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DLN: 93492319034012

OMB No 1545-1150

2011

Open to Public Inspection

Form 990-EZ

Department of the Treasury Internal Revenue Service · |

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 donds, in cortan state operate one or more hospital facilities, and cortan controlling organizations as defined in cortan 512(b)(13) must file Form 900 (rea instructions)

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

A For the 2011 calendar year, or tax year beginning 07-01-2011 , and ending 06-30-2012 Check if applicable C Name of organization D Employer identification number MISSOUR CHAPTER OF AMERICAN COLLEGE OF EMERGENCY PHYSICIANS Address change 23-7328424 Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number 211 EAST CAPITOL Initial return (573) 634-4876 Terminated City or town, state or country, and ZIP + 4 Amended return F Group Exemption JEFFERSON CITY, MO 65101 Number Application pending **H** Check ► ✓ If the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website:► N/A

K Check In the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than section 50000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instruction Check if the organization used Schedule O to respond to any question in this Part I	tions f	or Part I)
	1	Contributions, gifts, grants, and similar amounts received	1	1,000
	2	Program service revenue including government fees and contracts	2	17,532
	3	Membership dues and assessments	3	49,437
	4	Investment income	4	523
	5a	Gross amount from sale of assets other than inventory 5a		
<u>a</u>	ь	Less cost or other basis and sales expenses 5b C		
Revenue	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
Œ.	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)		
	ь	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	<u>-</u>	
	c	Less direct expenses from gaming and fundraising events 6c C	<u>1</u>	
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	0
	7a	Gross sales of inventory, less returns and allowances		
	ь	Less cost of goods sold	<u>J</u>	
	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	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	68,492
	10	Grants and similar amounts paid (list in Schedule O)	10	4,316
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
S di S	13	Professional fees and other payments to independent contractors	13	425
Expenses	14	Occupancy, rent, utilities, and maintenance	14	
픐	15	Printing, publications, postage, and shipping	15	487
	16	Other expenses (describe in Schedule O)	16	57,676
	17	Total expenses. Add lines 10 through 16	17	62,904
2	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,588
NetAssets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		
4		end-of-year figure reported on prior year's return)	19	125,863
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	131,451

Check if the organization used	Schedule O to respond to	any question in this Pa	art II	_	
		, question			
(See the instruct	ions for Part II)	(A)) Beginning of year		(B) End of year
22 Cash, savings, and investments .			125,863	22	131,45
23 Land and buildings				23	
24 Other assets (describe in Schedule O)			24	
25 Total assets			125,863	25	131,45
26 Total liabilities (describe in Schedule	0)			26	
27 Net assets or fund balances (line 27 or	f column (B) must agree w	th line 21) .	125,863	27	131,45
Part III Statement of Program	_		<u></u>	Τ	Expenses
Check if the organization used	Schedule O to respond to	any question in this P	art III . 🔽		quired for section 501
What is the organization's primary exempt	purpose?				3) and 501(c)(4) anızatıons and sectior
Trade Assoc For Emergency Physicians		- L - E - L - L		494	7(a)(1) trusts,
Describe the organization's program service measured by expenses. In a clear and conditions				opti	onal for others)
benefited, and other relevant information fo		p			
28 BASIC TRAUMA LIFE SUPPORT EDUC	ATIONAL PROGRAM AT	TENDED BY EMERGE	NCY MEDICAL		
SERVICES PERSONNEL	s amount includes foreign	grants shock hara	. –		
(Grants \$) If the 29 ANNUAL MEMBERSHIP MEETINGS AL			<u> </u>	28a	
DEVELOPMENTS IN THE FIELD OF EMER		USS CURRENT TOPIC	25 AND NEW		
	s amount includes foreign	grants, check here .	▶┌	29a	
30 EDUCATIONAL GRANTS/AWARDS AR	E MADE TO MEDICAL ST	UDENTS AND RESID	ENTS FOR		
RESEARCH PROJECTS (Grants \$) If the	s amount includes foreign	aranta abaak bara	. –		
31 Other program services (describe in Sci		-	<u>'</u>	30a	
	s amount includes foreign			31a	
32 Total program service expenses (add line				32	
Part IV List of Officers, Directors, Tru				truction	s for Part IV)
Check if the organization used	Schedule O to respond to	any question in this P	art IV		<u> </u>
4.5 N	(b) Title and average	(c) Compensation	(d) Contributions		(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit p deferred compens		account and other allowances
-	acretou te pesition				
See Additional Data Table					

