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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009**Open to Public Inspection**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 \$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.

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20**B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**Veterinary Med. Alumni Assoc. at ISU**

Number and street (or P.O. box, if mail is not delivered to street address)

P.O. Box 1726

Room/suite

City or town, state or country, and ZIP + 4

Ames, IA 50050-1726**D** Employer identification number**42-6060933****E** Telephone number**515 233 5183****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) ►**I** Website: ► **N/A****J** Tax-exempt status (check only one) -- ☒ 501(c) (7) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**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.)

Revenue	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
Expenses	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	(543)
	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	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	50,157
	10	Grants and similar amounts paid (attach Schedule D)	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
Net Assets	14	Occupancy, rent, utilities, and maintenance	14	128
	15	Printing, publications, postage, and shipping	15	3,433
	16	Other expenses (describe ►)	16	0
	17	Total expenses. 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

Part II Balance Sheets. (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.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	74,560	68,351
23 Land and buildings	0	0
24 Other assets (describe ►)	0	0
25 Total assets	74,560	68,351
26 Total liabilities (describe ►)	11	11
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	74,549	68,340

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2009)

SCANNED JUN 28 2010

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) ►	32	42,426

(a) Name and address

[illegible]

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

	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		✓
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 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a 0		
b Gross receipts, included on line 9, for public use of club facilities 39b 0		
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)?	Yes	No
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 ▶ <input type="checkbox"/> 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		✓

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	46	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes," was the related organization a section 527 organization?	49b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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."			

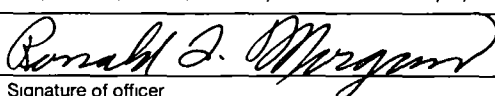
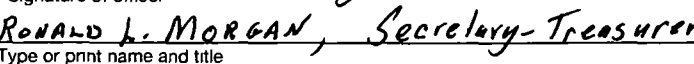
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

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**

Sign Here	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.			
	 Signature of officer		May 13, 2010 Date	
Paid Preparer's Use Only	 Type or print name and title			
	Preparer's signature	N/A	Date	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	N/A	Check if self-employed <input type="checkbox"/>	EIN <input type="checkbox"/>
			Phone no <input type="checkbox"/>	

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

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