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A For the 2010 calendar year, or tax year beginning 07-01-2010

C Name of organization

As Filed Data -

MISSOUR CHAPTER OF AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

DLN: 93492064001142

D Employer identification number

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

B Check if applicable

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, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). 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

and ending 06-30-2011

Open to Public Inspection

	ddress	change MISSOUR CHAPTER OF AMERICAN COLLEGE OF EMERGENCY PHYSICIANS	23-7328424		
_	ame ch		E Telephone num	er	
_	ntıal ret		(573) 6	34-487	6
_	erminat mender	City or town, state or country, and ZIP + 4	F Group Exemptio		
_		JEFFERSON CITY, MO 65101 on pending	Number 🟲		
		ing method			organization is not
J Tax	-Exem	pt status (check only one)— 501(c)(3) 501(c)(6) ◀(insert no) 4947(a)(1) or 527	required to att (Form 990, 99		
\$5	0,000	If the organization is not a section 509(a)(3) supporting organization and its gross revious A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) mation chooses to file a return, be sure to file a complete return			
	l lines 5	ib, 6c, and 7b, to line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if total assets Form 990 instead of Form 990-EZ	(Part II, line 25, coli ► \$	ımn (B) below) are \$500,000 or 71,099
Pa	rt I		See the instruct		or Part I)
	1	Contributions, gifts, grants, and similar amounts received		1	0
	2	Program service revenue including government fees and contracts		2	13,631
	3	Membership dues and assessments		3	54,950
	4	Investment income		4	718
	5a	Gross amount from sale of assets other than inventory 5a			
<u>o</u>	ь	Less cost or other basis and sales expenses	0		
Revenue	_ c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0	
ě œ	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)			
	b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising reported on line 1) (attach Schedule G if the sum of such gross income and contributions \$15,000)	-		
	c	Less direct expenses from gaming and fundraising events 6c	0		
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtr	act line 6c)	6d	0
	7a	Gross sales of inventory, less returns and allowances			
	ь	Less cost of goods sold	0		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe in Schedule O)		8	1,800
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	71,099
	10	Grants and similar amounts paid (list in Schedule O)		10	6,880
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
o O	13	Professional fees and other payments to independent contractors $$. $$. $$. $$. $$.		13	425
Expenses	14	Occupancy, rent, utilities, and maintenance		14	
EX	15	Printing, publications, postage, and shipping		15	1,835
	16	Other expenses (describe in Schedule O)		16	52,100
	17	Total expenses. Add lines 10 through 16		17	61,240
B	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	9,859
ο. Ο	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree	with		
Net.Assets		end-of-year figure reported on prior year's return)		19	116,004
ž	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	125,863

Part II Balance Sheets						
Check if the organization used	Schedule O to respond to	any question in t	hıs Part II .			<u>Г</u>
(See the instruct	tions for Part II)		(A) Beginning o	fvear		(B) End of year
22 Cash, savings, and investments .	tions for rate II y			16,004	22	125,863
23 Land and buildings				10,004	23	123,005
24 Other assets (describe in Schedule O	`				24	
25 Total assets	,	•	1	16,004	25	125,863
26 Total liabilities (describe in Schedule	0)			10,004	26	125,803
27 Net assets or fund balances (line 27 o	,	th line 21\	1	16,004	+	125,863
Part III Statement of Program	<u>``</u>			16,004	~/	Expenses
Check if the organization used	•		his Part III .	_	(Re	quired for section 501
What is the organization's primary exempt	purpose?		·		1 ''	3) and 501(c)(4)
Trade Assoc For Emergency Physicians						anızatıons and sectıon ł7(a)(1) trusts,
Describe what was achieved in carrying ou describe the services provided, the numbe				,		onal for others)
program title						
28 BASIC TRAUMA LIFE SUPPORT EDUC SERVICES PERSONNEL	CATIONAL PROGRAM AT	TENDED BY EME	RGENCY MEDICA	A L		
	s amount includes foreign (grants, check hei	e >	Г	28a	
29 ANNUAL MEMBERSHIP MEETINGS AL		USS CURRENT T	OPICS AND NEW	1		
DEVELOPMENTS IN THE FIELD OF EMER (Grants \$) If the	RGENCY MEDICINE s amount includes foreign (grants chack has	·a 🌬	_		
30 EDUCATIONAL GRANTS/AWARDS AR		<u> </u>		<u> </u>	29a	
RESEARCH PROJECTS	E MADE TO MEDICAL ST	ODEN IS AND R	LSIDENTSTOR			
(Grants \$) If thi	s amount includes foreign	grants, check hei	re - -	Γ	30a	
31 O ther program services (describe in Sc				<u>.</u>		
	s amount includes foreign			<u> </u> =-	31a	
32 Total program service expenses (add lin Part IV List of Officers, Directors, Tru				es the inst	32	s for Dort TV
Part IV List of Officers, Directors, Tru Check if the organization used				• • •		
<u> </u>	(b) Title and average	(c) Compensa		rıbutıons	to	(e) Expense
(a) Name and address	hours per week	(If not paid		•		
	devoted to position	enter -0)	deferred c	ompensa	ition	other allowances
See Additional Data Table						

