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Form 990-EZ

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2011

Open to Public
Inspection**A For the 2011 calendar year, or tax year beginning 07-01-2011****, and ending 06-30-2012****B Check if applicable**

Address change
 Name change
 Initial return
 Terminated
 Amended return
 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) Room/suite
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****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

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
	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 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
Expenses	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)	6d 5,748
	7a Gross sales of inventory, less returns and allowances	7a 44,223
	b Less cost of goods sold	7b 11,076
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 33,147
	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
	10 Grants and similar amounts paid (list in Schedule O)	10 800
Net Assets	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 SheetsCheck if the organization used Schedule O to respond to any question in this Part II

(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 25 of column (B) must agree with line 21)	164,516	27	186,542

Part III Statement of Program Service AccomplishmentsCheck if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

TO PROVIDE OPPORTUNITIES FOR MEMBERS TO GAIN PROFESSIONAL KNOWLEDGE & INCREASE UNDERSTANDING OF PROFESSIONAL ETHICS AND CONDUCT

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

Expenses

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

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 **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 **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 **30a** 0**31** Other program services (describe in Schedule O)(Grants \$) If this amount includes foreign grants, check here **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

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

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)

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)?

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

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

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 tax year 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

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 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

42a The organization's books are in care of DR MEADOWSDR NAGY Telephone no (573) 442-7990

COLLEGE OF VETERINARY MEDICINE 1600

E ROLLINS

Located at COLUMBIA, MO

ZIP + 4 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

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

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

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*

c Did the organization receive any payments for indoor tanning services during the year?

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

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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)*

	Yes	No
33		No
34		No
35a		No
35b		
35c		No
36		No
37a	0	
37b		
38a		No
38b		
39a		
39b		
40b		
40e	No	
42a		
42b		No
42c	No	
43		
44a		
44b		No
44c		No
44d		
45a		No
45b		

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

	Yes	No
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

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

	Yes	No
47		

48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48	
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a	
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b If "Yes," was the related organization a section 527 organization?

49b	
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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 NIKKI FREEMAN TREASURER Type or print name and title	2013-01-28 Date
Paid Preparer's Use Only	Preparer's signature <input type="checkbox"/> JEFFREY T ECHELMEIER	Date
	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions) P00048900
	Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="checkbox"/> WILLIAMS-KEEPERS LLC 2005 WEST BROADWAY SUITE 100 COLUMBIA, MO 65203	EIN <input type="checkbox"/> 43-1126847
		Phone no <input type="checkbox"/> (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.

2011**Open to Public
Inspection**

Name of the organization UNIVERSITY OF MISSOURI STUDENT CHAPTER OF AMERICAN VETERINARY MEDICINE ASSOC	Employer identification number 43-6033485
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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