See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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 and controlling organizations as defined in section 512(b)(13) must file Form 990 All other org- anizations 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*

OMB No 1545-1150

2008

Open to Public Inspection

A **For the 2008 calendar year, or tax year beginning** 10/01 , **2008, and ending** 9/30 , 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 Instruc- tions.

C
PORTLAND VETERINARY MEDICAL ASSOCIATION
P.O. BOX 6067
PORTLAND, OR 97228

D Employer identification number
93-6036286

E Telephone number
(503) 228-7387

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) ►

I **Website:** ► WWW.PORTLANDVMA.ORG

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

J Organization type (check only one) ← ☒ 501(c) (6) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

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 ► $ 94,364.

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	12,350.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	74,056.
	4	Investment income	4	613.
	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 ln 5b from ln 5a) (att sch)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► ☐		
	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 ► SEE STATEMENT 1)	8	7,345.
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ►	9	94,364.
EXPENSES	10	Grants and similar amounts paid (attach schedule) SEE STATEMENT 2	10	4,099.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	44,597.
	13	Professional fees and other payments to independent contractors	13	1,541.
	14	Occupancy, rent, utilities, and maintenance	14	2,050.
	15	Printing, publications, postage, and shipping	15	282.
	16	Other expenses (describe ► SEE STATEMENT 3)	16	31,957.
	17	**Total expenses** (add lines 10 through 16) ►	17	84,526.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	9,838.
	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	74,070.
	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	83,908.

RECEIVED 27 DEC 22 2009 OGDEN, UT

JAN 07 2010

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		73,300.	22	83,501.
23	Land and buildings			23	
24	Other assets (describe ► SEE STATEMENT 4)		770.	24	407.
25	**Total assets**		74,070.	25	83,908.
26	**Total liabilities** (describe ► _____)		0.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)		74,070.	27	83,908.

SCANNED

13 p

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

What is the organization's primary exempt purpose? SEE STATEMENT 5

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, or other relevant information for each program title

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

28 SEE STATEMENT 6

(Grants $ 4,099.) If this amount includes foreign grants, check here ► ☐ 28a 84,527.

29

(Grants $) If this amount includes foreign grants, check here ► ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ► ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ► ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ► 32 84,527.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated See the instrs)

(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 and deferred compensation	(e) Expense account and other allowances
SHERI MORRIS, DVM 4975 RIVER RD., NORTH KEIZER, OR 97303	PAST PRESIDENT 1.00	0.	0.	0.
DONALD MCCOY, DVM 3000 N. LOMARD STREET PORTLAND, OR 97217	BOARD MEMBER 1.00	0.	0.	0.
TIMOTHY MCCARTHY, DVM 4525 SW 109TH AVENUE BEAVERTON, OR 97005	TREASURER 1.00	0.	0.	0.
CRISTINA KEEF PO BOX 6067 PORTLAND, OR 97228	PVMA EXEC. DIR. 40.00	40,915.	0.	0.
KIM FREEMAN, DVM 16756 SE 82ND DRIVE CLACKAMAS, OR 97015	BOARD MEMBER 1.00	0.	0.	0.
WENDI REKERS, DVM 14175 SW GALBREATH DR. SHERWOOD, OR 97140	BOARD MEMBER 1.00	0.	0.	0.
KRIS OTTEMAN, DVM PO BOX 11364 PORTLAND, OR 97211-0364	BOARD MEMBER 1.00	0.	0.	0.
ALICIA ZAMBELLI, DVM 14831 SW TEAL BLVD BEAVERTON, OR 97007	PRESIDENT 1.00	0.	0.	0.
TODD MCNABB, DVM 12022 SE SUNNYSIDE ROAD CLACKAMAS, OR 97015	OVMA REP. 1.00	0.	0.	0.
CRAIG QUIRCK, DVM 809 SE POWELL BLVD. PORTLAND, OR 97202	PRESIDENT-ELECT 1.00	0.	0.	0.

Part V Other Information (Note the statement requirement in General Instruction V.)

			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	33		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	34		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 6033(e) notice, reporting, and proxy tax requirements?	35a	X	
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	35b	X	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		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?	37b		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?	38a		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	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	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	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	40b		
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	40e		X
41	List the states with which a copy of this return is filed ► NONE			

42a The books are in care of ► CRISTINA KEEF Telephone no ► 503-228-7387

Located at ► 4545 SW 109TH AVENUE BEAVERTON OR ZIP + 4 ► 97005

			Yes	No
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. ►	42b		X
	See the instructions for exceptions and filing requirements for **Form TD F 90-22 1, Report of a 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 ►	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here ► ☐ N/A and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A

			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	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

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.

		Yes	No
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 '

(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 and deferred compensation	(e) Expense account and other allowances
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 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

► Signature of officer — Date: 12·10·09

► Craig A. Quinn - President
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ►	Danny Lee	Date 12/2/09	Check if self-employed ► ☐
			Preparer's Identifying Number (See instructions) P00051709
Firm's name (or yours if self-employed), address, and ZIP + 4 ►	HANSEN, HUNTER & COMPANY, P.C. 8930 SW GEMINI DRIVE BEAVERTON, OR 97008		EIN ► 93-0891763 Phone no ► (503) 244-2134

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

STATEMENT 1
FORM 990-EZ, PART I, LINE 8
OTHER REVENUE

NEWSLETTER INCOME	$ 7,345.
TOTAL	$ 7,345.