Fa	Check if the organization used Schedule O to respond to any question in the Bort 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 activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
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		No
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, explain in Schedule O why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements?	35a		No
ь	If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)	35b		
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨 📗 37a			
b	Did the organization file Form 1120-POL for this year?	37b		No
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		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on line 9			
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 ▶, section 4912 ▶, section 4955 ▶			
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	40b		
С	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			
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		No
41	List the states with which a copy of this return is filed	_		
42a	The organization's books are in care of THE ASSOCIATION Telephone no	(57	3)634	-4876
	211 EAST CAPITOL AVE JEFFERSON Located at ► CITY, MO ZIP + 4	► _6	5101	
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority			T
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No No
	If "Yes," enter the name of the foreign country			
	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 of the U S ?	42c		Νo
	If "Yes," enter the name of the foreign country			
	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			▶ Γ
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		Yes	No
	Form 990-EZ.	44a		No
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?			
		44c		No
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			

-orm 990	D-EZ (2010)							Page 4
							Yes	No
	any related organization a controlle s,' Form 990 and Schedule R must be		_	fsection 51	2(b)(13)? <i>If</i>	45		No
	the organization receive any paym aning of section 512(b)(13)? <i>If 'Ye</i>		•		•	45-		N.
46 Did	the organization engage, directly of the organization engage, directly	or indirectly, in political (campaign activities on b			45a		No
Part V				exempt c	haritable tri	46 usts (nlv	No
r ure v	All section 501(c)(3) organ 47-49b and 52.							stions
	Check if the organization used	Schedule O to respond	to any question in this P	art V I .		<u></u>	Yes	No
47 Did	d the organization engage in lobbyin	ng activities? If "Yes," co	omplete Schedule C, Pa	rt II		47		
48 Is t	the organization a school described	d ın section 170(b)(1)(A)(II)? If "Yes," complete S	Schedule E		48		
49a Did	the organization make any transfe	rs to an exempt non-cha	ırıtable related organıza	tion?		49a		
b If"	'Yes," was the related organization	a section 527 organizat	ion?			49b		
	mplete this table for the organization	-			•		•	
	ployees) who each received more t	(b) Title and average	nsation from the organiz		tributions to		e) Expe	nse
	ne and address of each employee paid more than \$100,000	hours per week devoted to position	(c) Compensation	employee I	benefit plans & compensation	a	count a	and
		devoted to position		deletted	.ompensation	Othe	anowe	ances
50(f) T	otal number of other employees pa	ıd over \$100,000 .				•		
		, ,	sated independent cont	· · ·	•	►	an \$10	0.000
51 Corof of c	mplete this table for the organization	on's five highest compen In If there is none, enter '	'None "	ı			-	
51 Corof of c	mplete this table for the organization	on's five highest compen In If there is none, enter '	'None "	ı	each received n		an \$10 Compen	
51 Corof of c	mplete this table for the organization	on's five highest compen In If there is none, enter '	'None "	ı			-	
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51 Corof of c	mplete this table for the organization	on's five highest compen In If there is none, enter '	'None "	ı			-	
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51 Corof of c	mplete this table for the organization	on's five highest compen In If there is none, enter '	'None "	ı			-	
51 Corof of c	mplete this table for the organization	on's five highest compen In If there is none, enter '	'None "	ı			-	
51 Corof of c	mplete this table for the organization	on's five highest compen In If there is none, enter '	'None "	ı			-	
51 Con of con (a)	mplete this table for the organization compensation from the organization Name and address of each independent cotal number of other independent c	on's five highest compen If there is none, enter ' ndent contractor paid mo	ne than \$100,000 g over \$100,000	(b) Type	e of service	(c) C	ompen	sation
51 Con of control (a) 51(d) T 52 E	mplete this table for the organization compensation from the organization Name and address of each indeper	on's five highest compen If there is none, enter ' indent contractor paid mo ontractors each receiving	ne than \$100,000 g over \$100,000	(b) Type	e of service	(c) C	ompen	sation
51 Con of c (a) 51(d) T 52 E	mplete this table for the organization compensation from the organization. Name and address of each indepensation of the organization of the organization complete Schemust attach a completed Schedule.	on's five highest compen If there is none, enter 'ndent contractor paid mo ontractors each receiving dule A? NOTE: All Section	g over \$100,000	(b) Type	of service	(c) C	eritable	sation trusts No
