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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 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

OMB No 1545-1150
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011, and ending 06-30-2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICAN COLLEGE OF PHYSICIANS MISSOURI CHAPTER Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 1028	D Employer identification number 43-1332364
	City or town, state or country, and ZIP + 4 JEFFERSON CITY, MO 65102	E Telephone number (573) 636-5151
		F Group Exemption Number 3065

G Accounting method Cash Accrual Other (specify) _____

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

I Website: N/A

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

K Check if 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 \$50,000. 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. \$ 163,905

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1		18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2		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)
3	Membership dues and assessments	3		20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4		21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a	65,550		
5b	Less cost or other basis and sales expenses	5b	64,884		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	666		
6	Gaming and fundraising events	6a			
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
6b	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	0		
6c	Less direct expenses from gaming and fundraising events	6c	0		
6d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d			
7a	Gross sales of inventory, less returns and allowances	7a			
7b	Less cost of goods sold	7b	0		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
8	Other revenue (describe in Schedule O)	8			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	99,021		
10	Grants and similar amounts paid (list in Schedule O)	10			
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	42,475		
14	Occupancy, rent, utilities, and maintenance	14			
15	Printing, publications, postage, and shipping	15	11,700		
16	Other expenses (describe in Schedule O)	16	62,484		
17	Total expenses. Add lines 10 through 16	17	116,659		

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	268,668	22	247,351
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	268,668	25	247,351
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	268,668	27	247,351

Part III **Statement of Program Service Accomplishments**

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

What is the organization's primary exempt purpose?

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

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

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 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 OBJECTIVE IS TO INTERACT WITH PHYSICIANS-IN-TRAINING AND GIVE THEM A POSITIVE EXPERIENCE IN THEIR FIRST INTERACTION WITH THE CHAPTER (Grants \$ 10,439) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 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 (Grants \$ 10,600) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 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 (Grants \$ 44,892) 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	65,931

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		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)		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		
35a	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)?		No
35b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		No
35c	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		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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text"/>		
37b	Did the organization file Form 1120-POL for this year?		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?		No
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="text"/>		
39	<i>Section 501(c)(7) organizations.</i> Enter		
39a	Initiation fees and capital contributions included on line 9		0
39b	Gross receipts, included on line 9, for public use of club facilities		0
40a	<i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 <input type="text"/> , section 4912 <input type="text"/> , section 4955 <input type="text"/>		
40b	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> 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		No
40c	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text"/>		
40d	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
40e	<i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		No
41	List the states with which a copy of this return is filed <input type="text"/>		
42a	The organization's books are in care of <input type="text"/> PATRICK MILLS Telephone no <input type="text"/> (573) 636-3366 PO BOX 1028 Located at <input type="text"/> JEFFERSON CITY, MO ZIP + 4 <input type="text"/> 65102		
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"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
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"/>		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text"/>		
44a	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.	Yes	No
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
44c	Did the organization receive any payments for indoor tanning services during the year?		No
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)		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

46 Yes No

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

47 Yes No

48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48 Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a Yes No

b If "Yes," was the related organization a section 527 organization?

49b Yes No

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"

Table with 5 columns: (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. All rows contain '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"

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation. All rows contain 'NONE'.

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 (*****), Date (2012-10-15), Type or print name and title (PATRICK MILLS Executive Direc)

Paid Preparer's Use Only: Preparer's signature (JO L MOORE CPA), Date, Check if self-employed, Preparer's taxpayer identification number, Firm's name (Evers & Company CPAs LLC), address, and ZIP + 4 (520 Dix Road, Jefferson City, MO 65109), EIN, Phone no ((573) 635-0227)

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

Yes No

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ 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

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 **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a 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 to 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 it 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?
 (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 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 organization(s)

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

(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 IRC 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV.) Do not include gain or loss from the sale of capital assets						
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 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2010. If the organization did not check the 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 <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2011. 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 <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2010. 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	47,649	58,578	60,112	65,333	53,018	284,690
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	41,995	56,532	41,994	61,142	45,363	247,026
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	89,644	115,110	102,106	126,475	98,381	531,716
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						531,716

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	89,644	115,110	102,106	126,475	98,381	531,716
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	22,118	298	50	77	74	22,617
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	22,118	298	50	77	74	22,617
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.)			500			500
13 Total support (Add lines 9, 10c, 11 and 12.)	111,762	115,408	102,656	126,552	98,455	554,833
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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 2011 (line 8 column (f) divided by line 13 column (f))	15	95.830 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	93.120 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	4.080 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	6.790 %

19a 33 1/3% support tests—2011. 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—2010. If the organization did not check a box on line 14 or line 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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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
AMERICAN COLLEGE OF PHYSICIANS
MISSOURI CHAPTER

