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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 private foundation)

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013, and ending 06-30-2014

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
WV CHAPTER AMERICAN COLLEGE OF EMERGENCY PHYSICIANS C/O DARBY COPELAND
Number and street (or P O box, if mail is not delivered to street address) Room/suite
2000 EOFF STREET
City or town, state or province, country, and ZIP or foreign postal code
WHEELING, WV 26003

D Employer identification number
51-0151584
E Telephone number
(740) 298-1417
F Group Exemption Number

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: WWW.WWACEP.ORG

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

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other _____

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 79,505

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	1	Contributions, gifts, grants, and similar amounts received	8,418
	2	Program service revenue including government fees and contracts	40,380
	3	Membership dues and assessments	30,126
	4	Investment income	
	5a	Gross amount from sale of assets other than inventory	
	5b	Less cost or other basis and sales expenses	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
	6	Gaming and fundraising events	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
	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)	
Expenses	6c	Less direct expenses from gaming and fundraising events	
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	
	7a	Gross sales of inventory, less returns and allowances	
	7b	Less cost of goods sold	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
	8	Other revenue (describe in Schedule O)	581
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	79,505
	10	Grants and similar amounts paid (list in Schedule O)	2,420
	11	Benefits paid to or for members	
	12	Salaries, other compensation, and employee benefits	
Net Assets	13	Professional fees and other payments to independent contractors	27,500
	14	Occupancy, rent, utilities, and maintenance	664
	15	Printing, publications, postage, and shipping	109
	16	Other expenses (describe in Schedule O)	37,675
	17	Total expenses. Add lines 10 through 16	68,368
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	11,137
	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)	62,089
	20	Other changes in net assets or fund balances (explain in Schedule O)	-2,251
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	70,975

Part II

Balance Sheets

(see the instructions for Part II)

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	58,153	22	66,406
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	3,936	24	4,569
25 Total assets	62,089	25	70,975
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	62,089	27	70,975

Part III

Statement of Program Service Accomplishments

(see the instructions for Part III)

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 PROVIDE A FORUM FOR EMERGENCY MEDICAL PRACTITIONERS

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 CONTINUING PROGRAMS TO IMPROVE EMERGENCY HEALTH CARE DELIVERY SYSTEMS WITH EDUCATION OF HEALTH CARE PROFESSIONALS AND THE GENERAL PUBLIC
(Grants \$ 0) If this amount includes foreign grants, check here

28a0

29 CONTINUING PROGRAMS TO IMPROVE THE QUALITY OF EMERGENCY MEDICINE WITH THE DEVELOPMENT AND IMPLEMENTATION OF GUIDELINES
(Grants \$ 0) If this amount includes foreign grants, check here

29a0

30 TO PROVIDE AN ORGANIZATIONAL OBJECTIVE STRUCTURE FOR DELIVERY OF EMERGENCY MEDICAL CARE
(Grants \$ 0) If this amount includes foreign grants, check here

30a0

31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here

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 title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Form 990-EZ (2013)

Part V Other Information (Note the Schedule A and personal benefit contract 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
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
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		
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		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	37a	0
b	Did the organization file Form 1120-POL for this year?	37b	
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 _____, 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	
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		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
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		
42a	The organization's books are in care of <u>DARBY COPELAND</u> Telephone no <u>(740) 298-1417</u> Located at <u>2000 EOFF STREET WHEELING, WV</u> ZIP + 4 <u>26003</u>		
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 _____ 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 the U S ? If "Yes," enter the name of the foreign country _____	42c	No
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	43	
44a	Did the organization maintain any donor advised funds during the year? 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	

		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		No

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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 as 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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f	Total number of other employees paid over \$100,000	
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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 business address of each independent contractor	(b) Type of service	(c) Compensation

d	Total number of other independent contractors each receiving over \$100,000.	
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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
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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			2014-08-25 Date	
	DARBY COPELAND MANAGER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name LOUIS J COSTANZO III		Preparer's signature	Date	Check ☒ if self-employed PTIN P00052909
	Firm's name ☒ COSTANZO & ASSOCIATES PLLC				Firm's EIN ☒ 55-0718347
	Firm's address ☒ 1341 NATIONAL ROAD WHEELING, WV 260030251				Phone no (304) 242-4400
May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No					

Additional Data

Software ID:

Software Version:

EIN: 51-0151584

Name: WV CHAPTER AMERICAN COLLEGE OF EMERGENCY
PHYSICIANS C/O DARBY COPELAND

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
BRETT JARRELL MD FACEP PRESIDENT	0 00	0	0	0
JEFF MULLEN DO FACEP PRESIDENT ELECT	0 00	0	0	0
CHRIS GOOCH DOFACEP VICE PRESIDENT	0 00	0	0	0
THOMAS MARSHALL MD SECRETARY/TREASURER	0 00	0	0	0
CHRIS GOODEMD FACEP PAST PRESIDENT	0 00	0	0	0

2013

Open to Public Inspection

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.

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

Name of the organization
WV CHAPTER AMERICAN COLLEGE OF EMERGENCY
PHYSICIANS C/O DARBY COPELAND

Employer identification number

51-0151584

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION INTEREST INCOME AMOUNT 19 DESCRIPTION BB&T INVESTMENTS UNREALIZED GAIN AMOUNT 562 TOTAL TO FORM 990-EZ, LINE 8 581
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION WVSOM STUDENT AWARD GRANTEE NAME MIKE HAUSBERGER, DO AMOUNT GIVEN 800
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION WVU STUDENT AWARD GRANTEE NAME AMANDA CAMPBELL, MD AMOUNT GIVEN 800
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MARSHALL STUDENT AWARD GRANTEE NAME SHANE DRAGON, MD AMOUNT GIVEN 820 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 2,420
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION EDUCATION EXPENSES AMOUNT 17,821 DESCRIPTION MEETING EXPENSES AMOUNT 2,684 DESCRIPTION TRAVEL AMOUNT 10,770 DESCRIPTION INTERNET ACCESS & TELEPHONE AMOUNT 2,670 DESCRIPTION OFFICE SUPPLIES AMOUNT 169 DESCRIPTION LICENSES AMOUNT 50 DESCRIPTION ACCOUNTING FEE AMOUNT 3,100 DESCRIPTION OFFICE EXPENSE AMOUNT 411 TOTAL TO FORM 990-EZ, LINE 16 37,675
FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS	DESCRIPTION PRIOR PERIOD ADJUSTMENT TO CORRECT UNDERSTATED ASSET AMOUNT -2,251
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION INVESTMENTS BEG OF YEAR AMOUNT 3,936 END OF YEAR AMOUNT 4,569

**TY 2013 Transfers Personal Benefits
Contracts Declaration**

Name: WV CHAPTER AMERICAN COLLEGE OF EMERGENCY
PHYSICIANS C/O DARBY COPELAND

EIN: 51-0151584

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.