STATEMENT 2
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	ANIMAL WELFARE	
DONEE'S NAME:	COFFEE CREEK CCI PUPPY PROGRAM	
DONEE'S ADDRESS:	2965 DUTTON AVE. SANTA ROSA, CA 95407	
CASH AMOUNT GIVEN:		$ 509.
CLASS OF ACTIVITY:	ANIMAL WELFARE	
DONEE'S NAME:	DOVE LEWIS	
DONEE'S ADDRESS:	1945 NW PETTYGROVE PORTLAND, OR 97209	
CASH AMOUNT GIVEN:		$ 490.
CLASS OF ACTIVITY:	ANIMAL WELFARE	
DONEE'S NAME:	ANIMAL AID, INC.	
DONEE'S ADDRESS:	5335 SW 42ND AVENUE PORTLAND, OR 97221	
CASH AMOUNT GIVEN:		$ 1,000.
CLASS OF ACTIVITY:	ANIMAL WELFARE	
DONEE'S NAME:	OREGON HUMANE SOCIETY	
DONEE'S ADDRESS:	PO BOX 11364 PORTLAND, OR 97211	
CASH AMOUNT GIVEN:		$ 1,100.
CLASS OF ACTIVITY:	VETERINARY MEDICINE	
DONEE'S NAME:	OSU FOUNDATION	
DONEE'S ADDRESS:	850 SW 35TH ST. CORVALLIS, OR 97333	
CASH AMOUNT GIVEN:		$ 1,000.

STATEMENT 3
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

OFFICE EXPENSES	$ 1,364.
TRAVEL	391.
DEPRECIATION	363.
INSURANCE	417.
MEETINGS	12,224.
NEWSLETTER EXP	9,327.
MARKETING AND PR	3,356.
TELEPHONE	1,281.
PAYROLL SERVICE FEE	1,241.
MEALS	816.
INTERNET	720.

STATEMENT 3 (CONTINUED)
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

BANK SERVICE CHARGES	$ 232.
EQUIPMENT	175.
LICENSES & PERMITS	50.
TOTAL	$ 31,957.

STATEMENT 4
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	BEGINNING	ENDING
MACHINERY AND EQUIPMENT	$ 770.	$ 407.
TOTAL	$ 770.	$ 407.

STATEMENT 5
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO ENHANCE THE EXCHANGE OF SCIENTIFIC KNOWLEDGE AND TO ADVOCATE THE CONSERVATION AND PROTECTION OF ANIMAL HEALTH; TO PROMOTE PUBLIC HEALTH AS IT RELATES TO ANIMAL HEALTH; TO ADVOCATE THE HUMAN/ANIMAL BOND; AND TO SERVE AS A COMMUNICATION LINK BETWEEN THE VETERINARY COMMUNITY AND THE PUBLIC. THIS CORPORATION'S PRIMARY PURPOSE SHALL BE TO PROMOTE VETERINARY MEDICINE AND THE HUMAN/AMINAL BOND.

STATEMENT 6
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PVMA CURRENTLY SERVES APPROXIMATELY 300 MEMBERS AND FACILITATES APPROXIMATELY 20 SERVICE FUNCTIONS PER YEAR. PVMA FACILITATES THE FOLLOWING PROGRAM SERVICE ACCOMPLISHMENTS WHICH ENABLE IT TO FULFILL ITS MISSION STATEMENT ABOVE.

- NORTHWEST PET AND COMPANION FAIR
- OREGON HUMANE SOCIETY MICROCHIP CLINIC
- DOVELEWIS DOGTOBERFEST
- SUPPORT AND SPONSORSHIP OF THE CANINE COMPANIONS FOR INDEPENDENCE PROGRAM AT THE COFFEE CREEK WOMEN'S CORRECTIONAL FACILITY.
- PROVIDE CONTINUING EDUCATION LECTURES THROUGHOUT THE YEAR COVERING ALL ASPECTS OF VETERINARY MEDICINE.
- DISTRIBUTE A MONTHLY NEWSLETTER TO ITS MEMBERS AND ASSOCIATES WITH CURRENT ISSUES, USEFUL INFORMATION AND ASSOCIATION UPDATES.

THEY HAVE BEEN PROVIDING PROGRAM SERVICES OF THIS KIND SINCE 1936. PVMA'S OBJECTIVE GOAL IS TO CONTINUE SIMILAR PROGRAMS INDEFINATELY.

CLIENT 11695 | PORTLAND VETERINARY MEDICAL ASSOCIATION | 93-6036286

12/02/09 11 03AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT	CUR 179 BONUS	SPECIAL DEPR ALLOW	PRIOR 179/ BONUS/ SP. DEPR	PRIOR DEC. BAL DEPR	SALVAG /BASIS REDUCT	DEPR BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
FORM 990/990-PF																
MACHINERY AND EQUIPMENT																
1	DELL COMPUTER	2/19/04		1,585							1,585	1,494	200DB HY	5	05760	- 91
2	DELL COMPUTER TOWER	5/05/07		614							614	319	200DB HY	5	.19200	118
3	DLP PROJECTOR	10/09/06		800							800	416	200DB HY	5	19200	154
	TOTAL MACHINERY AND EQUIPME			2,999		0	0	0	0	0	2,999	2,229				363
	TOTAL DEPRECIATION			2,999		0	0	0	0	0	2,999	2,229				363
	GRAND TOTAL DEPRECIATION			2,999		0	0	0	0	0	2,999	2,229				363