Employer identification number

43-1332364

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 20 1001	Other Changes In Net Assets Or Fund Balances 1001	Net Unrealized Gains and Losses on Investments \$-3679
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	STUDENT AWARDS \$1500
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	CLERKSHIP \$1600
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	ACP FOUNDATION \$2519
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	EXTERNSHIP \$9000
Form 990-EZ, Part I, Line 16 1007	Other Expenses 1007	Conferences, Conventions, and Meetings \$44891
Form 990-EZ, Part I, Line 16 1005	Other Expenses 1005	Travel \$1044
Form 990-EZ, Part I, Line 16 1003	Other Expenses 1003	Information Technology \$49
Form 990-EZ, Part I, Line 16 1002	Other Expenses 1002	Office Expenses \$1881

Additional Data

Software ID: 11000144
Software Version: 2011v1.2
EIN: 43-1332364
Name: AMERICAN COLLEGE OF PHYSICIANS
MISSOURI CHAPTER

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
DANIEL REY MC PO BOX 1028 JEFFERSON CITY, MO 65102	EX OFFICIO 0	0		
JAMES KOLLER MD PO BOX 1028 JEFFERSON CITY, MO 65102	Director 1 00	0		
BILL TAYLOR MD FACP PO BOX 1028 JEFFERSON CITY, MO 65102	Director 1 00	0		
MIGUEL PANIAGUA MD FACP PO BOX 1028 JEFFERSON CITY, MO 65102	Director 1 00	0		
BRIDGET MCCANDLESS MD PO BOX 1028 JEFFERSON CITY, MO 65102	Director 1 00	0		
MEGAN WREN MD FACP PO BOX 1028 JEFFERSON CITY, MO 65102	Director 1 00	0		
KEITH STARKE MD FACP PO BOX 1028 JEFFERSON CITY, MO 65102	EX OFFICIO 1 00	0		
TRACY NORFLEET po BOX 1028 JEFFERSON CITY, MO 65102	Director 1 00	0		
ANNE WINKLER MD PHD MACP PO BOX 1028 JEFFERSON CITY, MO 65102	EX OFFICIO 1 00	0		
RICHARD WHITING MD MACP PO BOX 1028 JEFFERSON CITY, MO 65102	EX OFFICIO 1 00	0		
SARAH FLORIO MD PO BOX 1028 JEFFERSON CITY, MO 65102	Director 1 00	0		
BRENT BEASLEY MD FACP PO BOX 1028 JEFFERSON CITY, MO 65102	Director 1 00	0		
TOM DE FER MD FACP PO BOX 1028 JEFFERSON CITY, MO 65102	Director 1 00	0		
BISHNU DEVKOTA MD PO BOX 1028 JEFFERSON CITY, MO 65102	Director 1 00	0		
RICHARD BURNS MD FACP PO BOX 1028 JEFFERSON CITY, MO 65102	Director 1 00	0		

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MELVIN BLANCHARD MD FACP PO BOX 1028 JEFFERSON CITY, MO 65102	Director 1 00	0		
CARLA DYER MD PO BOX 1028 JEFFERSON CITY, MO 65102	Director 1 00	0		
DAVID WOOLDRIDGE MD FACP PO BOX 1028 JEFFERSON CITY, MO 65102	EX OFFICIO 1 00	0		
DAVID FLEMING MD FACP PO BOX 1028 JEFFERSON CITY, MO 65102	PAST GOVERNOR 1 00	0		
NAVEED RAZZAQUE MBBS FACP PO BOX 1028 JEFFERSON CITY, MO 65102	Director 1 00	0		
CHRIS PERRYMAN MDFACP PO BOX 1028 JEFFERSON CITY, MO 65102	Director 1 00	0		
PEGGY BARJENBRUCH MD FACP PO BOX 1028 JEFFERSON CITY, MO 65102	Director 1 00	0		
AHMED AWAD DO PO BOX 1028 JEFFERSON CITY, MO 65102	Director 1 00	0		
TOM ALLEN MD PO BOX 1028 JEFFERSON CITY, MO 65102	Director 1 00	0		
ALAN D FORKER MD FACP PO BOX 1028 JEFFERSON CITY, MO 65102	GOVERNOR 1 00	0		
PATRICK MILLS PO BOX 1028 JEFFERSON CITY, MO 65102	Executive Direc 1 00	0		
THOMAS J OLSEN MD FACP PO BOX 1028 JEFFERSON CITY, MO 65102	Treasurer 1 00	0		
KIM JAMISON MD FACP PO BOX 1028 JEFFERSON CITY, MO 65102	Director 1 00	0		
ANDREW L EVANS MD MBA FACP PO BOX 1028 JEFFERSON CITY, MO 65102	EX OFFICIO 1 00	0		