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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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

2009

Open to Public  
Inspection

<b>A For the 2009 calendar year, or tax year beginning</b>		<b>, 2009, and ending</b>	
<b>B Check if applicable</b>	<b>Please use IRS label or print or type See Specific Instructions</b>	<b>C Name of organization</b>	<b>D Employer identification number</b>
<input type="checkbox"/> Address change		Veterinary Med. Alumni Assoc. at ISU	42-6060933
<input type="checkbox"/> Name change		Number and street (or P O box, if mail is not delivered to street address)	E Telephone number
<input type="checkbox"/> Initial return		P.O. Box 1726	515 233 5183
<input type="checkbox"/> Terminated		City or town, state or country, and ZIP + 4	F Group Exemption Number ►
<input type="checkbox"/> Amended return		Ames, IA 50050-1726	
<input type="checkbox"/> Application pending			

• 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) ►

**I Website:** ► N/A

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

**J Tax-exempt status (check only one)** —  501(c) ( 7 ) ► (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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 57,657**

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

<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received . . . . .	1	2,458
	2 Program service revenue including government fees and contracts . . . . .	2	0
	3 Membership dues and assessments . . . . .	3	46,720
	4 Investment income . . . . .	4	1,522
	5a Gross amount from sale of assets other than inventory . . . . .	5a	0
	b Less: cost or other basis and sales expenses . . . . .	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	0
	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 \$ 6,957 of contributions reported on line 1) . . . . .	6a	6,957
	b Less: direct expenses other than fundraising expenses . . . . .	6b	7,500
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c	(543)
<b>Expenses</b>	7a Gross sales of inventory, less returns and allowances . . . . .	7a	0
	b Less: cost of goods sold . . . . .	7b	0
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	0
	8 Other revenue (describe ► ) . . . . .	8	0
	9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ► . . . . .	9	50,157
	10 Grants and similar amounts paid (attach Schedule C) . . . . .	10	42,426
	11 Benefits paid to or for members . . . . .	11	0
	12 Salaries, other compensation, and employee benefits . . . . .	12	10,379
	13 Professional fees and other payments to independent contractors . . . . .	13	0
<b>Net Assets</b>	14 Occupancy, rent, utilities, and maintenance . . . . .	14	128
	15 Printing, publications, postage, and shipping . . . . .	15	3,433
	16 Other expenses (describe ► ) . . . . .	16	0
	17 <b>Total expenses.</b> Add lines 10 through 16 ► . . . . .	17	56,366
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	(6,209)
	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	74,549
	20 Other changes in net assets or fund balances (attach explanation) . . . . .	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ► . . . . .	21	68,340

<b>Part II Balance Sheets.</b> If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.	
(See the instructions for Part II)	
22 Cash, savings, and investments . . . . .	(A) Beginning of year 74,560
23 Land and buildings . . . . .	(B) End of year 22 68,351
24 Other assets (describe ► ) . . . . .	0 23 0
25 <b>Total assets</b> . . . . .	0 24 0
26 <b>Total liabilities</b> (describe ► ) . . . . .	74,560 25 68,351
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	11 26 11
	74,549 27 68,340

**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)

**What is the organization's primary exempt purpose? Promote Vet Medicine Alumni at Iowa State University**

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, and other relevant information for each program title.

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

28	Alumni receptions at local, regional and national meetings. All ISU alumni have a chance to meet with other alumni and Iowa State University veterinary faculty and students. About 500 benefited.	
	(Grants \$ 0 ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a 25,065
29	Scholarships and service activities for veterinary students.	
	(Grants \$ 0 ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a 5,802
30	Donations to Vet. Teaching Hospital, White Coat Ceremony, to support the Gentle Doctor Publication which is published three times per year, and Outstanding Service Award.	
	(Grants \$ 0 ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a 11,559
31	Other program services (attach schedule) . . . . .	
	(Grants \$ 0 ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a 0
32	Total program service expenses (add lines 28a through 31a) . . . . . ► <input type="checkbox"/>	32 42,426

**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
Randal Shirbroun, DVM	President, < 1 hr per wk	0	0	0
1745 Douglas Ave., Worthington, MN 56187				
Ronald L. Morgan, DVM, MS	Sec./Treas., 2 hr per wk	0	0	0
3416 Clinton Court, Ames, IA 50010				
Marta J. Burkgren	Administ. Asst., 10 hr/wk	10,379	0	0
3416 Clinton Court, Ames, IA 50010				

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

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

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .

