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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Form 990-EZ

Department of the Treasury
Internal Revenue Service

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 \$1,000,000 and total assets less than \$2,500,000 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.

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning SEP 1, 2008 and ending AUG 31, 2009

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

LA VETERINARY MEDICAL ASSOCIATION

Number and street (or P.O. box, if mail is not delivered to street address)

8550 UNITED PLAZA BLVD., SUITE 1001

City or town, state or country, and ZIP + 4

BATON ROUGE, LA 70809

D Employer identification number

72-6027344

E Telephone number

(225) 922-4600

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: **WWW.LVMA.ORG**J Organization type (check only one) ☒ 501(c) (6) (insert no.) ☐ 4947(a)(1) or ☐ 527 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 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ **\$ 279,649.****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	135,353.
	3	Membership dues and assessments	3	105,778.
	4	Investment income	4	2,519.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	6	
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	1,530.
6b	Less: direct expenses other than fundraising expenses	6b		
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	1,530.	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe) SEE STATEMENT 3	8	34,469.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	279,649.	
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	25,490.
	16	Other expenses (describe) SEE STATEMENT 1	16	265,010.
	17	Total expenses. Add lines 10 through 16	17	290,500.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<10,851.>
	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	403,524.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4	20	7,313.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	399,986.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 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	397,424.	22 382,576.
23 Land and buildings		23
24 Other assets (describe) SEE STATEMENT 2	24 24,500.	36,710.
25 Total assets	25 421,924.	419,286.
26 Total liabilities (describe) MANAGEMENT FEE PAYABLE	26 18,400.	19,300.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27 403,524.	399,986.

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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form 990-EZ (2008)

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

	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		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		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 your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N		X
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?		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 unpaid at the start of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 N/A ; section 4912 N/A ; section 4955 N/A		
b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		N/A
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d Enter amount of tax on line 40c reimbursed by the organization 0.		
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		X
41 List the states with which a copy of this return is filed. LA		
42a The books are in care of BLAND O'CONNOR Telephone no. 225-922-4600 Located at 8550 UNITED PLAZA BLVD, STE 1001, BATON ROUGE, L ZIP + 4 70809		
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)?		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.?		X
If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		
43 and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		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		X

Form 990-EZ (2008)

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 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 operating 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(s) a section 527 organization?
- 50 Complete this table for the 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	(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
N/A				
Total number of other employees paid over \$100,000				

- 51 Complete this table for the 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
Total number of other independent contractors each receiving over \$100,000		

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: *Amy Grayson* Date: 2-26-10
Type or print name and title: Amy Grayson Treasurer

Paid Preparer's Use Only Preparer's signature: *[Signature]* Date: 2-23-2010 Check if self-employed: ☐ Preparer's Identifying Number (See instr.): 72-1202445
Firm's name (or yours if self-employed), address, and ZIP + 4: POSTLETHWAITE & NETTERVILLE, 8550 UNITED PLAZA BLVD, SUITE 1001, BATON ROUGE, LA 70809
POSTLETHWAITE & NETTERVILLE (APAC) Certified Public Accountants 72-1202445, 8550 United Plaza Blvd, Suite 1001, Baton Rouge, Louisiana 70809 (225) 922-4600

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

Form 990-EZ (2008)

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
AUDIO VISUAL		3,675.	
AUXILLARY		748.	
AWARDS		2,478.	
BANK CHARGES		177.	
BOARD STIPEND		1,450.	
CHARGE CARD FEES		2,345.	
DONATIONS		16,850.	
DOOR PRIZES		545.	
DUE TO ORGANIZATIONS		150.	
EQUIPMENT		2,790.	
EXHIBIT		675.	
INSURANCE		1,750.	
MANAGEMENT FEES		115,800.	
MEETING EXPENSE		64,387.	
MISCELLANEOUS		1,900.	
PRESIDENT EXPENSES		1,000.	
SCHOLARSHIPS		3,000.	
SEMINAR		949.	
SPEAKER FEES		19,843.	
SUPPLIES		6,814.	
TELECOMMUNICATIONS		579.	
TRAVEL		15,767.	
VETERINARY TECH REVENUE SHARING		1,158.	
WEBSITE HOSTING		180.	
TOTAL TO FORM 990-EZ, LINE 16		265,010.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
SWVS EARNINGS	23,550.	35,922.	
PREPAID POSTAGE	950.	788.	
TOTAL TO FORM 990-EZ, LINE 24	24,500.	36,710.	

FORM 990-EZ	OTHER REVENUE	STATEMENT	3
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DESCRIPTION	AMOUNT
NEWSLETTER	5,341.
ROYALTIES	1,155.
REIMBURSEMENTS	27,972.
MISCELLANEOUS INCOME	1.
TOTAL TO FORM 990-EZ, LINE 8	34,469.

