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**Short Form
Return of Organization Exempt From Income Tax**

2009

Department of the Treasury
Internal Revenue Service

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



A For the 2009 calendar year, or tax year beginning 7/01, 2009, and ending 6/30, 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 AMERICAN COLLEGE OF PHYSICIANS MISSOURI CHAPTER P.O. BOX 1028 JEFFERSON CITY, MO 65102	D Employer identification number 43-1332364
			E Telephone number 573-636-5151
			F Group Exemption Number ▶ 3065

• 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).

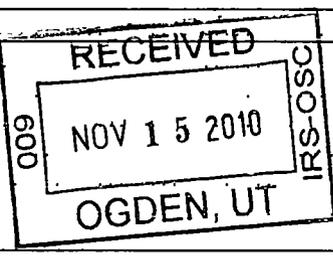
J Tax-exempt status (check only one) — 501(c) (3) (insert no.) 4947(a)(1) or 527

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 ▶ \$ 139,589.

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

1	Contributions, gifts, grants, and similar amounts received	1	
2	Program service revenue including government fees and contracts	2	41,994.
3	Membership dues and assessments	3	60,112.
4	Investment income	4	50.
5a	Gross amount from sale of assets other than inventory	5a	36,933.
5b	Less cost or other basis and sales expenses	5b	41,400.
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-4,467.
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	6a	
6a	Gross revenue (not including \$ of contributions reported on line 1)	6b	
6b	Less direct expenses other than fundraising expenses	6c	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	
7a	Gross sales of inventory, less returns and allowances	7b	
7b	Less cost of goods sold	7c	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	500.
8	Other revenue (describe ▶ See Statement 2)	9	98,189.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	10	
10	Grants and similar amounts paid (attach schedule)	11	
11	Benefits paid to or for members	12	
12	Salaries, other compensation, and employee benefits	13	42,450.
13	Professional fees and other payments to independent contractors	14	
14	Occupancy, rent, utilities, and maintenance	15	
15	Printing, publications, postage, and shipping	16	79,985.
16	Other expenses (describe ▶ See Statement 3)	17	122,435.
17	Total expenses. Add lines 10 through 16	18	-24,246.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	19	217,979.
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)	20	28,007.
20	Other changes in net assets or fund balances (attach explanation) See Statement 4	21	221,740.
21	Net assets or fund balances at end of year Combine lines 18 through 20		



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	217,979.	221,739.
23 Land and buildings		
24 Other assets (describe ▶ See Statement 5)		1.
25 Total assets	217,979.	221,740.
26 Total liabilities (describe ▶)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	217,979.	221,740.

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

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Part V Other Information (Note the statement requirements in the instrs for Part V.) See Statement 11

		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.		
35a	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
35b	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 <input type="text" value="0."/> 37a		
37b	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
38b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved <input type="text" value="N/A"/> 38b		
39	Section 501(c)(7) organizations Enter		
39a	Initiation fees and capital contributions included on line 9 <input type="text" value="N/A"/> 39a		
39b	Gross receipts, included on line 9, for public use of club facilities <input type="text" value="N/A"/> 39b		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text" value="0."/> , section 4912 <input type="text" value="0."/> ; section 4955 <input type="text" value="0."/> 40a		
40b	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		X
40c	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 <input type="text" value="0."/> 40c		
40d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="text" value="0."/> 40d		
40e	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		X
41	List the states with which a copy of this return is filed <input type="text" value="None"/> 41		

42a The organization's books are in care of Telephone no.
 Located at ZIP + 4

		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: <input type="text"/>		X
42c	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: <input type="text"/>		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

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 N/A 43

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		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		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		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
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 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
None				

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
None		

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

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

Signature of officer: *Lynn J. Graves* Date: 11/11/10
 Type or print name and title: Executive Director

Paid Preparer's Use Only

Preparer's signature: Lynn J. Graves, CPA Date: 1-26/10
 Firm's name (or yours if self-employed), address, and ZIP + 4: Graves & Associates, CPAs, LLC
 3702 West Truman Blvd. Suite 213
 Jefferson City, MO 65109-6156
 Check if self-employed: Preparer's Identifying Number (See instructions): N/A
 EIN: N/A Phone no: (573) 893-7700

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

BAA Form 990-EZ (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization AMERICAN COLLEGE OF PHYSICIANS MISSOURI CHAPTER	Employer identification number 43-1332364
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 9 An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III – Functionally integrated d Type III– Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organizations

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 Total. Add lines 1-through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

- 14** Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))

14	%
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- 15** Public support percentage from 2008 Schedule A, Part II, line 14