51 Con of control (a) 51(d) The state of th	mplete this table for the organization compensation from the organization Name and address of each independent of the organization otal number of other independent of the organization complete Schemust attach a completed Schedule of the organization of the organizat	on's five highest compen If there is none, enter 'ndent contractor paid mo ontractors each receiving dule A? NOTE: All Section A	ne than \$100,000 g over \$100,000 on 501(c)(3) organization	(b) Type	a of service (a)(1) nonexer atements, and to	npt cha	aritable (es	trusts No
51 Con of control (a) 51(d) The state of th	mplete this table for the organization compensation from the organization Name and address of each independent of the organization otal number of other independent of the organization complete Schemust attach a completed Schedule of the organization of the organizat	on's five highest compen If there is none, enter 'ndent contractor paid mo ontractors each receiving dule A? NOTE: All Section A	ne than \$100,000 g over \$100,000 on 501(c)(3) organization	(b) Type	a of service (a)(1) nonexer atements, and to	npt cha	aritable (es	trusts No
51 Con of control (a) 51(d) The state of th	mplete this table for the organization compensation from the organization Name and address of each independent of the organization otal number of other independent of the organization complete Schemust attach a completed Schedule of the organization of the organizat	on's five highest compen If there is none, enter 'ndent contractor paid mo ontractors each receiving dule A? NOTE: All Section A	ne than \$100,000 g over \$100,000 on 501(c)(3) organization	(b) Type	(a)(1) nonexer	npt cha	aritable (es	trusts No
51 Con of con (a) 51(d) To some series of the control of the cont	mplete this table for the organization compensation from the organization. Name and address of each independent of the organization complete schemust attach a completed Schedule of the and belief, it is true, correct, and cole.	on's five highest compentation of presentation	ne than \$100,000 g over \$100,000 on 501(c)(3) organization	(b) Type	a of service (a)(1) nonexer (a)(1) information of	npt cha	aritable (es	trusts No
51 Con of con (a) 51(d) To some series of the control of the cont	mplete this table for the organization compensation from the organization. Name and address of each independent of the organization complete Schemust attach a completed Schedule in the organization complete of the organization complete organization com	on's five highest compentation of presentation	ne than \$100,000 g over \$100,000 on 501(c)(3) organization		a of service (a)(1) nonexer (a)(1) information of	npt cha	aritable (es	trusts No
51 Connection (a) 51(d) To see the se	mplete this table for the organization compensation from the organization. Name and address of each independent of the organization of the organization complete. otal number of other independent of the organization complete Schemust attach a completed Schedule of the organization complete organization co	on's five highest compen If there is none, enter indent contractor paid modent contractor paid modent contractors each receiving dule A? NOTE: All Section A	g over \$100,000 g over \$100,000 on 501(c)(3) organization duding accompanying scheparer (other than officer)	(b) Type Ins and 4947 edules and st is based on a	a of service (a)(1) nonexer (a)(1) information of	npt chapt chapt the best which	aritable (es st of my prepare	trusts No r has an
51 Connection of Connection (a) 51(d) T 52 Connection T Junder per mowledge mowle	mplete this table for the organization compensation from the organization. Name and address of each independent of the organization complete. Old the organization complete Schemust attach a completed Schedule in the organization complete of the organization complete of the organization complete. Inalties of perjury, I declare that I have the and belief, it is true, correct, and contains the organization complete of the organization complete of the organization complete. Inalties of perjury, I declare that I have the and belief, it is true, correct, and contains the organization of the organization complete	on's five highest compen If there is none, enter indent contractor paid model on tractors each receiving dule A? NOTE: All Section A	g over \$100,000 g over \$100,000 on 501(c)(3) organization duding accompanying scheparer (other than officer)		of service 7 (a)(1) nonexer atements, and to all information of the service of	npt chapt chapt the best which	aritable (es st of my prepare	trusts No r has any
51 Con of control (a) 51(d) T 52 Control (a)	mplete this table for the organization compensation from the organization. Name and address of each independent of the organization complete. Old the organization complete Schemust attach a completed Schedule and belief, it is true, correct, and complete of the comple	on's five highest compen If there is none, enter indent contractor paid model on tractors each receiving dule A? NOTE: All Section A	g over \$100,000 g over \$100,000 on 501(c)(3) organization duding accompanying scheparer (other than officer)	(b) Type Ins and 4947 edules and st is based on a	of service (a)(1) nonexer atements, and to all information of the service of th	npt chapt chapt the best which	aritable (es st of my prepare	trusts No r has any

