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Form 990-EZ

## Short Form

2014

Return of Organization Exempt From Income Tax  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning 07-01-2014

, and ending 06-30-2015

B Check if applicable

Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

C Name of organization UNIVERSITY OF MISSOURI STUDENT CHAPTER OF AMERICAN VETERINARY MEDICINE ASSOC	D Employer identification number 43-6033485
Number and street (or P O box, if mail is not delivered to street address) 1600 E ROLLINS	E Telephone number (573) 442-7990
City or town, state or province, country, and ZIP or foreign postal code COLUMBIA, MO 65211	F Group Exemption Number ► 1017

G Accounting Method  Cash  Accrual Other (specify) ► MODIFIED CASHH 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  527K Form of organization  Corporation  Trust  Association  Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 53,169

## 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 8,500
	2 Program service revenue including government fees and contracts . . . . .	2 13,693
	3 Membership dues and assessments . . . . .	3 18,287
	4 Investment income . . . . .	4 21
	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
	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 9,841
	c Less direct expenses from gaming and fundraising events . . . . .	6c 2,460
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d 7,381
	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 in Schedule O) . . . . .	8 2,827
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ►	9 50,709
Expenses	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10 100
	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 4,560
	14 Occupancy, rent, utilities, and maintenance . . . . .	14
	15 Printing, publications, postage, and shipping . . . . .	15
	16 Other expenses (describe in Schedule O) . . . . .	16 32,741
	17 Total expenses. Add lines 10 through 16 . . . . . ►	17 37,401
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 13,308
	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) . . . . .	19 213,451
	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 . . . . . ►	21 226,759

**Part II Balance Sheets** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II 

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments . . . . .	207,024	22	218,958
23 Land and buildings . . . . .		23	
24 Other assets (describe in Schedule O) . . . . .	6,427	24	7,801
<b>25 Total assets</b> . . . . .	<b>213,451</b>	<b>25</b>	<b>226,759</b>
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	0	26	0
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	<b>213,451</b>	<b>27</b>	<b>226,759</b>

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check 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 &amp; 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

<b>28</b> 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 (Grants \$ 0)	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	0
<b>29</b> 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"/>	<b>29a</b>	0
<b>30</b>		<b>30a</b>	
(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) (Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b> Total program service expenses (add lines 28a through 31a)		<b>32</b>	

**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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JENELLE FRANCIS PRESIDENT	20 00	0	0	0
CHRISTEN ROBINSON PRESIDENT-ELECT, CLASS REP	3 00	0	0	0
KATHERINE RIST PAST PRESIDENT	3 00	0	0	0
WILLIAM DANE FOXWELL PAST PRESIDENT	3 00	0	0	0
AMBER GRAHAM VICE PRESIDENT	3 00	0	0	0
SARA FRUEH SECRETARY	3 00	0	0	0
KATHRYN NOTCH SECRETARY-ELECT	3 00	0	0	0
ETHAN WILBORN TREASURER	3 00	0	0	0
NATASHA FROST TREASURER-ELECT	3 00	0	0	0
WENDY EVANS CLASS REPRESENTATIVE	1 50	0	0	0
HEATHER DONATI-LEWIS CLASS REPRESENTATIVE	1 50	0	0	0
ELIZABETH VANDER VENNET CLASS REPRESENTATIVE	1 50	0	0	0

**Part V Other Information** (Note the Schedule A and personal benefit contract 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
35a 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 <b>Form 990-T</b> 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 ►	37a	0
b Did the organization file <b>Form 1120-POL</b> for this year?	37b	
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> 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	39a	
a Initiation fees and capital contributions included on line 9	39b	
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 ►	40b	
b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►	40b	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ►	40b	
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		
Located at ► COLLEGE OF VETERINARY MEDICINE 1600 E ROLLINS 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)?	42b	No
If "Yes," enter the name of the foreign country ►	42b	
c At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	No
If "Yes," enter the name of the foreign country ►	42c	
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - 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 during the year? 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	

**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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>46</b>		No

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>47</b>		
<b>48</b>		
<b>49a</b>		
<b>49b</b>		

**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"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

**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 business address of each independent contractor	(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 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.

<b>Sign Here</b>	***** Signature of officer NATASHA FROST TREASURER Type or print name and title	2016-02-12 Date
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name JEFFREY T ECHELMEIER	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00048900
	Firm's name <input type="checkbox"/> WILLIAMS-KEEPERS LLC			Firm's EIN <input type="checkbox"/> 43-1126847	
	Firm's address <input type="checkbox"/> 2005 WEST BROADWAY SUITE 100 COLUMBIA, MO 65203			Phone no (573) 442-6171	

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

## TY 2014 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.

**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 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**2014****Open to Public  
Inspection**Name of the organization  
UNIVERSITY OF MISSOURI STUDENT CHAPTER  
OF AMERICAN VETERINARY MEDICINE ASSOC**Employer identification number**

43-6033485

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST INCOME AMOUNT 21
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION OTHER INCOME AMOUNT 2,827
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME MU EXOTICS SYMPOSIUM GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 100
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION CLUBS AMOUNT 2,725 DESCRIPTION GENERAL CLUB TRAVEL AMOUNT 14,778 DESCRIPT ITION MISCELLANEOUS AMOUNT 625 DESCRIPTION STUDENT WELLNESS AMOUNT 285 DESCRIPTIO N VM-1 START UP FUND AMOUNT 250 DESCRIPTION SERVICE CHARGES AMOUNT 151 DESCRIPTION CONFERENCES, CONVENTIONS, MEETINGS AMOUNT 5,758 DESCRIPTION JUNIOR/SENIOR BANQUET A MOUNT 1,000 DESCRIPTION SCAVMA COAT PROGRAM AMOUNT 1,981 DESCRIPTION SAVMA DELEGATE S AMOUNT 1,572 DESCRIPTION TEACHING EXCELLENCE AMOUNT 106 DESCRIPTION PARKING AMO UNT 432 DESCRIPTION RECYCLING PROGRAM AMOUNT 150 DESCRIPTION INSTRUMENT STEWARDS A MOUNT 250 DESCRIPTION SMOKER AMOUNT 1,000 DESCRIPTION SENIOR JUDICIAL COUNSELING A MOUNT 300 DESCRIPTION COPIES AMOUNT 28 DESCRIPTION SUPPLIES AMOUNT 1,000 DESCRIPT ITION AVMA LEGISLATIVE DAY AMOUNT 100 DESCRIPTION CLUB STARTUP FUND AMOUNT 250 TOTA L TO FORM 990-EZ, LINE 16 32,741
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION SAF-DEAN (CUSTODIAL) BEG OF YEAR AMOUNT 6,427 END OF YEAR AMOUNT 7,801