15	%
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- 16a 33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶
- b 33-1/3 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶
- 17a 10%-facts-and-circumstances test – 2009** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶
- b 10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	59,744.	54,563.	47,649.	58,578.	60,112.	280,646.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	49,890.	46,782.	41,995.	56,532.	41,994.	237,193.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5	109,634.	101,345.	89,644.	115,110.	102,106.	517,839.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6)						517,839.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	109,634.	101,345.	89,644.	115,110.	102,106.	517,839.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,764.	16,447.	22,118.	298.	50.	49,677.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	10,764.	16,447.	22,118.	298.	50.	49,677.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) See Part IV					500.	500.
13 Total support. (add lns 9, 10c, 11, and 12)						568,016.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	91.2 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	89.1 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	8.8 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	10.9 %

19a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

AMERICAN COLLEGE OF PHYSICIANS
MISSOURI CHAPTER

43-1332364

Part III, Line 12 - Other Income

Nature and Source	2009	2008	2007	2006	2005
EVERGREEN AWARD	500.				
Total	\$ 500.	\$ 0.	\$ 0.	\$ 0.	\$ 0.

Statement 1
Form 990-EZ, Part I, Line 5c
Net Gain (Loss) from Noninventory Sales

Publicly Traded Securities

Gross Sales Price: 36,933.
 Cost or Other Basis: 41,400.

Total Gain (Loss) Publicly Traded Securities \$ -4,467.

Total Net Gain (Loss) From Noninventory Sales \$ -4,467.

Statement 2
Form 990-EZ, Part I, Line 8
Other Revenue

EVERGREEN AWARD

Total \$ 500.
500.

Statement 3
Form 990-EZ, Part I, Line 16
Other Expenses

ACP FOUNDATION	\$	2,422.
BOOK		800.
CLERKSHIP		1,600.
Conferences, Conventions, and Meetings		35,619.
EXTERNSHIP		13,000.
LEADERSHIP		4,023.
Office Expenses		11,845.
PHY DX AWARD		1,600.
Travel		9,076.
	Total \$	<u>79,985.</u>

Statement 4
Form 990-EZ, Part I, Line 20
Other Changes In Net Assets Or Fund Balances

UNREALIZED GAIN ON INVESTMENS

Total \$ 28,007.
28,007.

Statement 5
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
ROUNDING	\$ 0.	\$ 1.
Total	\$ 0.	\$ 1.

Statement 6
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

TO ENHANCE THE QUALITY & EFFECTIVENESS OF HEALTH CARE BY FOSTERING EXCELLENCE & PROFESSIONALISM IN THE PRACTICE OF MEDICINE. ACE-ASIA SERVED APPROXIMATELY 2,000 MEMBERS FOR THE YEAR.

Statement 7
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

The chapter meeting is designed to provide continuing medical education for physicians to enhance their medical knowledge and ability to practice medicine. This meeting is a Continuing Medical Education (CME) meeting held over a four day period by the Missouri Chapter of the ACP. The chapter meeting provides over 20 hours of CME for approx. 100 physicians. An additional 100 physicians-in-training also attend for the poster contest. Approx 20 students also attend. The objective is to provide high quality CME at a reasonable price and to interact with members to assist them in addressing issues of importance to them.

Statement 8
Form 990-EZ, Part III, Line 29
Statement of Program Service Accomplishments

The externship and clerkship funding is designed to provide medical students with an opportunity to learn more about how internal medicine is practiced by following a physician for a month during the summer break. This educational situation for students enhance their medical knowledge and their future ability to practice medicine. The chapter funds approx. eight externships annually and four clerkship awards.

Statement 9
Form 990-EZ, Part III, Line 30
Statement of Program Service Accomplishments

The poster contest is designed to provide physicians-in-training an educational opportunity to perform research on a very narrow medical topic and present their conclusions. This independent academic activity is designed to improve and enhance their medical knowledge and ability to practice medicine. This poster contest with approx. 100 physicians-in-training is held during the annual chapter meeting and the chapter sends the 3 chapter winners to the national contest. The

Statement 9 (continued)
Form 990-EZ, Part III, Line 30
Statement of Program Service Accomplishments

objective is to interact with physicians-in-training and give them a positive experience in their first interaction with the chapter.

