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## EXTENSION ATTACHED

## Short Form

## Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Open to Public Inspection

Form 990-EZ

Department of the Treasury  
Internal Revenue Service

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 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 SEP 1, 2008 and ending AUG 31, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization  STUDENT AMERICAN VETERINARY MED. ASSOC. Number and street (or P.O. box, if mail is not delivered to street address) 1931 N. MEACHAM RD City or town, state or country, and ZIP + 4 SCHAUMBURG, IL 60173	D Employer identification number 36-3245761
		E Telephone number 847-925-8070
		F Group Exemption Number 1017
		G Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶

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

I Website: ▶ N/A

J Organization type (check only one) ☒ 501(c) ( 6 ) (insert no.) ☐ 4947(a)(1) or ☐ 527K 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 ▶ \$ 456,971.

## 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	32,245.
	2	Program service revenue including government fees and contracts	2	311,764.
	3	Membership dues and assessments	3	110,577.
	4	Investment income	4	2,385.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6a	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	6a	
	6b	Gross revenue (not including \$ of contributions reported on line 1)	6b	
	6c	Less: direct expenses other than fundraising expenses	6c	
Expenses	7a	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	
	7b	Gross sales of inventory, less returns and allowances	7b	
	7c	Less: cost of goods sold	7c	
	7d	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7d	
	8	Other revenue (describe ▶ )	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	456,971.
	10	Grants and similar amounts paid (attach schedule) STMT 3	10	9,860.
	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	2,500.
Assets	14	Occupancy, rent, utilities, and maintenance	14	6,149.
	15	Printing, publications, postage, and shipping	15	84.
	16	Other expenses (describe ▶ SEE STATEMENT 1 )	16	348,898.
	17	Total expenses. Add lines 10 through 16	17	367,491.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	89,480.
	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	774,247.
	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	863,727.

## 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
Cash, savings, and investments	778,497.	863,727.
Land and buildings		
Other assets (describe ▶ )		
Total assets	778,497.	863,727.
Total liabilities (describe ▶ SEE STATEMENT 2 )	4,250.	0.
Net assets or fund balances (line 27 of column (B) must agree with line 21)	774,247.	863,727.

832171 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990

Form 990-EZ (2008)

520

**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)What is the organization's primary exempt purpose? **SEE STATEMENT 5**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

**Expenses**

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

**28 ANNUAL CONVENTION HELD IN MARCH TO PROMOTE THE INTERESTS OF STUDENTS ENTERING THE PROFESSION**(Grants \$ ) If this amount includes foreign grants, check here ☐ **28a****29**(Grants \$ ) If this amount includes foreign grants, check here ☐ **29a****30**(Grants \$ ) If this amount includes foreign grants, check here ☐ **30a****31** Other program services (attach schedule)(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.)

(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
REBECCA M. STEERS, 1931 N MEACHAM ROAD, SCHAUMBURG, IL 60173	PRESIDENT 5.00	0.	0.	0.
DAVID LAUBERT, 1931 N MEACHAM ROAD, SCHAUMBURG, IL 60173	SECRETARY 5.00	0.	0.	0.
JENNIFER BRUNO, 1931 N MEACHAM ROAD, SCHAUMBURG, IL 60173	TREASURER 5.00	0.	0.	0.
VIRGINIA R. KIEFER, 1931 N MEACHAM ROAD, SCHAUMBURG, IL 60173	INT'L EXCHANGE OFFICER 5.00	0.	0.	0.
CHRISTOPHER SAMUEL HALL, 1931 N MEACHAM ROAD, SCHAUMBURG, IL 60173	VET GAZETTE EDITOR 5.00	0.	0.	0.
BRANDON BOREN, 1931 N MEACHAM ROAD, SCHAUMBURG, IL 60173	IT OFFICER 5.00	0.	0.	0.
RYAN COLBURN, 1931 N MEACHAM ROAD, SCHAUMBURG, IL 60173	SAVMA GLOBAL & PUBLIC HEALTH 5.00	0.	0.	0.
AARON GARTH GIBBONS, 1931 N MEACHAM ROAD, SCHAUMBURG, IL 60173	PRESIDENT-ELECT 5.00	0.	0.	0.
EMILY EATON, 1931 N MEACHAM ROAD, SCHAUMBURG, IL 60173	PRESIDENT-PAST 5.00	0.	0.	0.
CARA ANN PUGLIESE, 1931 N MEACHAM ROAD, SCHAUMBURG, IL 60173	SECRETARY-PAST 5.00	0.	0.	0.
CYNTHIA ALBERT, 1931 N MEACHAM ROAD, SCHAUMBURG, IL 60173	TREASURER-PAST 5.00	0.	0.	0.
DR. DERRICK HALL, 1931 N MEACHAM ROAD, SCHAUMBURG, IL 60173	AVMA ADVISOR TO SAVMA 5.00	0.	0.	0.
DR. ROSEMARY LOGIUDICE, 1931 N MEACHAM ROAD, SCHAUMBURG, IL 60173	AVMA ADVISOR TO SAVMA-PAST 5.00	0.	0.	0.

