add lines 10 through 16	17	104,868.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,683.
	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	114,321.
	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	116,004.



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

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	114,321.	116,004.
23 Land and buildings	0.	0.
24 Other assets (describe ► _____)	0.	0.
25 Total assets	114,321.	116,004.
26 Total liabilities (describe ► _____)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	114,321.	116,004.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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SCANNED DEC 29 2010

Part III Statement of Program Service Accomplishments (See the instructions.)What is the organization's primary exempt purpose? **Trade Assoc. For Emergency 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, or other relevant information for each program title

Expenses

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others)

28	Basic Trauma Life Support Educational Program Attended By Emergency Medical Services Personnel.		
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a
29	Annual Membership Meetings Allow Members To Discuss Current Topics And New Developments In The Field Of Emergency Medicine.		
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	29a
30	Educational Grants/Awards Are Made To Medical Students And Residents For Research Projects.		
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	30a
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)	<input type="checkbox"/>	32

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

(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 and deferred compensation	(e) Expense account and other allowances
<u>Robert Poirier Jr, MD</u> 660 S Euclid, Campus Box 8072 St Louis MO 63110	Director 1.00	0.	0.	
<u>Brian Robb</u> 1435 Woodbury Dr Liberty MO 64068	President 3.00	0.	0.	
<u>Michael Szewczyk</u> 1404 Highlands Ct Columbia MO 65203	Treasurer 3.00	0.	0.	
<u>Douglas Char</u> 9020 Robyn Row St Louis MO 63126	Director 1.00	0.	0.	
<u>Charles Sheppard</u> 4734 E Farm Rd 166 Springfield MO 65809	Director 1.00	0.	0.	
<u>Lynthia Andrews</u> PO Box 2300 Platte City MO 64079	Director 1.00	0.	0.	
<u>Barry Spoon</u> 18565 Hwy AZ Willow Springs MO 65793	Director 1.00	0.	0.	
<u>Chad Boulware</u> 612 N Joplin Ave Joplin MO 64801	Director 1.00	0.	0.	
<u>Ted McMurry</u> 3343 Southernview Ozark MO 65271	Director 1.00	0.	0.	
<u>Larry Slaughter</u> 509 Vieux Carre Columbia MO 65203	Vice President 2.00	0.	0.	
<u>Sebastian Rueckert</u> 170 Dielman Rd Ladue MO 63124	Director 1.00	0.	0.	
See List of Officers, Directors, Trustees, & Key Employees Stmt				

Part V Other Information (Note the statement requirements in the instrs 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		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		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?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?		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?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 40a , section 4912 40a ; section 4955 40a		
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 40c		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d		
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 41		

42a The organization's books are in care of **The Association** Telephone no **(573) 634-4876**
 Located at **211 East Capitol Ave, Jefferson City** **MO** ZIP + 4 **65101**

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

	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'

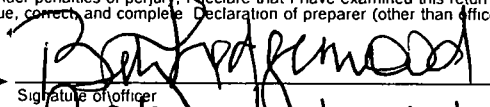
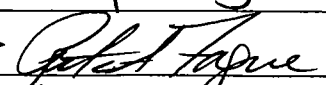
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

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 each 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.			
	 Signature of officer		Date 9/14/10	
	Type or print name and title Betsy Ledgerwood Executive Director			
Paid Preparer's Use Only	Preparer's signature 	Date 9-6-10	Check if self-employed <input checked="" type="checkbox"/>	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 Rita A. Fague, CPA		EIN ▶	
	4716 Renner Ridge Road		Phone no (573) 642-3539	
Fulton MO 65251				

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

BAA

Form 990-EZ (2009)