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Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2009**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 \$500,000 and total assets less than \$1,250,000 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 2009 calendar year, or tax year beginning

, 2009, and ending

**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**  
 EL PASO VETERINARY MEDICAL ASSOCIATION  
 C/O 1280 HAWKINS BLVD., SUITE 200  
 EL PASO, TX 79925

**D** Employer identification number

74-2510587

**E** Telephone number

584-3459

**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: ► N/A**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**J** Tax-exempt status (check only one) — ☒ 501(c) ( 06 ) (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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$ 225,736.

**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	56,148.
	2	Program service revenue including government fees and contracts	2	1,430.
	3	Membership dues and assessments	3	1,175.
	4	Investment income	4	8,621.
	5a	Gross amount from sale of assets other than inventory	5a	134,804.
	5b	Less cost or other basis and sales expenses	5b	170,115.
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-35,311.
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	23,558.
	6b	Less direct expenses other than fundraising expenses	6b	20,519.
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	3,039.	
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 ►)	8		
9	<b>Total revenue</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	35,102.	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	17,132.
	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	40.
	16	Other expenses (describe ► SEE STATEMENT 3)	16	35,398.
	17	<b>Total expenses.</b> Add lines 10 through 16	17	52,570.
	18	Excess of (deficit) for the year (Subtract line 17 from line 9)	18	-17,468.
	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	389,171.
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4	20	116,242.	
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	487,945.	

**Part II** Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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	389,171.	474,611.
23 Land and buildings		
24 Other assets (describe ► SEE STATEMENT 5)		13,334.
25 <b>Total assets</b>	389,171.	487,945.
26 <b>Total liabilities</b> (describe ►)	0.	0.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	389,171.	487,945.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

TEEA0803L 01/30/10

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H

<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (See the instructions.)
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## Expenses

What is the organization's primary exempt purpose? **SEE STATEMENT 6**

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.

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

28	PROVIDES CONTINUING EDUCATION FOR VETERINARIANS IN ORDER TO MAINTAIN THEIR PROFESSIONAL COMPETENCE AND INTRODUCES NEW PROGRAMS AVAILABLE FOR TO THE PROFESSION.		
	(Grants \$ ) If this amount includes foreign grants, check here	28 a	4,416.
29	THE FERAL CAT PROGRAM REIMBURSES LOCAL VETERINARIANS FOR VACCINATING AND SPAYING OR NEUTERING WILD CATS TO PREVENT THE SPREAD OF DISEASE AND A POPULATION EXPLOSION.		
	(Grants \$ ) If this amount includes foreign grants, check here	29 a	
30	THE PUBLIC AWARENESS CAMPAIGN USES THE INTERNET, RADIO, AND TELEVISION TO EDUCATE THE PUBLIC ABOUT THE IMPORTANCE OF VACCINATING THEIR PETS TO PREVENT THE SPREAD OF DISEASE.		
	(Grants \$ ) If this amount includes foreign grants, check here	30 a	
31	Other program services (attach schedule) SEE STATEMENT 7		
	(Grants \$ ) If this amount includes foreign grants, check here	31 a	
32	Total program service expenses (add lines 28a through 31a)	32	4,416.

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

[illegible]

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

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	<b>33</b>	X
<b>34</b> Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	<b>34</b>	X
<b>35</b> 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 why the organization did not report the income on Form 990-T		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	<b>35a</b>	X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	<b>35b</b>	
<b>36</b> 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	<b>36</b>	X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	<b>37b</b>	X
<b>38a</b> 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 period covered by this return?	<b>38a</b>	X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved <b>38b</b> N/A		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b> N/A		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b> N/A		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <b>N/A</b> , section 4912 <b>N/A</b> , section 4955 <b>N/A</b>		
<b>b</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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I <b>40b</b>		
<b>c</b> 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 <b>0.</b>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <b>0.</b>		
<b>e</b> 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 <b>40e</b>		X
<b>41</b> List the states with which a copy of this return is filed <b>NONE</b>		
<b>42a</b> The organization's books are in care of <b>BARBARA CREWS, DVM</b> Telephone no <b>915-584-3459</b> Located at <b>4910 CROSSROADS DR., EL PASO, TX</b> ZIP + 4 <b>79922-1039</b>		
<b>b</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	<b>42b</b>	X
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts</b>		
<b>c</b> 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	<b>42c</b>	X
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> — Check here <input type="checkbox"/> <b>N/A</b> and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b> <b>N/A</b>		
<b>44</b> Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ <b>44</b>		X
<b>45</b> 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 <b>45</b>		X