Pa	rt 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	<u> </u>			
					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	of the	iny significant changes made to the organizing or governing documents? If "Yes," atta amended documents if they reflect a change to the organization's name Otherwise, exule 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	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 Sched	'to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an ex ule O	planation in	35b		
c		ie organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to se , reporting, and proxy tax requirements during the year? If Yes,'complete Schedule C,		35c		No
36	Did the	e organization undergo a liquidation, dissolution, termination, or significant disposition ar? If "Yes," complete applicable parts of Schedule N	of net assets during	36		No
37a	•	nount of political expenditures, direct or indirect, as described in the instructions 🕨 37a				110
		e organization file Form 1120-POL for this year?		37b		No
		e organization borrow from, or make any loans to, any officer, director, trustee, or key e				
		ch loans made in a prior year and still outstanding at the end of the tax year covered b		38a		No
b	=	," complete Schedule L, Part II and enter the total amount involved . 38b	,			
39		n 501(c)(7) organizations. Enter		1		
		ion fees and capital contributions included on line 9				
		receipts, included on line 9, for public use of club facilities 39b				
		a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year	ear under	1		
		4911 ►	ar arraci			
b	Section transa	o 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 ction during the year or did it engage in an excess benefit transaction in a prior year the donany of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	at has not been			
				40b		
C		n 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization	n managers or			
d	Sectio	Infied persons during the year under sections 4912, 4955, and 4958	by the			
e	All orga	anizations. At any time during the tax year, was the organization a party to a prohibited ction? If "Yes," complete Form 8886-T	tax shelter	40e		No
41	List the	states with which a copy of this return is filed 🕨				
42a		rganization's books are in care of F THE ASSOCIATION		▶ <u>(57</u>	3)634	-4876
		211 EAST CAPITOL AVE JEFFERSON ed at ► CITY, MO		► <u>6</u> !		
b		time during the calendar year, did the organization have an interest in or a signature of			Yes	No
	over a accour	financial account in a foreign country (such as a bank account, securities account, or nt)?	other financial	42b		No
	See th	," enter the name of the foreign country <u></u> e instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of I				
c		ial Accounts. time during the calendar year, did the organization maintain an office outside of the U	S?	42c		No
	If "Ves	," enter the name of the foreign country 🕨				
43	Section	n 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041— Ch ter the amount of tax-exempt interest received or accrued during the tax year	eck here			▶Г
44a	Did the	e organization maintain any donor advised funds? <i>If "Yes", Form 990 must be completed</i>	instead of		Yes	No
- 	Form 9		Jedua Oi	44a		RI -
L				44a		No
D		e organization operate one or more hospital facilities during the year? <i>If 'Yes,' Form 990</i> If of Form990-EZ	must be completed	44b		No
C	c Did the organization receive any payments for indoor tanning services during the year?		44c		No	
d	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		provide an explanation	44d		
45a	15a Did the organization have a controlled entity within the meaning of section 512(b)(13)?			45a		No
45h	Did tha	e organization receive any payment from or engage in any transaction with a controlled	entity within the	734		'\'
.55	meanır	ng of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be complete		45b		No

Form 990-	EZ (2011)							Page 4
							Yes	No
	the organization engage, directly Ildates for public office? If "Yes,"			n behalf of or 11	n opposition to	46		
Part VI	All section 501(c)(3) organ			•			_	stions
	47-49b and 52. Check if the organization used	d Schedule O to respond t	to any guestion in this	: Part VI				Г
	Check if the organization used	a semedule o to respond	to any question in tins	, raic vi .			Yes	No
	the organization engage in lobbyii es," complete Schedule C, Part I		ction 501(h) election	in effect durin	g the tax year?	47		
48 Is th	ie organization a school describe	d in section 170(b)(1)(A))(II)? If "Yes." complete	e Schedule E		48		
	the organization make any transfe					49a		
	es," was the related organization					49b		
	· -	-						<u> </u>
	plete this table for the organization lovees) who each received more to the contract of the co							
(a) Name	e and address of each employee	(b) Title and average	(c) Compensation		tributions to		Expe	
pa	aid more than \$100,000	hours per week devoted to position	(c) Compensation		benefit plans & compensation		rallow	
f Tot	tal number of other employees pa	ıd over \$100 000						
	impensation from the organization	<u></u>		(b) Тур	e of service	(c) C	ompen	sation
	tal number of other independent o							
	d the organization complete Sche ust attach a completed Schedule		on 501(c)(3) organizat	ions and 494	/(a)(1) nonexer		ritable /es	
	lties of perjury, I declare that I hav and belief, it is true, correct, and co							
	Т.			1				
	*****				12-11-14			
Sign Here	Signature of officer			Da	ite			
пеге	JORGEN SCHLEMEIER EXECUTIVE Type or print name and title	DIRECTOR						
	Preparer's	Da		Check If Self-	Preparer's taxpay		ıfıcatıon ı	number
Paid Proporor'o	Signature			employed •	,			
Preparer's Jse Only	ıf self-employed),	UE CPA			EIN Þ			
750 Only	address, and ZIP + 4 4716 RENNER RIDGE ROAD Phone no 4 (57)					73) 642	3530	
	FULTON, M							
ଏay the IR	RS discuss this return with the pro	eparer shown above? See	instructions		<u> • </u>	Гү	es l	No