Software ID: Software Version:

EIN: 23-7328424

Name: MISSOUR CHAPTER OF AMERICAN COLLEGE OF

EMERGENCY PHYSICIANS

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

(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 & deferred compensation	(E) Expense account and other allowances
ROBERT POIRIER JR MD 660 S EUCLID CAMPUS BOX 8072 ST LOUIS, MO 63110	Director 1 00	0		
BRIAN ROBB 1435 WOODBURY DR LIBERTY,MO 64068	President 3 00	0		
MICHAEL SZEWCZYK 1404 HIGHLANDS CT COLUMBIA, MO 65203	Treasurer 3 00	0		
DOUGLAS CHAR 9020 ROBYN ROW ST LOUIS,MO 63126	Director 1 00	0		
CHARLES SHEPPARD 4734 E FARM RD 166 SPRINGFIELD, MO 65809	Director 1 00	0		
LYNTHIA ANDREWS PO BOX 2300 PLATTE CITY, MO 64079	Director 1 00	0		
BARRY SPOON 18565 HWY AZ WILLOW SPRINGS, MO 65793	Director 1 00	0		
CHAD BOULWARE 612 N JOPLIN AVE JOPLIN,MO 64801	Director 1 00	0		
TED MCMURRY 3343 SOUTHERNVIEW OZARK, MO 65271	Director 1 00	0		
LARRY SLAUGHTER 509 VIEUX CARRE COLUMBIA, MO 65203	Vice President 2 00	0		
SEBASTIAN RUECKERT 170 DIELMAN RD LADUE,MO 63124	Director 1 00	0		
JORGEN SCHLEMEIER 213 EAST CAPITOL AVENUE JEFFERSON CITY, MO 65101	Exec Director 2 00	0		
RANDY JOTTE CAMPUS BOX 8072 660 S EUCLID ST LOUIS, MO 63119	Director 1 00	0		

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As Filed Data -

DLN: 93492064001142

OMB No 1545-0047

2010

Department of the Treasury
Internal Revenue Service

SCHEDULE 0

(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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization
MISSOUR CHAPTER OF AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

Employer identification number

23-7328424

ldentifier	Return Reference	Explanation
Form 990EZ, Part I, Line 8		EPIC ADVERTISING 800 RESEARCH GRANT RETURNED 1000

ldentifier	Return Reference	Explanation
Form 990EZ, Part I, Line 10		RESEARCH GRANTS RESEARCH GRANT BETTY CHEN 2210 RESEARCH GRANT RESEARCH GRANT STACY HOUSE 2000 RESEARCH GRANT GRANT MICHAEL LOHMEIER 1170 RR HANNAS AWARD AWARD ASHLEY MANN 250 RR HANNAS AWARD AWARD NATHAN HOLBROOK 250 RR HANNAS AWARD AWARD TIMOTHY TODD 250 RR HANNAS AWARD AWARD JADA LANE ROE 250 RR HANNAS AWARD AWARD IVAN SHATKIN 250 RR HANNAS AWARD AWARD ANDREW STEPHEN DALTON 250

ldentifier	Return Reference	Explanation
Form 990EZ, Part I, Line 16		MISCELLANEOUS 366 CONSULTANTS 10000 LEGISLATIVE EXPENSES 2273 MANAGEMENT FEES 17000 ITLS EXPENSES 8932 CONFERENCES, MEETINGS, ETC 4224 OFFICE SUPPLIES & TELEPHONE 1679 WEB PAGE 542 CCC EXPENSE 276 RESIDENT EXPENSES 4802 BATTLE OF THE BELT EXPENSES 2006

ldentifier	Return Reference	Explanation
Form 990, Part IX, Line 24f		WEB PAGE CCC EXPENSE GRANT EXPENSES RESIDENT GIFTS CONTRIBUTIONS