**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 46-49b and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> 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	<b>46</b>	
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	<b>47</b>	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	
<b>b</b> If 'Yes,' was the related organization a section 527 organization?	<b>49b</b>	

**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.'

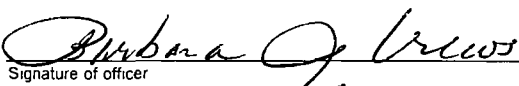
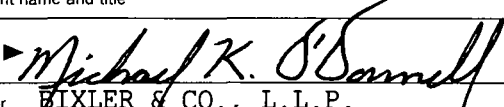
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

**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 ▶

<b>Sign Here</b>	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		8-13-10 Date	
	BARBARA CREWS TREASURER Type or print name and title			
<b>Paid Preparer's Use Only</b>	Preparer's signature	 Date 8/11/10	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions) N/A
	Firm's name (or yours if self-employed), address, and ZIP + 4	BIXLER & CO., L.L.P. 1280 HAWKINS BLVD. STE. 200 EL PASO, TX 79925-4998		
	EIN	N/A		
	Phone no	(915) 593-1280		

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA

Form 990-EZ (2009)

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**  
**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

# 2009

## Open to Public Inspection

74-2510587

**b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

TEEA3701L 02/05/10

**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 ANNUAL MEETING (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
	1 Gross receipts	23,558.			23,558.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	23,558.			23,558.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	20,519.			20,519.
	10 Direct expense summary Add lines 4- through 9 in column (d)				20,519.
	11 Net income summary Combine lines 3, column (d) and line 10				3,039.

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1, column (d) and line 7				

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' explain

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

YES NO

9a

10a

11

12

**13** Indicate the percentage of gaming activity operated in**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15a** Does the organization have a contact with a third party from whom the organization receives gaming revenue?**15a****b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_**c** If 'Yes,' enter name and address of the third party

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_



EL PASO VETERINARY MEDICAL ASSOCIATION

74-2510587

**STATEMENT 1  
FORM 990-EZ, PART I, LINE 5C  
NET GAIN (LOSS) FROM NONINVENTORY SALES**PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 134,804.  
COST OR OTHER BASIS: 170,115.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ -35,311.TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -35,311.**STATEMENT 2  
FORM 990-EZ, PART I, LINE 10  
GRANTS AND SIMILAR AMOUNTS PAID**

CLASS OF ACTIVITY: ANIMAL CRUELTY PREVENTION  
DONEE'S NAME: THERAPEUTIC HORSEMANSHIP  
DONEE'S ADDRESS: P.O. BOX 532  
SANTA TERESA, NM 88008  
RELATIONSHIP OF DONEE: NONE  
CASH AMOUNT GIVEN: \$ 2,092.

CLASS OF ACTIVITY: ANIMAL CRUELTY PREVENTION  
DONEE'S NAME: EL PASO HUMANE SOCIETY  
DONEE'S ADDRESS: 325 SHELTER PLACE  
EL PASO, TX 79905  
RELATIONSHIP OF DONEE: NONE  
CASH AMOUNT GIVEN: \$ 2,700.

CLASS OF ACTIVITY: ANIMAL CRUELTY PREVENTION  
DONEE'S NAME: CHIHUAHUA DESERT WILDLIFE  
DONEE'S ADDRESS: P.O. BOX 221528  
EL PASO, TX 79913,  
RELATIONSHIP OF DONEE: NONE  
CASH AMOUNT GIVEN: \$ 2,092.

