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A For the 2011 calendar year, or tax year beginning 07-01-2011, and ending 06-30-2012	
B Check if applicable	C Name of organization UNIVERSITY OF MISSOURI STUDENT CHAPTER OF AMERICAN VETERINARY MEDICINE ASSOC
<input checked="" type="checkbox"/> Address change	Number and street (or P O box, if mail is not delivered to street address) Room/suite 1600 E ROLLINS
<input type="checkbox"/> Name change	
<input type="checkbox"/> Initial return	
<input type="checkbox"/> Terminated	
<input type="checkbox"/> Amended return	City or town, state or country, and ZIP + 4 COLUMBIA, MO 65211
<input type="checkbox"/> Application pending	
	D Employer identification number 43-6033485
	E Telephone number (573) 442-7990
	F Group Exemption Number <input type="checkbox"/>

G Accounting method ☐ Cash ☐ Accrual ☒ Other (specify) MODIFIED CASH

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

I Website: N/A

J Tax-Exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(6) ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ If the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 73,308**

Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I <input checked="checked" type="checkbox"/>	

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	14,596	
	4	Investment income		4	43	
	5a	Gross amount from sale of assets other than inventory	5a		5c	
	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)				
	6	Gaming and fundraising events			6d	5,748
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
	b	Gross income from fundraising events (not including \$ _of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	6,948		
	c	Less direct expenses from gaming and fundraising events	6c	1,200		
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)				
7a	Gross sales of inventory, less returns and allowances	7a	44,223	7c		
b	Less cost of goods sold	7b	11,076			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					
8	Other revenue (describe in Schedule O)		8	7,498		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	61,032		
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	800	
	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	3,300	
	14	Occupancy, rent, utilities, and maintenance		14		
	15	Printing, publications, postage, and shipping		15		
	16	Other expenses (describe in Schedule O)		16	34,906	
	17	Total expenses. Add lines 10 through 16		17	39,006	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	22,026	
	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	164,516	
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0	
	21	Net assets or fund balances at end of year Combine lines 18 through 20		21	186,542	

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

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(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	159,934	22	179,664
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	4,771	24	7,046
25	Total assets	164,705	25	186,710
26	Total liabilities (describe in Schedule O)	189	26	168
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	164,516	27	186,542

Part III Statement of Program Service Accomplishments		Expenses	
Check if the organization used Schedule O to respond to any question in this Part III		<input checked="" type="checkbox"/>	
What is the organization's primary exempt purpose? TO PROVIDE OPPORTUNITIES FOR MEMBERS TO GAIN PROFESSIONAL KNOWLEDGE & INCREASE UNDERSTANDING OF PROFESSIONAL ETHICS AND CONDUCT		(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28	SAVMA SYMPOSIUM FUNDS WERE USED TO ATTEND THE NATIONAL STUDENT AMERICAN VETERINARY MEDICAL ASSOCIATION (SAVMA) SYMPOSIUM AND THE ANNUAL MEETING OF THE AMEIRCAN VETERINARY MEDICAL ASSOCIATION SYMPOSIUM (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
29	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 (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
30	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 (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	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)

Check if the organization used Schedule O to respond to any question in this 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
See Additional Data Table				

Part V

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

Check if the organization used Schedule O to respond to any question in this Part V ☒

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
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, explain in Schedule O 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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35c	No
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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a 0		
b	Did the organization file Form 1120-POL for this year?	37b	
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 tax year covered by this return?	38a	No
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 <input type="checkbox"/> , section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/>		
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its 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	No
41	List the states with which a copy of this return is filed <input type="checkbox"/>		
42a	The organization's books are in care of <input type="checkbox"/> DR MEADOWSDR NAGY Telephone no <input type="checkbox"/> (573) 442-7990 COLLEGE OF VETERINARY MEDICINE 1600 E ROLLINS Located at <input type="checkbox"/> COLUMBIA, MO ZIP + 4 <input type="checkbox"/> 65211		
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 <input type="checkbox"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
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 <input type="checkbox"/>	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		
46			No

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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school 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?		
49b	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 "

(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

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes No

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	***** Signature of officer	2013-01-28 Date		
	NIKKI FREEMAN, TREASURER Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	JEFFREY T ECHELMEIER	Date	Check if self-employed
	Firm's name (or yours if self-employed), address, and ZIP + 4	WILLIAMS-KEEPERS LLC 2005 WEST BROADWAY SUITE 100 COLUMBIA, MO 65203		Preparer's taxpayer identification number (See instructions) P00048900
			EIN	43-1126847
		Phone no		(573) 442-6171
May the IRS discuss this return with the preparer shown above? See instructions				
Yes No				