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

ROBERT POIRIER JR MD 660 S EUCLID CAMPUS BOX 8072 ST LOUIS, MO 63110 Director 1 00 O O O O O O O O O	(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
1435 WOODBURY DR LIBERTY, MO 64068	660 S EUCLID CAMPUS BOX 8072	Director 1 00	0		
1404 HIGHLANDS CT	1435 WOODBURY DR	President 3 00	0		
9920 ROBYN ROW ST LOUIS,MO 63126 CHARLES SHEPPARD 4734 E FARM RD 166 SPRINGFIELD,MO 65809 LYNTHIA ANDREWS PO BOX 2300 PLATTE CITY,MO 64079 JONATHAN HEIDT 6415 RAYWOOD AVE ST LOUIS,MO 63123 EVAN SCHWARZ 312 N MERAMEC AVE ST LOUIS,MO 63105 TED MCMURRY 3343 SO UTHERNVIEW 02ARK,MO 65271 LARRY SLAUGHTER 509 VIEUX CARRE COLUMBIA, MO 65203 SEBASTIAN RUECKERT 170 DIELMAN RD LADUE,MO 63124 DIRECTO 1 00 0 0 0 0 0 0 0 0 0 0 0 0 0	1404 HIGHLANDS CT	Treasurer 3 00	0		
4734 E FARM RD 166 SPRINGFIELD, MO 65809	9020 ROBYN ROW	Director 1 00	0		
PO BOX 2300 PLATTE CITY,MO 64079 Director 1 00	4734 E FARM RD 166	Director 1 00	0		
6415 RAYWOOD AVE ST LOUIS, MO 63123 EVAN SCHWARZ 312 N MERAMEC AVE ST LOUIS, MO 63105 TED MCMURRY 3343 SOUTHERNVIEW 0 ZARK, MO 65271 LARRY SLAUGHTER 509 VIEUX CARRE COLUMBIA, MO 65203 SEBASTIAN RUECKERT 170 DIELMAN RD LADUE, MO 63124 JORGEN SCHLEMEIER 213 EAST CAPITOL AVENUE BIFFERSON CITY, MO 65101 RANDY JOTTE CAMPUS BOX 8072 660 S EUCLID	PO BOX 2300	Director 1 00	0		
312 N MERAMEC AVE ST LOUIS, MO 63105 TED MCMURRY 3343 SOUTHERNVIEW OZARK, MO 65271 LARRY SLAUGHTER 509 VIEUX CARRE COLUMBIA, MO 65203 SEBASTIAN RUECKERT 170 DIELMAN RD LADUE, MO 63124 JORGEN SCHLEMEIER 213 EAST CAPITOL AVENUE JEFFERSON CITY, MO 65101 RANDY JOTTE CAMPUS BOX 8072 660 S EUCLID	6415 RAYWOOD AVE	Director 1 00	0		
3343 SOUTHERNVIEW OZARK, MO 65271 LARRY SLAUGHTER 509 VIEUX CARRE COLUMBIA, MO 65203 SEBASTIAN RUECKERT 170 DIELMAN RD LADUE, MO 63124 JORGEN SCHLEMEIER 213 EAST CAPITOL AVENUE JEFFERSON CITY, MO 65101 RANDY JOTTE CAMPUS BOX 8072 660 S EUCLID	312 N MERAMEC AVE	Director 1 00	0		
SEBASTIAN RUECKERT 170 DIELMAN RD LADUE, MO 63124 JORGEN SCHLEMEIER 213 EAST CAPITOL AVENUE JEFFERSON CITY, MO 65101 RANDY JOTTE CAMPUS BOX 8072 660 S EUCLID Director 1 00 0 0 0 0 0 0 0 0 0 0 0 0	3343 SOUTHERNVIEW	Director 1 00	0		
170 DIELMAN RD LADUE, MO 63124 JORGEN SCHLEMEIER 213 EAST CAPITOL AVENUE JEFFERSON CITY, MO 65101 RANDY JOTTE CAMPUS BOX 8072 660 S EUCLID Exec Director 2 00 0 0 0 0	509 VIEUX CARRE	Vice President 2 00	0		
213 EAST CAPITOL AVENUE JEFFERSON CITY, MO 65101 RANDY JOTTE CAMPUS BOX 8072 660 S EUCLID Director 1 00 0	170 DIELMAN RD	Director 1 00	0		
CAMPUS BOX 8072 660 S EUCLID	213 EAST CAPITOL AVENUE	Exec Director 2 00	0		
	CAMPUS BOX 8072 660 S EUCLID	Director 1 00	0		

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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

	Employer identifi	cation number
MISSOUR CHAPTER OF AMERICAN COLLEGE OF EMERGENCY PHYSICIANS		
	23-7328424	

ldentifier	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 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