**Part V Other Information** (Note the statement requirements in the instructions for Part VI)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
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		X
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?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. <span style="float: right;">37a 0.</span>		
b Did the organization file Form 1120-POL for this year?		X
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 unpaid at the start of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float: right;">38b N/A</span>		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 <span style="float: right;">39a N/A</span>		
b Gross receipts, included on line 9, for public use of club facilities <span style="float: right;">39b N/A</span>		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <span style="float: right;">N/A</span> ; section 4912 <span style="float: right;">N/A</span> ; section 4955 <span style="float: right;">N/A</span>		
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		N/A
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float: right;">0.</span>		
d Enter amount of tax on line 40c reimbursed by the organization <span style="float: right;">0.</span>		
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		X
41 List the states with which a copy of this return is filed. <span style="float: right;">NONE</span>		
42a The books are in care of <span style="float: right;">AVMA STUDENT ADVISOR</span> Telephone no. <span style="float: right;">847-925-8070</span> Located at <span style="float: right;">1931 N MEACHAM ROAD, SCHAUMBURG, IL</span> ZIP + 4 <span style="float: right;">60173</span>		
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)?		X
If "Yes," enter the name of the foreign country: <span style="float: right;">See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</span>		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
If "Yes," enter the name of the foreign country: <span style="float: right;">See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</span>		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <span style="float: right;">43 N/A</span> and enter the amount of tax-exempt interest received or accrued during the tax year		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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		X

Form 990-EZ (2008)

**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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating 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?
- b If "Yes," was the related organization(s) a section 527 organization?
- 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."

	Yes	No
46		
47		
48		
49a		
49b		

(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
N/A				
Total number of other employees paid over \$100,000				

- 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."

(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		

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: *Dr. Derrick Hall* Signature of officer Date: *7/6/10*

Type or print name and title: *Dr. Derrick Hall AVMA Advisor to SAVMA*

Paid Preparer's Use Only: Preparer's signature: *Legacy Professionals LLP* Date: *6/28/10* Check if self-employed: ☐ Preparer's Identifying Number (See instr.): *312-368-0500*

Firm's name (or yours if self-employed), address, and ZIP + 4: *LEGACY PROFESSIONALS LLP 311 S. WACKER DRIVE, STE. 4000 CHICAGO, IL 60606* EIN: *312-368-0500*

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

Form 990-EZ (2008)

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
TRAVEL AND MEETINGS		65,461.	
CONFERENCE		255,441.	
MISCELLANEOUS		4,064.	
PRIZES AND AWARDS		23,932.	
TOTAL TO FORM 990-EZ, LINE 16		348,898.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
DUE TO STATE STUDENT ASSOCIATION	4,250.	0.	
TOTAL TO FORM 990-EZ, LINE 26	4,250.	0.	

FORM 990-EZ CASH GRANTS AND ALLOCATIONS STATEMENT 3

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
ALL ALLOCATIONS ARE < \$5,000	NONE	9,860.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 9,860.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

- 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



PROMOTE THE INTERESTS OF STUDENTS ENTERING THE FIELD OF VETERINARY MEDICINE.

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► 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	Employer identification number
	<b>STUDENT AMERICAN VETERINARY MED. ASSOC.</b>	<b>36-3245761</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>1931 N. MEACHAM RD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	<b>SCHAUMBURG, IL 60173</b>	

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

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" 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 5097 |
| <input 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 |
- RECEIVED**  
**JAN 15 2010**  
**CHICAGO, IL (DEARBORN)**

### AVMA STUDENT ADVISOR

- The books are in the care of ► **1931 N MEACHAM ROAD, SCHAUUBURG, IL - 60173**  
Telephone No ► **847-925-8070** 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 **APRIL 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 **SEP 1, 2008**, and ending **AUG 31, 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, your payment is required by using EFTPS (Electronic Federal Tax Payment System)	3c	\$

Caution: If you are filing electronically, you must attach this Form 8868 to your Form 990-T, 990-BL, 990-EZ, 990-PF, or 1041-A. See instructions.

4 Paperwork Reduction Act Notice, see Instructions

8868-01-09-10009

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	STUDENT AMERICAN VETERINARY MED. ASSOC.	36-3245761
	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only
	1931 N. MEACHAM RD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	SCHAUMBURG, IL 60173	

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

☒ Form 990    ☐ Form 990-EZ    ☐ Form 990-T (sec. 401(a) or 408(a) trusts)    ☐ Form 1041-A    ☐ Form 5227    ☐ Form 8870  
☐ Form 990-BL    ☐ Form 990-PF    ☐ Form 990-T (trust other than above)    ☐ Form 4720    ☐ Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**AVMA STUDENT ADVISOR**

• The books are in the care of **1931 N MEACHAM ROAD, SCHAU MBURG, IL 60173**  
 Telephone No. **847-925-8070** 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 is for.

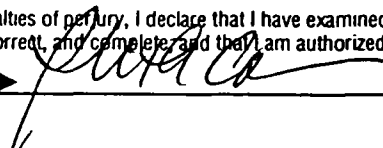
4 I request an additional 3-month extension of time until **JULY 15, 2010**  
 5 For calendar year \_\_\_\_\_, or other tax year beginning **SEP 1, 2008**, and ending **AUG 31, 2009**  
 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period  
 7 State in detail why you need the extension

**WE RESPECTFULLY REQUEST AN EXTENSION OF TIME TO FILE AS WE HAVE NOT RECEIVED SUFFICIENT 3RD PARTY CONFIRMATION OF TRANSACTIONS.**

8a 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.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. 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.	8c	\$ <b>N/A</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete and that I am authorized to prepare this form.

Signature  Title **CPA** Date **4/18/10**

Form 8868 (Rev. 4-2009)