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

UNIVERSITY OF MISSOURI STUDENT CHAPTER OF AMERICAN VETERINARY MEDICINE ASSOC

Employer identification number

43-6033485

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 43
INCOME FROM SALES OF INVENTORY	FORM 990-EZ, PART I, LINE 7	INCOME GROSS RECEIPTS 44,223 RETURNS AND ALLOWANCES 0 LESS COST OF GOODS SOLD 11,076 GROSS PROFIT 33,147 COST OF GOODS SOLD INVENTORY AT BEGINNING OF YEAR 0 MERCHANDISE PURCHASED 0 COST OF LABOR 11,076 MATERIALS AND SUPPLIES 0 OTHER COSTS 0 INVENTORY AT END OF YEAR 0 COST OF GOODS SOLD 11,076
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION OTHER INCOME AMOUNT 7,498
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME CLASS OF 2012 GRANTEE RELATIONSHIP NONE DATE OF GIFT 09/08/11 AMOUNT GIVEN 400
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME CHRISTINA CHAMBERLAIN GRANTEE RELATIONSHIP NONE DATE OF GIFT 04/11/12 AMOUNT GIVEN 400 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 800
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION CLUBS AMOUNT 5,985 DESCRIPTION PENALTIES AND LATE FEES AMOUNT 23 DESCRIPTION GENERAL CLUB TRAVEL AMOUNT 8,262 DESCRIPTION MISCELLANEOUS AMOUNT 325 DESCRIPTION STUDENT WELLNESS AMOUNT 26 DESCRIPTION SE TAXES AMOUNT 876 DESCRIPTION VM-1 START UP FUND AMOUNT 500 DESCRIPTION SERVICE CHARGES AMOUNT 334 DESCRIPTION SURETY BOND AMOUNT 100 DESCRIPTION CONFERENCES, CONVENTIONS, MEETINGS AMOUNT 5,050 DESCRIPTION FORMAL AMOUNT 1,764 DESCRIPTION JUNIOR/SENIOR BANQUET AMOUNT 4,000 DESCRIPTION SCAVMA COAT PROGRAM AMOUNT 2,312 DESCRIPTION SAVMA DELEGATES AMOUNT 1,327 DESCRIPTION TEACHING EXCELLENCE AMOUNT 90 DESCRIPTION HILLS SUPPLIES AMOUNT 174 DESCRIPTION SAM'S CARD AMOUNT 40 DESCRIPTION PARKING AMOUNT 432 DESCRIPTION DIADACTIC SURGERY INSTRUMENT MAINTENANCE AMOUNT 3,286 TOTAL TO FORM 990-EZ, LINE 16 34,906
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION SAF-DEAN (CUSTODIAL) BEG OF YEAR AMOUNT 4,771 END OF YEAR AMOUNT 7,046
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION ACCOUNTS PAYABLE AND ACCRUED EXPENSES BEG OF YEAR AMOUNT 189 END OF YEAR AMOUNT 168

**TY 2011 Transfers Personal Benefits
Contracts Declaration**

Name: UNIVERSITY OF MISSOURI STUDENT CHAPTER
OF AMERICAN VETERINARY MEDICINE ASSOC

EIN: 43-6033485

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Additional Data

Software ID:

Software Version:

EIN: 43-6033485

Name: UNIVERSITY OF MISSOURI STUDENT CHAPTER
OF AMERICAN VETERINARY MEDICINE ASSOC

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
TONY DANK 1600 E ROLLINS COLUMBIA,MO 65211	PRESIDENT 15 00	0	0	0
KRISTIN VINSON 1600 E ROLLINS COLUMBIA,MO 65211	VICE PRESIDENT 2 00	0	0	0
LYNN BROCKWAY 1600 E ROLLINS COLUMBIA,MO 65211	SECRETARY 4 00	0	0	0
KATE WOODARD 1600 E ROLLINS COLUMBIA,MO 65211	EXECUTIVE TREASURER 1 50	0	0	0
KAYLA KULHANEK 1600 E ROLLINS COLUMBIA,MO 65211	TREASURER 1 50	0	0	0
TIM HUTSON 1600 E ROLLINS COLUMBIA,MO 65211	SENIOR AVMA DELEGATE 1 50	0	0	0
PENNY CODER 1600 E ROLLINS COLUMBIA,MO 65211	JUNIOR AVMA DELEGATE 1 50	0	0	0
DR RICHARD MEADOWS 1600 E ROLLINS COLUMBIA,MO 65211	FACULTY ADVISOR 1 50	0	0	0
DR DUSTY NAGY 1600 E ROLLINS COLUMBIA,MO 65211	FACULTY ADVISOR 1 50	0	0	0