



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

OMB No 1545-1150

2008

Open to Public  
Inspection

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable

Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

C Name of organization

UNIVERSITY OF MISSOURI STUDENT CHAPTER  
OF AMERICAN VETERINARY MEDICINE ASSOC.

D Employer identification number

43-6033485

See Specific Instructions

Please use IRS label or print or type  
Number and street (or P.O. box, if mail is not delivered to street address)  
1600 E. ROLLINGS  
City or town, state or country, and ZIP + 4  
COLUMBIA, MO 65211

Room/suite

E Telephone number

573-442-7990

F Group Exemption  
Number ►

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method:  Cash  Accrual  
Other (specify) ► MODIFIED CASH

I Website: ► N/A

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

J Organization type (check only one)  501(c)(6) (insert no.)  4947(a)(1) or  527

K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ 119,912.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	8,330.
	4 Investment income	4	79.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	5,740.
Expenses	b Less: direct expenses other than fundraising expenses	6b	1,132.
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	4,608.
	7a Gross sales of inventory, less returns and allowances	7a	104,867.
	b Less: cost of goods sold	7b	10,717.
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	94,150.
	8 Other revenue (describe ► OTHER INCOME )	8	896.
	9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	108,063.
	10 Grants and similar amounts paid (attach schedule)	10	4,200.
	11 Benefits paid to or for members	11	
Net Assets	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	5,210.
	14 Occupancy, rent, utilities, and maintenance	14	119.
	15 Printing, publications, postage, and shipping	15	11.
	16 Other expenses (describe ► )	16	65,761.
	17 Total expenses Add lines 10 through 16	17	75,301.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	32,762.
	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)	19	67,626.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	100,388.

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	58,582.22	98,068.
23 Land and buildings	23	
24 Other assets (describe ► )	9,672.24	2,520.
25 Total assets	68,254.25	100,588.
26 Total liabilities (describe ► )	628.26	200.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	67,626.27	100,388.

UNIVERSITY OF MISSOURI STUDENT CHAPTER  
OF AMERICAN VETERINARY MEDICINE ASSOC.

## Part V | Other Information (Note the statement requirements in the instructions for Part VI.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes 34

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, attach a statement explaining your reason for not reporting the income on Form 990-T.

a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? 35a

b If "Yes," has it filed a tax return on Form 990-T for this year? 35b  N/A

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N 36

37 a 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

38 a 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 unpaid at the start of the period covered by this return? 38a

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b  N/A

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9 39a  N/A

b Gross receipts, included on line 9, for public use of club facilities 39b  N/A

40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  
section 4911 ► N/A; section 4912 ► N/A; section 4955 ► N/A

b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I 40b  N/A

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c  0.

d Enter amount of tax on line 40c reimbursed by the organization 40d  0.

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

41 List the states with which a copy of this return is filed. ► MO42 a The books are in care of ► DR. MEADOWS/DR. NAGY Telephone no. ► 573-442-7990  
Located at ► COLLEGE OF VETERINARY MEDICINE COLUMBIA, MO ZIP + 4 ► 65201

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: ► 42b 

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 If "Yes," enter the name of the foreign country: ► 43 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  N/A44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45

**Part VI** **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	46	
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	47	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	48	
b	If "Yes," was the related organization(s) a section 527 organization?	49a	
49b		49b	
50	Complete this table for the 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."		

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

N/A

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over \$100,000	►	

Total number of other independent contractors each receiving over \$100,000

<b>Sign Here</b>	<p>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 by preparer (other than officer) is based on all information of which preparer has any knowledge</p> <p><i>John K. P. [Signature]</i></p> <p>Signature of officer</p>	<p>1/15/10</p> <p>Date</p>
	<p>Amanda Perman Treasurer</p> <p>Type or print name and title</p>	

Paid Preparer's Use Only	Preparer's signature ►	Jeffrey J. Echelman CPA	Date	1/8/10	Check if self-employed ► <input type="checkbox"/>	Preparer's Identifying Number (See instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4	WILLIAMS-KEEPERS LLC ► 2005 WEST BROADWAY, SUITE 100 COLUMBIA, MO 65203			EIN ►	Phone ► no. 573-442-6171

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
CLUBS		12,000.
PENALTIES AND LATE FEES		239.
GENERAL CLUB TRAVEL		7,994.
MISCELLANEOUS		1,625.
SMOKER		4,000.
DUES		2,857.
AVMA CONVENTION		3,833.
STUDENT WELLNESS		1,448.
INSTRUMENT STEWARDS		702.
JAVMA SUBSCRIPTIONS		840.
SE TAXES		620.
VM-1 START UP FUND		947.
T-SHIRTS		780.
SERVICE CHARGES		174.
SURETY BOND		100.
SUPPLIES		132.
CONFERENCES, CONVENTIONS, MEETINGS		9,659.
FORMAL		1,394.
SAVMA SYMPOSIUM		4,352.
SCAVMA COAT PROGRAM		11,225.
GRADUATE GOWN CLEANING		840.
TOTAL TO FORM 990-EZ, LINE 16		65,761.

FORM 990-EZ	OTHER ASSETS	STATEMENT 2
DESCRIPTION		BEG. OF YEAR
SAF-DEAN (CUSTODIAL)		9,553.
OTHER DEPRECIABLE ASSETS		119.
TOTAL TO FORM 990-EZ, LINE 24		9,672.
		END OF YEAR
		2,520.
		0.
		2,520.

