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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 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.

2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 07-01-2009

, and ending 06-30-2010

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

Please use IRS label or print or type.
See Specific Instructions.

C Name of organization
INDIANA VETERINARY MEDICAL ASSOCIATIONNumber and street (or P. O. box, if mail is not delivered to street address) Room/suite
201 S CAPITOL AVENUE No 405City or town, state or country, and ZIP + 4
INDIANAPOLIS, IN 46225

D Employer identification number

35-6032108

E Telephone number

(317) 974-0888

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.invma.org

J Tax-Exempt status (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 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 ► \$ 456,009

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

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	208,000
4	Investment income	4	7,084
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	576
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ►	6c	
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)		
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)		
8	Other revenue (describe ►)	8	240,925
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	455,433
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	121,030
13	Professional fees and other payments to independent contractors	13	13,025
14	Occupancy, rent, utilities, and maintenance	14	33,484
15	Printing, publications, postage, and shipping	15	45,711
16	Other expenses (describe ►)	16	220,578
17	Total expenses. Add lines 10 through 16	17	433,828
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	21,605
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	432,308
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	453,913

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	65,252	22 103,868
23 Land and buildings		23
24 Other assets (describe ►)	369,353	24 352,807
25 Total assets	434,605	25 456,675
26 Total liabilities (describe ►)	2,297	26 2,762
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	432,308	27 453,913

Part V Other Information (Note the statement requirements in the instructions for Part 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	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		34	No
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 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 or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements? <input checked="" type="checkbox"/>		35a	Yes
b	If "Yes," has it filed a tax return on Form 990-T for this year?		35b	Yes
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	25,523	
b	Did the organization file Form 1120-POL for this year?		37b	
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 period 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			
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 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		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 ► IN _____			
42a	The organization's books are in care of ► LISA A PERIUS 201 S CAPITOL AVE STE 405 Located at ► INDIANAPOLIS, IN		Telephone no ► (317) 974-0888 ZIP + 4 ► 46225	
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	Yes No
	If "Yes," enter the name of the foreign country ► _____		42c	No
	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		
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.		44	No
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	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 46-49b 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	46	
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
	b If "Yes," was the related organization a section 527 organization?	49b	
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

50(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

51(d) Total number of other independent contractors each receiving over \$100,000 ► _____

Please 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 LISA A PERIUS EXECUTIVE DIRECTOR Type or print name and title	2011-01-11 Date	

Paid Preparer's Use Only	Preparer's signature Phil Muehl	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 CLIFTON GUNDERSON LLP 2 E MAIN STREET SUITE 120 PO BOX 16 DANVILLE, IL 618340016			EIN <input checked="" type="checkbox"/>

Phone no ► (217) 442-1643

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

SCHEDULE C
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****2009****Open to Public
Inspection****For Organizations Exempt From Income Tax Under section 501(c) and section 527**

► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization
INDIANA VETERINARY MEDICAL ASSOCIATION

Employer identification number

35-6032108

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- | | | |
|---|--|-------------|
| 1 | Provide a description of the organization's direct and indirect political campaign activities in Part IV | ► \$ 25,523 |
| 2 | Political expenditures | ► \$ |
| 3 | Volunteer hours | 0 |

Part I-B Complete if the organization is exempt under section 501(c)(3).

- | | | |
|----|---|--|
| 1 | Enter the amount of any excise tax incurred by the organization under section 4955 | ► \$ |
| 2 | Enter the amount of any excise tax incurred by organization managers under section 4955 | ► \$ |
| 3 | If the organization incurred a section 4955 tax, did it file Form 4720 for this year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Was a correction made? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b | If "Yes," describe in Part IV | |

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- | | | |
|---|--|---|
| 1 | Enter the amount directly expended by the filing organization for section 527 exempt function activities | ► \$ 25,523 |
| 2 | Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities | ► \$ 0 |
| 3 | Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b | ► \$ 25,523 |
| 4 | Did the filing organization file Form 1120-POL for this year? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 5 | State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV | |

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group
B Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a If zero or less, enter -0-**i** Subtract line 1f from line 1c If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)	
	Yes	No	Amount	
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities? If "Yes," describe in Part IV				
j Total lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	No
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	No
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	Yes

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1 Dues, assessments and similar amounts from members	1	208,000
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	25,523
b Carryover from last year	2b	-11,967
c Total	2c	13,556
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	31,200
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	-17,644

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1.

Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Part IV, Supplemental Information		THE INDIANA VETERINARY MEDICAL ASSOCIATION SUPPORTS POLITICAL CANDIDATES THAT ENCOURAGE POLITICAL PHILOSOPHIES CONSISTENT WITH ADVANCING THE VETERINARY MEDICAL PROFESSION AND THE SCIENCE OF VETERINARY MEDICINE IN INDIANA

TY 2009 Other Assets Schedule

Name: INDIANA VETERINARY MEDICAL ASSOCIATION**EIN:** 35-6032108

Description	Beginning of Year Amount	End of Year Amount
INVESTMENTS - PUBLICLY TRADED	369,353	352,807