Statement 10
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
ANDREW L. EVANS, MD, MBA, FACP PO BOX 1028 JEFFERSON CITY, MO 65102	Ex Officio 2.00	\$ 0.	\$ 0.	\$ 0.
KIM JAMISON, MD, FACP PO BOX 1028 JEFFERSON CITY, MO 65102	Director 2.00	0.	0.	0.
THOMAS J OLSEN , MD, FACP PO BOX 1028 JEFFERSON CITY, MO 65102	Treasurer 2.00	0.	0.	0.
PATRICK MILLS PO BOX 1028 JEFFERSON CITY, MO 65102	Executive Direc 2.00	0.	0.	0.
ROBERT FOLZENLOGEN, MD PO BOX 1028 JEFFERSON CITY, MO 65102	Director 2.00	0.	0.	0.
ALAN D. FORKER, MD, FACP PO BOX 1028 JEFFERSON CITY, MO 65102	GOVERNOR-ELECT 2.00	0.	0.	0.
CAROLINE KERBER, MD, FACP PO BOX 1028 JEFFERSON CITY, MO 65102	EX OFFICIO 2.00	0.	0.	0.
PRADEEP KAPOOR, MD, FACP PO BOX 1028 JEFFERSON CITY, MO 65102	Director 2.00	0.	0.	0.
ROBERT LANCEY, MD PO BOX 1028 JEFFERSON CITY, MO 65102	Director 2.00	0.	0.	0.
CHRIS PERRYMAN, MD, FACP PO BOX 1028 JEFFERSON CITY, MO 65102	Director 2.00	0.	0.	0.

Statement 10 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
NAVEED RAZZAQUE, MBBS, FACP PO BOX 1028 JEFFERSON CITY, MO 65102	Director 2.00	\$ 0.	\$ 0.	\$ 0.
DAVID WOOLDRIDGE, MD, FACP PO BOX 1028 JEFFERSON CITY, MO 65102	EX OFFICIO 2.00	0.	0.	0.
CHELMER BARROW, DO, FACP PO BOX 1028 JEFFERSON CITY, MO 65102	Ex Officio 2.00	0.	0.	0.
DAVID FLEMING, MD, FACP PO BOX 1028 JEFFERSON CITY, MO 65102	Governor 2.00	0.	0.	0.
CARLA DYER, MD PO BOX 1028 JEFFERSON CITY, MO 65102	Director 2.00	0.	0.	0.
ELIZABETH ANDES, MD, FACP PO BOX 1028 JEFFERSON CITY, MO 65102	Director 2.00	0.	0.	0.
MELVIN BLANCHARD, MD, FACP PO BOX 1028 JEFFERSON CITY, MO 65102	EX OFFICIO 2.00	0.	0.	0.
JOSEPH J. MUSCATO, MD, FACP PO BOX 1028 JEFFERSON CITY, MO 65102	Director 2.00	0.	0.	0.
BISHNU DEVKOTA, MD PO BOX 1028 JEFFERSON CITY, MO 65102	Director 2.00	0.	0.	0.
AHMED AWAD, DO PO BOX 1028 JEFFERSON CITY, MO 65102	Director 2.00	0.	0.	0.
TOM DE FER, MD, FACP PO BOX 1028 JEFFERSON CITY, MO 65102	Director 2.00	0.	0.	0.
NANCY RUSSELL, MD PO BOX 1028 JEFFERSON CITY, MO 65102	Director 2.00	0.	0.	0.

Statement 10 (continued)
 Form 990-EZ, Part IV
 List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
STEVE BRIETZKE, MD, FACP PO BOX 1028 JEFFERSON CITY, MO 65102	EX OFFICIO 2.00	\$ 0.	\$ 0.	\$ 0.
MOREY GARDNER, MD PO BOX 1028 JEFFERSON CITY, MO 65102	EX OFFICIO 2.00	0.	0.	0.
RICHARD WHITING, MD, MACP PO BOX 1028 JEFFERSON CITY, MO 65102	EX OFFICIO 2.00	0.	0.	0.
ANNE WINKLER, MD, PHD, MACP PO BOX 1028 JEFFERSON CITY, MO 65102	PAST GOVERNOR 2.00	0.	0.	0.
TRACY NORFLEET, MD PO BOX 1028 JEFFERSON CITY, MO 65102	Director 2.00	0.	0.	0.
LOUAY OMRAN, MD PO BOX 1028 JEFFERSON CITY, MO 65102	EX OFFICIO 2.00	0.	0.	0.
LEON ROBISON, MD, FACP PO BOX 1028 JEFFERSON CITY, MO 65102	EX OFFICIO 2.00	0.	0.	0.
KEITH STARKE, MD, FACP PO BOX 1028 JEFFERSON CITY, MO 65102	EX OFFICIO 2.00	0.	0.	0.
MEGAN WREN, MD, FACP PO BOX 1028 JEFFERSON CITY, MO 65102	Director 2.00	0.	0.	0.
BRIDGET MCCANDLESS, MD PO BOX 1028 JEFFERSON CITY, MO 65102	Director 2.00	0.	0.	0.
Total		\$ 0.	\$ 0.	\$ 0.

Statement 11
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No