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► 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.*

F Group Exemption
Number 

J Tax-Exempt status(check only one)— ☐ 501(c)(3) ☒ 501(c)(6) ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

Check if the organization used Schedule O to respond to any question in this Part I ☒

Form **990-EZ** (2010)

Part II

Balance Sheets

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

☐

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	125,863	22	131,451
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	Total assets	125,863	25	131,451
26	Total liabilities (describe in Schedule O)		26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	125,863	27	131,451

Part III Statement of Program Service Accomplishments		Expenses	
Check if the organization used Schedule O to respond to any question in this Part III . <input type="checkbox"/>		(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? Trade Assoc For Emergency 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 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 (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		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 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
See Additional Data Table				

Part V

Other Information (Note the 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	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		
a	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	No
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	
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	No
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 <input type="checkbox"/> 37a <input type="text"/>		
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		
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 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
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	
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 . . . <input type="checkbox"/> _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____		
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	No
41	List the states with which a copy of this return is filed <input type="checkbox"/> _____		
42a	The organization's books are in care of <input type="checkbox"/> THE ASSOCIATION Telephone no <input type="checkbox"/> (573) 634-4876 211 EAST CAPITOL AVE JEFFERSON Located at <input type="checkbox"/> CITY, MO ZIP + 4 <input type="checkbox"/> 65101		
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 <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
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 <input type="checkbox"/> _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43 <input type="text"/>		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of 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 Form 990-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	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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	No

		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		

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 47-49b and 52.

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		
48	Is the organization a school 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?		
49b	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 & 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

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts 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	***** Signature of officer		2012-11-14 Date		
	JORGEN SCHLEMEIER, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	RITA A FAGUE CPA	Date	Check if self-employed	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	RITA A FAGUE CPA 4716 RENNER RIDGE ROAD FULTON, MO 65251			EIN
					Phone no (573) 642-3539

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

Additional Data

Software ID:

Software Version:

EIN: 23-7328424

Name: MISSOUR CHAPTER OF AMERICAN COLLEGE OF
EMERGENCY PHYSICIANS

Form 990-EZ, Special Condition Description:

Special Condition Description

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		
JONATHAN HEIDT 6415 RAYWOOD AVE ST LOUIS,MO 63123	Director 1 00	0		
EVAN SCHWARZ 312 N MERAMEC AVE ST LOUIS,MO 63105	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		

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 to provide any additional information.
 Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

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

Employer identification number
 23-7328424

Identifier	Return Reference	Explanation
Form 990EZ, Part I, Line 8		EPIC ADVERTISING 0 RESEARCH GRANT RETURNED 0
Form 990EZ, Part I, Line 10		RESEARCH GRANT AWARD DR SREEJA NATESAN 2066 RESEARCH GRANT AWARD JONATHAN HEIDT 750 RR HANNAS AWARD AWARD CHRISTOPHER SCHULTZ 250 RR HANNAS AWARD AWARD BEN FAVIER 250 RR HANNAS AWARD AWARD EMILY SPRADLING 250 RR HANNAS AWARD AWARD SARA LYNN MANNING 250 RR HANNAS AWARD AWARD DUSTIN WAYNE KEFFER 125 RR HANNAS AWARD AWARD TYLER HILL 250 RR HANNAS AWARD AWARD KATIE LEE THOMPSON 125
Form 990EZ, Part I, Line 16		MISCELLANEOUS 455 CONSULTANTS 10000 LEGISLATIVE EXPENSES 2995 MANAGEMENT FEES 17000 ITLS EXPENSES 8502 CONFERENCES, MEETINGS, ETC 9513 OFFICE SUPPLIES & TELEPHONE 1405 WEB PAGE 495 CCC EXPENSE 484 RESIDENT EXPENSES 4727 BATTLE OF THE BELT EXPENSES 2100
Form 990, Part IX, Line 24f		WEB PAGE CCC EXPENSE GRANT EXPENSES RESIDENT GIFTS CONTRIBUTIONS ITLS EXPENSES