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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort 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

2009

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 \$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 JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNIVERSITY OF MISSOURI STUDENT CHAPTER OF AMERICAN VETERINARY MEDICINE ASSOC. Number and street (or P.O. box, if mail is not delivered to street address) 1600 E. ROLLINS City or town, state or country, and ZIP + 4 COLUMBIA, MO 65211	D Employer identification number 43-6033485
		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)

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 ► **\$ 93,849.**

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
	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 ► <input type="checkbox"/>	
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a
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	
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 ► OTHER INCOME)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	
Expenses	10 Grants and similar amounts paid (attach schedule)	10
	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
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15
	16 Other expenses (describe ► 244)	16
	17 Total expenses. Add lines 10 through 16	17
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18
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	
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	

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OGDEN, UT
SEE STATEMENT 1
►

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		98,068.22	125,325.
23 Land and buildings		23	
24 Other assets (describe ► SAF-DEAN (CUSTODIAL))		2,520.24	2,425.
25 Total assets		100,588.25	127,750.
26 Total liabilities (describe ► SEE STATEMENT 2)		200.26	247.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		100,388.27	127,503.

UNIVERSITY OF MISSOURI STUDENT CHAPTER
OF AMERICAN VETERINARY MEDICINE ASSOC.

Form 990-EZ (2009)

OF AMERICAN VETERINARY MEDICINE ASSOC.

43-6033485

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

Expenses

What is the organization's primary exempt purpose? **SEE STATEMENT 8**

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.

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

28 SEE STATEMENT 5

28a

Grants \$

29a

30 SEE STATEMENT 7

30a

31 Other program services (attach schedule)

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.)

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.

Yes	No
33	X
34	X

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?

35a	X
35b	N/A

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N

36	X
37b	X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0.

37a	0.
38a	X

b Did the organization file Form 1120-POL for this year?

38a	X
38b	N/A

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?

38b	N/A
39a	N/A

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

39a	N/A
39b	N/A

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

39b	N/A
40b	N/A

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

40a	N/A
40b	N/A

section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A

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	N/A
40c	N/A

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

► N/A

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization

► N/A

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

40c	N/A
40e	X

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

42a The organization's 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

Yes	No
42b	X

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
42c	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
43	N/A

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	N/A
44	X

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

Yes	No
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
Form 990-EZ (2009)	

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

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

48 Is the organization 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 a section 527 organization?

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."

	Yes	No
46		
47		
48		
49a		
49b		

(a) Name and address of each employee paid more than \$100,000 N/A	(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

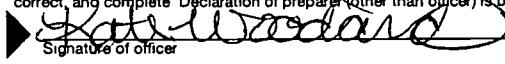
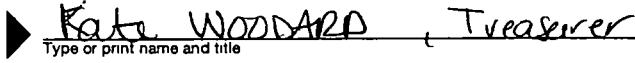
f Total number of other employees paid over \$100,000 ►

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."

N/A

(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		
	► 	5/14/2011	Date
	► 		
Paid Preparer's Use Only	Preparer's signature ► 	Date 5/12/11	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

UNIVERSITY OF MISSOURI STUDENT CHAPTER O

43-6033485

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
CLUBS		12,680.
GENERAL CLUB TRAVEL		10,020.
MISCELLANEOUS		4,697.
SMOKER		2,000.
DUES		3,708.
STUDENT WELLNESS		1,288.
INSTRUMENT STEWARDS		750.
JAVMA SUBSCRIPTIONS		680.
SE TAXES		820.
VM-1 START UP FUND		500.
T-SHIRTS		614.
SERVICE CHARGES		186.
SURETY BOND		100.
SUPPLIES		216.
CONFERENCES, CONVENTIONS, MEETINGS		7,935.
FORMAL		496.
SCAVMA COAT PROGRAM		3,261.
SAVMA DELEGATES		1,265.
TOTAL TO FORM 990-EZ, LINE 16		51,216.

FORM 990-EZ	OTHER LIABILITIES	STATEMENT 2
DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	200.	247.
TOTAL TO FORM 990-EZ, LINE 26	200.	247.

FORM 990-EZ

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

STATEMENT 3

INCOME

1. GROSS RECEIPTS	72,877
2. RETURNS AND ALLOWANCES	
3. LINE 1 LESS LINE 2	72,877
4. COST OF GOODS SOLD (LINE 13)	11,331
5. GROSS PROFIT (LINE 3 LESS LINE 4)	61,546

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	
7. MERCHANDISE PURCHASED	
8. COST OF LABOR	11,331
9. MATERIALS AND SUPPLIES	
10. OTHER COSTS	
11. ADD LINES 6 THROUGH 10	11,331
12. INVENTORY AT END OF YEAR	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)	11,331

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

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.

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

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

Enter the Return code for the return that this application is for (file a separate application for each return)

0 3

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

- 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 is for

4 I request an additional 3-month extension of time until **MAY 15, 2011**

5 For calendar year , or other tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**

6 If the tax year entered in line 5 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 **ADDITIONAL TIME IS REQUIRED TO PREPARE A COMPLETE AND ACCURATE RETURN.**

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	\$	0.
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	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

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 ► *Jeffrey J. Eichhuhn* Title ► *CPA* Date ► *2/11/11*
Form 8868 (Rev. 1-2011)