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04243

= SEE ATTACHED EXTENSION =

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

A For the 2009 calendar year, or tax year beginning , and ending

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
THE KANSAS STATE UNIVERSITY STUDENT CHAPTER OF AMERICAN VET MED ASSOC

Number and street (or P O box, if mail is not delivered to street address) Room/suite
TROTTER HALL, 1700 DENISON

City or town, state or country, and ZIP + 4
MANHATTAN KS 66506

D Employer identification number
48-6105790

E Telephone number
316-361-0336

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 [X] Cash [ ] Accrual Other (specify) ▶

I Website ▶ N/A

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

J Tax-exempt status (check only one) — [X] 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 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 ▶ $ 51,539

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	1,300
	2	Program service revenue including government fees and contracts		2	32,499
	3	Membership dues and assessments SEE STATEMENT 1		3	11,010
	4	Investment income		4	
	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)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ [ ]			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 6,730		
	b	Less direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	6,730
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶ _____)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	51,539
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 2		10	4,933
	11	Benefits paid to or for members		11	9,842
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	725
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe ▶ SEE STATEMENT 3)		16	32,910
	17	**Total expenses.** Add lines 10 through 16 ▶		17	48,410
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	3,129
	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	55,084
	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	58,213

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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	55,084	22	58,213
23 Land and buildings		23	
24 Other assets (describe ▶ _____)		24	
25 **Total assets**	55,084	25	58,213
26 **Total liabilities** (describe ▶ _____)	0	26	0
27 **Net assets or fund balances** (line 27 of column (B) must agree with line 21)	55,084	27	58,213

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

Form **990-EZ** (2009)

DAA

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

What is the organization's primary exempt purpose?

SEE STATEMENT 4

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

28 SEE STATEMENT 5

(Grants $ 1,000) If this amount includes foreign grants, check here ▶ ☐ **28a** 44,299

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** 44,299

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
CHEVY WELSH %KSU SCAVMA MANHATTAN KS 66506	PRESIDENT 4.00	0	0	0
KYLE RENALDO %KSU SCAVMA MANHATTAN KS 66506	PRES-ELECT 4.00	0	0	0
RUSS BAXLEY %KSU SCAVMA MANHATTAN KS 66506	VICE-PRES 1 00	0	0	0
ANN LEPPIEN %KSU SCAVMA MANHATTAN KS 66506	SECRETARY 1 00	0	0	0
JEWELS ROQUE %KSU SCAVMA MANHATTAN KS 66506	TREASURER 1.00	0	0	0
KELSEY BROWN %KSU SCAVMA MANHATTAN KS 66506	TREAS-ELECT 1.00	0	0	0
SHELBY KOOSER %KSU SCAVMA MANHATTAN KS 66506	CHAIRPERSON 1 00	0	0	0
TRISTA BUCHANAN %KSU SCAVMA MANHATTAN KS 66506	CHAIR-ELECT 1.00	0	0	0
MICHAEL BROWN %KSU SCAVMA MANHATTAN KS 66506	CHAIRPERSON 1.00	0	0	0
JESSICA STALLBAUMER %KSU SCAVMA MANHATTAN KS 66506	CHAIRPERSON 1.00	0	0	0
ELIZABETH PRIGGE %KSU SCAVMA MANHATTAN KS 66506	CHAIRPERSON 1.00	0	0	0
ASHLEY SMIT %KSU SCAVMA MANHATTAN KS 66506	DELEGATE 1.00	0	0	0
CAITLIN BROWN %KSU SCAVMA MANHATTAN KS 66506	DELEGATE 1.00	0	0	0
TIFFANY MOSES %KSU SCAVMA MANHATTAN KS 66506	CHAIRPERSON 1 00	0	0	0
AMY MURPHY %KSU SCAVMA MANHATTAN KS 66506	CHAIRPERSON 1.00	0	0	0

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	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes	34		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 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?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
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	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		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 outstanding at the end of the period covered by this return?	38a		X
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 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	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		X

41 List the states with which a copy of this return is filed ▶ NONE

42a The organization's books are in care of ▶ JEWELS ROQUE Telephone no ▶ 913-558-7748