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
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DESCRIPTION	AMOUNT
UNREALIZED GAIN/LOSS	7,313.
TOTAL TO FORM 990-EZ, LINE 20	7,313.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 5

- 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

FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 6

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN EXPENSE CONTRIB ACCOUNT
BRUCE EILTS, DVM, LSU SCHOOL OF VETERINARY MEDICINE, BATON ROUGE, LA	PRESIDENT 1.00	0.	0. 0.
FENTON LIPSCOMB, DVM, 1011 E. HIGHWAY 30, GONZALES, LA 70737-4757	PRESIDENT-ELECT 1.00	0.	0. 0.
JOSH SMITH, DVM P.O. BOX 13610, NEW IBERIA, LA 70562	VICE PRESIDENT 1.00	0.	0. 0.
JAMES RUNDELL, DVM, 104 KANSAS STREET, MONROE, LA 71203-4722	PAST PRESIDENT 1.00	0.	0. 0.
BRAD EVERSON, DVM, 641 BERT KOUNS IND. LOOP, SHREVEPORT, LA 71118	DISTRICT 1 REPRESENTATIVE 1.00	0.	0. 0.
CHRISTOPHER THOMSON, DVM 4116 HWY. 28 E, PINEVILLE, LA 71360	DISTRICT 3 REPRESENTATIVE 1.00	0.	0. 0.
JAMIE HOUSTON, DVM, 113 W. CLARENCE STREET, LAKE CHARLES, LA 70601	DISTRICT 4 REPRESENTATIVE 1.00	0.	0. 0.
DALE PEYROUX, DVM, 46225 NORTH MORRISON BLVD., HAMMOND, LA 70401	DISTRICT 7 REPRESENTATIVE 1.00	0.	0. 0.
AMY GRAYSON, DVM, 4810 BIENVILLE STREET, NEW ORLEANS, LA 70119	TREASURER 1.00	0.	0. 0.
BERNARD MISTRETTA, DVM, 722 JEFFERSON HWY., BATON ROUGE, LA	MEMBER-AT-LARGE 1.00	0.	0. 0.
SHANNON GONSOU LIN, DVM, 220 N. LEWIS STREET, NEW IBERIA, LA 70560	MEMBER-AT-LARGE 1.00	0.	0. 0.
H. BLAND O'CONNOR, JR., CPA, CAE, 8550 UNITED PLAZA BLVD. SUITE 1001,	EXECUTIVE DIRECTOR 1.00	0.	0. 0.
ELIZABETH THORTON, 8550 UNITED PLAZA BLVD. SUITE 1001, BATON ROUGE, LA	ASSOCIATION COORDINATOR 1.00	0.	0. 0.
MELINDA WILK, 8550 UNITED PLAZA BLVD. SUITE 1001, BATON ROUGE, LA	ASSOCIATION COORDINATOR 1.00	0.	0. 0.

LA VETERINARY MEDICAL ASSOCIATION

72-6027344

DARREN SCHILLING, DVM, 525 11TH AVENUE, FRANKLINTON, LA 70438	AG LIAISON CHAIR 1.00	0.	0.	0.
RENEE POIRRIER, DVM, 101 IDLEWOOD BLVD., LAFAYETTE, LA 70506	EMERGENCY MANAGEMETN CHAIR 1.00	0.	0.	0.
JAY D. ADDISON, DVM, RT. 6 BOX 185 G HESSLER ST., NEW ORLEANS, LA	EQUINE COMMITTEE CHAIR 1.00	0.	0.	0.
JAMES CORLEY, DVM, 121 E. GLORIA SWITCH ROAD, LAFAYETTE, LA	EQUINE COMMITTEE CHAIR 1.00	0.	0.	0.
PATRICK R. BERNARD, DVM, 121 E. GLORIA SWITCH ROAD, LAFAYETTE, LA	EQUINE PROGRAM CHAIR 1.00	0.	0.	0.
PATRICK THISTLETHWAITE, DVM, 58175 BELLEVIEW DR., PLAQUEMINE, LA	LEGISLATIVE COMMITTEE CHAIR 1.00	0.	0.	0.
KENNETH D. SANDERLIN, DVM, P.O. BOX 22 JONESBORO HWY., RUSTON, LA	PEER ASSISTANCE COMMITTEE CHA 1.00	0.	0.	0.
GORDON PIRIE, DVM 4936 GROOM ROAD, BAKER, LA 70714-0486	PEER ASSISTANCE COMMITTEE CHA 1.00	0.	0.	0.
ALFRED G. STEVENS, DVM, 3803 SOUTH SHERWOOD FOREST BLVD, BATON ROUGE,	POLITICAL ACTION COMMITTEE CH 1.00	0.	0.	0.
REBECCA A. ADCOCK, DVM, 18732 CHERRY OAK DRIVE, BATON ROUGE, LA 70817	PUBLIC RELATIONS COMMITTEE CH 1.00	0.	0.	0.
ROBERT LOFTON, DVM, 623 E. MCNEESE STREET, LAKE CHARLES, LA 70607	COMPANION ANIMAL COMMITTEE CH 1.00	0.	0.	0.
PAMELA MITCHELL, DVM, 4528 LAUREL STREET, NEW ORLEANS, LA 70115	VENDOR LIAISON COMMITTEE CHAI 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		0.	0.	0.

TO PROMOTE VETERINARY SCIENCE AND MEDICINE.

Form **8868**

(Rev. April 2009)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- 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 Louisiana Veterinary Medical Association	Employer identification number 72-6027344
	Number, street, and room or suite no. If a P.O. box, see instructions 8550 United Plaza Blvd., Suite 1001	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Baton Rouge, LA 70809	

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

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► Entity

Telephone No. ► _____ 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 4-15, 09, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year _____ or
 ► ☒ tax year beginning September 1, 08, and ending August 31, 09.

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	\$ <u>0.00</u>
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	\$ <u>0.00</u>
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 EFIPS (Electronic Federal Tax Payment System). See instructions	3c	\$ <u>0.00</u>

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.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)