CLASS OF ACTIVITY: ANIMAL CRUELTY PREVENTION  
DONEE'S NAME: PETS ALIVE  
DONEE'S ADDRESS: 9398 VISCOUNT BLVD BLDG 5A  
EL PASO, TX 79925  
RELATIONSHIP OF DONEE: NONE  
CASH AMOUNT GIVEN: \$ 7,092.

CLASS OF ACTIVITY: MEDICAL THERAPY  
DONEE'S NAME: THERAPET ANIMAL ASSISTED THERAPY  
DONEE'S ADDRESS: 15632 HIGHWAY 110 S. SUITE 7  
WHITEHOUSE, TX 75791  
RELATIONSHIP OF DONEE: NONE  
CASH AMOUNT GIVEN: \$ 3,156.

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## FEDERAL STATEMENTS

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EL PASO VETERINARY MEDICAL ASSOCIATION

74-2510587

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

ADVERTISING	\$	980.
CONFERENCES, CONVENTIONS, AND MEETINGS		2,847.
CONTINUING ED		4,416.
DEPRECIATION		6,666.
FOREIGN TAX WITHHELD		75.
INVESTMENT EXPENSES		2,731.
MISCELLANEOUS		5,121.
PUBLIC RELATIONS		12,562.
<b>TOTAL</b>	<b>\$</b>	<b>35,398.</b>

**STATEMENT 4**  
**FORM 990-EZ, PART I, LINE 20**  
**OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

VALUATION ADJUSTMENT INVESTMENTS	\$	116,242.
<b>TOTAL</b>	<b>\$</b>	<b>116,242.</b>

**STATEMENT 5**  
**FORM 990-EZ, PART II, LINE 24**  
**OTHER ASSETS**

	BEGINNING	ENDING
MACHINERY AND EQUIPMENT	\$ 0.	\$ 13,334.
<b>TOTAL</b>	<b>\$ 0.</b>	<b>\$ 13,334.</b>

**STATEMENT 6**  
**FORM 990-EZ, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

TO INCREASE RABIES VACCINATIONS IN EL PASO COUNTY WHILE PUBLICIZING THE EFFORTS OF THE EL PASO VETERINARY MEDICAL ASSOCIATION AND PROMOTING GENERAL PET HEALTH AND WELFARE.

**STATEMENT 7**  
**FORM 990-EZ, PART III, LINE 31**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS	PROGRAM SERVICE EXPENSES
THE ASSOCIATION DONATES FUNDS TO OTHER ANIMAL RESCUE AND WELFARE GROUPS TO FURTHER THE PURPOSE OF EDUCATION AND HEALTH CARE FOR ANIMALS.		
INCLUDES FOREIGN GRANTS: NO		
THE ASSOCIATION PROVIDES SCHOLARSHIP FUNDS TO STUDENTS		

2009

## FEDERAL STATEMENTS

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EL PASO VETERINARY MEDICAL ASSOCIATION

74-2510587

STATEMENT 7 (CONTINUED)  
FORM 990-EZ, PART III, LINE 31  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS	PROGRAM SERVICE EXPENSES
PURSuing DEGREES IN VETERINARY MEDICINE INCLUDES FOREIGN GRANTS: NO		
TOTAL	\$ 0.	\$ 0.

**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](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name of Exempt Organization	Employer identification number
	EL PASO VETERINARY MEDICAL ASSOCIATION	74-2510587
	Number, street, and room or suite number. If a P.O. box, see instructions	
	C/O.1280 HAWKINS BLVD., SUITE 200	
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	EL PASO, TX 79925	

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

- |   |  |                                    |
|---|--|------------------------------------|
| <input 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 (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" 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 ▶ BARBARA CREWS, DVM

Telephone No ▶ 915-584-3459

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 8/15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ ☒ calendar year 20 09 or
- ▶ ☐ tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

- 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 \$ 0.

- 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 \$ 0.

- 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 EFTPS (Electronic Federal Tax Payment System). See instructions

3c \$ 0.

**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

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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