Located at ▶ TROTTER HALL, 1700 DENISON MANHATTAN, KS ZIP + 4 ▶ 66506

			Yes	No
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)?	42b		X
	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 ?	42c		X
	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			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		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	45		X

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

			Yes	No
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		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization operating 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	(e) Expense account and other allowances

f Total number of other employees paid over $100,000 ▶

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

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

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: Jewels Roque Date: 5-29-10

Type or print name and title: JEWELS ROQUE TREASURER

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's Identifying Number (See instr)
DUSTIN E. LOBAUGH, CPA	05/24/10	▶ X	P00457052

Firm's name (or yours if self-employed), address, and ZIP + 4: SINK, GILLMORE & GORDON LLP, COMMERCE BANK TOWER, 6TH FLOOR, MANHATTAN, KS 66502

EIN ▶ 48-0787299

Phone no ▶ 785-537-0190

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

04243

Form **990**

Special Events Schedule

For calendar year 2009, or tax year beginning , and ending

2009

Name

THE KANSAS STATE UNIVERSITY STUDENT CHAPTER OF AMERICAN VET MED ASSOC

Employer Identification Number

48-6105790

	(A)	(B)	(C)	Others	Total
Gross receipts	6,730	0	0	0	6,730
Less contributions	0	0	0	0	0
Gross revenue	6,730	0	0	0	6,730
Less direct expenses	0	0	0	0	0
Net income (loss)	6,730	0	0	0	6,730

Description (A) FUND RAISING EVENTS

(B)

(C)

Others

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
DUES	$ 11,010
TOTAL	$ 11,010

Statement 2 - Form 990-EZ, Part I, Line 10 - Payments to Affiliates

Name and Address	Purpose	Amount of Payment
KANSAS STATE UNIVERSITY CLUBS 1700 TROTTER HALL MANHATTAN, KS 66506		3,933
TOTAL		3,933

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	$
MEETING EXPENSES-SPEAKER	2,744
MEETING EXPENSES-SUPPLIES	16,308
GENERAL SUPPLIES	4,053
NATIONAL DUES	5,808
MISCELLANEOUS	611
BANK CHARGES	60
ANNUAL REPORT FEES	40
FUND RAISING EVENT-SUPPLI	1,509
FUND RAISING EVENT-PRIZES	995
ADVERTISING	782
TOTAL	$ 32,910

Federal Statements

Statement 4 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description
PROVIDE SUPPORT TO VETERINARY STUDENTS AT KANSAS STATE UNIVERSITY AND SUPPORTS THE NATIONAL STUDENT VETERINARY MEDICAL ASSOCIATION.

Statement 5 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description
SERVES AS A CONDUIT FOR INFORMATION AND SERVICES BETWEEN STUDENT MEMBERS AND THE STATE AND NATIONAL VETERINARY MEDICAL ASSOCIATIONS. ADDITIONALLY, PROVIDES SUPPORT TO THE DIFFERENT STUDENT CLUBS IN THE VETERINARY COLLEGE, OFFERS SCHOLARSHIPS TO STUDENT MEMBERS, PROVIDES SPEAKERS FOR MONTHLY MEETINGS AND COVERS MEETING EXPENSES, OFFERS TRAVEL ASSISTANCE TO MEMBERS TO ATTEND VETERINARY CONFERENCES, AND RAISES FUNDS FOR OUTSIDE CHARITIES.

Federal Statements

Form 990-EZ, Part I, Line 11 - Benefits Paid To or For Members

Description	Amount
STUDENT CARE PACKAGES	$ 5,342
ALLOCATION TO STUDENT CLUBS	4,500
TOTAL	$ 9,842

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

- 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* and click on *e-file for Charities & Nonprofits*

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization	Employer identification number
	The Kansas State University Student Chapter of American Vet Med Assoc	48-6105790
	Number, street, and room or suite no If a P O box, see instructions Trotter Hall, 1700 Denison	
	City, town or post office, state, and ZIP code For a foreign address, see instructions Manhattan, Kansas 66506	

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

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

- The books are in the care of ► Julia Paul

Telephone No ► 402-960-6408 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 August 15, 2010, to file the exempt organization return for the organization named above The extension is for the organization's return for:

► ☒ calendar year 2009 or

► ☐ tax year beginning _____, 20____, and ending _____, 20____

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**	$ 0.00

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.