FORM 990-EZ	OTHER LIABILITIES	STATEMENT 3
DESCRIPTION		BEG. OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES		628.
TOTAL TO FORM 990-EZ, LINE 26		628.
		END OF YEAR
		200.
		200.

FORM 990-EZ	OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	STATEMENT	4
-------------	--	-----------	---

DESCRIPTION	AMOUNT
DEPRECIATION	119.
TOTAL TO FORM 990-EZ, LINE 14	119.

FORM 990-EZ	CASH GRANTS AND ALLOCATIONS	STATEMENT	5
-------------	-----------------------------	-----------	---

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SCHOLARSHIP STEPHANIE CARLE  COLUMBIA, MO 65201	NONE	250.
SCHOLARSHIP KATIE HORZMANN  COLUMBIA, MO 65201	NONE	250.
SCHOLARSHIP ANN BOSIACK  COLUMBIA, MO 65201	NONE	250.
SCHOLARSHIP KIRA MOORE  COLUMBIA, MO 65201	NONE	250.
SCHOLARSHIP LAUREN DELANEY  COLUMBIA, MO 65201	NONE	250.
SCHOLARSHIP JEN FABRYKA  COLUMBIA, MO 65201	NONE	250.
SCHOLARSHIP MICHAEL HUPP  COLUMBIA, MO 65201	NONE	250.

SCHOLARSHIP CHRISTINE KIRCHNER	NONE	250.
COLUMBIA, MO 65201		
SCHOLARSHIP CAROLYN KAFER	NONE	250.
COLUMBIA, MO 65201		
SCHOLARSHIP ANNIE CHIH	NONE	250.
COLUMBIA, MO 65201		
SCHOLARSHIP AMANDA OWENS	NONE	250.
COLUMBIA, MO 65201		
SCHOLARSHIP MELISSA AUSTIN	NONE	250.
COLUMBIA, MO 65201		
SCHOLARSHIP KERRIE FARRAR	NONE	250.
COLUMBIA, MO 65201		
SCHOLARSHIP RACHEL RAY	NONE	250.
COLUMBIA, MO 65201		
SCHOLARSHIP CECELIA JONSSON	NONE	250.
COLUMBIA, MO 65201		
SCHOLARSHIP HEIDI BROYLES	NONE	250.
COLUMBIA, MO 65201		
AWARD DR. WIEDMEYER	NONE	100.
COLUMBIA, MO 65201		

UNIVERSITY OF MISSOURI STUDENT CHAPTER O

43-6033485

AWARD	NONE	100.
DR. VOGELWEID		
COLUMBIA, MO 65201		
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		<u>4,200.</u>

FORM 990-EZ

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 7A

STATEMENT 6

## INCOME

1. GROSS RECEIPTS . . . . .	104,867
2. RETURNS AND ALLOWANCES . . . . .	
3. LINE 1 LESS LINE 2 . . . . .	104,867
4. COST OF GOODS SOLD (LINE 13) . . . . .	10,717
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .	94,150

## COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .	
7. MERCHANDISE PURCHASED . . . . .	
8. COST OF LABOR . . . . .	10,717
9. MATERIALS AND SUPPLIES . . . . .	
10. OTHER COSTS . . . . .	
11. ADD LINES 6 THROUGH 10 . . . . .	10,717
12. INVENTORY AT END OF YEAR . . . . .	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12) . . . . .	10,717

**FORM 990-EZ**

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

## STATEMENT 7

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

---

990-EZ PG 2

STATEMENT 8

---

SAVMA SYMPOSIUM: FUNDS WERE USED TO ATTEND THE NATIONAL STUDENT AMERICAN VETERINARY MEDICAL ASSOCIATION (SAVMA) SYMPOSIUM AND THE ANNUAL MEETING OF THE AMERICAN VETERINARY MEDICAL ASSOCIATION SYMPOSIUM.

VETROSPECT: FUNDS WERE USED TO PAY FOR THE PUBLICATION OF THE ANNUAL YEARBOOK WHICH DOCUMENTS THE ACCOMPLISHMENTS AND EVENTS RELATED TO THE VETERINARY STUDENTS AND GIVES THEM AN OPPORTUNITY TO WORK AS A TEAM.

STUDENT ACTIVITIES: FUNDS WERE USED TO PAY FOR BANQUETS AND OTHER SOCIAL EVENTS FOR THE VETERINARY STUDENTS OF THE COLLEGE OF VETERINARY MEDICINE. SUCH EVENTS PROMOTE THE SPIRIT OF FRIENDLY RELATIONS AMONG STUDENTS.

TO PROVIDE OPPORTUNITIES FOR MEMBERS TO GAIN PROFESSIONAL KNOWLEDGE & INCREASE UNDERSTANDING OF PROFESSIONAL ETHICS AND CONDUCT.

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ..... ►
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ..... ► 

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization <b>UNIVERSITY OF MISSOURI STUDENT CHAPTER OF AMERICAN VETERINARY MEDICINE ASSOC.</b>	Employer identification number <b>43-6033485</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1600 E. ROLLINGS</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>COLUMBIA, MO 65211</b>	

Check type of return to be filed (file a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

**DR. MEADOWS/DR. NAGY**

- The books are in the care of ► **COLLEGE OF VETERINARY MEDICINE** **COLUMBIA, MO - 65201**  
Telephone No. ► **573-442-7990** FAX No. ► \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box ..... ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ►  . If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

►  calendar year \_\_\_\_\_ or  
►  tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$ _____
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$ _____
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$ _____ <b>N/A</b>

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)