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 why the organization did not report the income on Form 990-T.

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

b If "Yes," has it filed a tax return on **Form 990-T** for this year? . . . . .

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 . . . . .

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? . . . . .

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 period covered by this return? . . . . .

b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .

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

a Initiation fees and capital contributions included on line 9 . . . . .

b Gross receipts, included on line 9, for public use of club facilities . . . . .

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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .

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. . . . .

41 List the states with which a copy of this return is filed. ► \_\_\_\_\_

42a The organization's books are in care of ► **Ronald L Morgan** Telephone no. ► **515-233-5183**  
Located at ► **3416 Clinton Court, Ames, IA** ZIP + 4 ► **50010-4371**

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**.c 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. ► \_\_\_\_\_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** □

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .

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 . . . . .

	Yes	No
33		✓
34		✓
35a		✓
35b		
36		✓
37a	0	
37b	✓	
38a		✓
38b		
39a	0	
39b	0	
40a		
40b		✓
40c		
40e		✓

	Yes	No
42b		✓
42c		✓

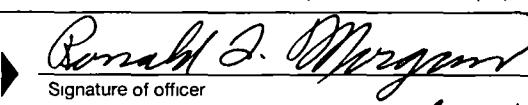
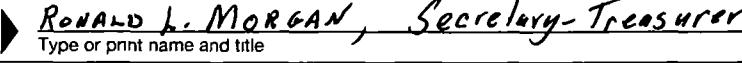
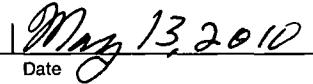
	Yes	No
44		✓
45		✓

**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 46–49b 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 . . . . .	<b>Yes</b>	<b>No</b>	
46		46	✓	
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	47	✓	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	✓	
49a	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	✓	
b	If "Yes," was the related organization a section 527 organization? . . . . .	49b	✓	
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 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
None				(e) Expense account and other allowances
f	Total number of other employees paid over \$100,000 . . . . . ►	0		

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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
d Total number of other independent contractors each receiving over \$100,000 . . . . . ►	0	

<b>Sign Here</b>	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		
	► 	► 	Date 
Paid Preparer's Use Only	Preparer's signature  N/A	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4  N/A	EIN 	Preparer's identifying number (See instructions) 
		Phone no 	

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

VETERINARY MEDICAL ALUMNI ASSOC. AT ISU

ID NO: 42-6060933

SUPPORTING SCHEDULE

2009 FORM 990EZ

PART I - Statement of Revenue, Expenses, and Changes in Net Assets

Line 10 - Grants and Allocations

<u>Class of Activity</u>	<u>Donee's Name and Address</u>	<u>Relationship</u>	<u>Amount</u>
Alumni Reception	Iowa State University, Ames, IA	Alumni	\$25,065
Student Awards	Iowa State University Students	Students	\$ 750
SCAVMA Aux.	Vet Med Student Org, ISU	Student Org	\$ 1,000
Gentle Doctor	Iowa State University, Ames, IA	Alumni Pub	\$ 1,500
Vet. Hosp. Donat.	Iowa State University, Ames, IA	Alumni Event	\$ 7,000
White Coat Cerem.	Iowa State University, Ames, IA	Alumni Recogn.	\$ 3,000
SCAVMA Reception	Iowa State University, Ames, IA	Student Event	\$ 394
Shirt Project	Iowa State University, Ames, IA	Student Recog.	\$ 3,658
Out. Serv. Plaque	Gene Warren, Ames, IA	Member only	\$ 59
TOTAL			\$42,426