TY 2009 Other Expenses Schedule

Name: INDIANA VETERINARY MEDICAL ASSOCIATION**EIN:** 35-6032108

Description	Amount
ANNUAL MEETING	121,545
SCHOLARSHIP AWARDS AND DONATIONS	11,270
MISCELLANEOUS	12,211
OFFICERS' EXPENSE	8,180
SERVICE CHARGES AND INVESTMENT FEES	12,842
TRAVEL	11,682
BOARD MEETINGS	2,674
EQUIPMENT	3,512
LOBBYING EXPENSE	25,523
COMMITTEE EXPENSE	11,139

TY 2009 Other Liabilities Schedule

Name: INDIANA VETERINARY MEDICAL ASSOCIATION**EIN:** 35-6032108

Description	Beginning of Year Amount	End of Year Amount
PAYROLL TAX LIABILITIES	2,297	2,762

TY 2009 Other Revenues Schedule

Name: INDIANA VETERINARY MEDICAL ASSOCIATION**EIN:** 35-6032108

Description	Amount
PROGRAM SERVICE REVENUE	240,925

TY 2009 Transfers Personal Benefits Contracts Declaration

Name: INDIANA VETERINARY MEDICAL ASSOCIATION

EIN: 35-6032108

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: 35-6032108
Name: INDIANA VETERINARY MEDICAL ASSOCIATION

Form 990EZ, Part III - Statement of Program Service Accomplishments

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, and other relevant information for each program title.			Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)
28 PUBLICATIONS AND NEWSLETTERS (Grants \$ 0)	If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/>	17,686	28a
29 ANNUAL CONVENTION AND QUARTERLY BOARD MEETINGS (Grants \$ 0)	If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/>	121,545	29a
30 EDUCATIONAL EXPENSE FOR MEMBERS AND PUBLIC RELATIONS (Grants \$ 0)	If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/>	11,270	30a
OTHER ACTIVITIES (Grants \$ 0)	If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/>	283,327	

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
DR PETE BILL 2000 W 500 N WEST LAFAYETTE, IN 47906	IMMEDIATE PAST PRESIDENT 1 00	0	0	0
DR STEVE SUNBURY 5817 E HWY 50 SEYMORE, IN 47274	PRESIDENT 1 00	0	0	0
DR LORI THOMPSON 194 E HORTON ROAD KIRKLIN, IN 46050	PRESIDENT - ELECT 1 00	0	0	0
DR AILEEN MCDIVITT 4704 BROOKHAVEN DRIVE KOKOMO, IN 46901	TREASURER 1 00	0	0	0
LISA PERIUS 201 S CAPITOL SUITE 405 INDIANAPOLIS, IN 46225	EXECUTIVE DIRECTOR 40 00	94,000	7,618	0
DR GREG KEEKER 2560 E SR 130 HOBART, IN 46342	DISTRICT 1 1 00	0	0	0
DR MIMI ARIGHI 625 HARRISON ST WEST LAFAYETTE, IN 47907	DISTRICT 2 1 00	0	0	0
DR RICHARD BRUNGARDT 11639 N ST RD 13 SYRACUSE, IN 46567	DISTRICT 3 1 00	0	0	0
DR PAUL CLEMENTE 3319 EAST STATE BLVD FORT WAYNE, IN 46805	VICE PRESIDENT 1 00	0	0	0
DR ADAM VERNENGO 409 ARNOLD COURT KOKOMO, IN 46902	DISTRICT 5 1 00	0	0	0
KIMBERLY ANDERSON 438 S 3RD ST LAFAYETTE, IN 47905	DISTRICT 6 1 00	0	0	0
BRIAH TANNIER 337 S CHAUNCEY AVE 5 WEST LAFAYETTE, IN 47906	DISTRICT 6 1 00	0	0	0
DR GAYLAND JONES 2250 DARWIN RD WEST TERRE HAUTE, IN 47885	DISTRICT 7 1 00	0	0	0
DR JOHN FEUTZ 806 E WATER PRINCETON, IN 47670	DISTRICT 8 1 00	0	0	0
DR PAUL STAHLY 2046 MARKET ST CHARLESTOWN, IN 47111	DISTRICT 9 1 00	0	0	0
DR NATHAN RICH 80 S CR 300 EAST NEW CASTLE, IN 47362	DISTRICT 10 1 00	0	0	0
DR PHILIP BORST 3315 SHELBY STREET INDIANAPOLIS, IN 46227	DISTRICT 11 1 00	0	0	0
DR JAMES HOLLIS 7838 E 1100 N SUNMAN, IN 47041	DISTRICT 12 1 00	0	0	0
DR LARRY STAUFFER 924 S WASHINGTON ST DELPHI, IN 46923	DISTRICT 13 1 00	0	0	0
DR ROGER BEAM 5284 S 150 W TRAfalgar, IN 46181	DISTRICT 14 1 00	0	0	0
DR AMY LANUM 2145 E ST RD 18 FLORA, IN 48929	DISTRICT 15 1 00	0	0	0
DR BRET MARSH 805 BEACHWAY DR 50 INDIANAPOLIS, IN 46224	STATE VETERINARIAN 1 00	0	0	0
DR JOHN SCHNARR 6738 E WASHINGTON ST INDIANAPOLIS, IN 46219	2012 AVMA DELEGATE 1 00	0	0	0
DR JIM WEISMAN 625 HARRISON ST WEST LAFAYETTE, IN 47907	2014 AVMA ALT DELEGATE 1 00	0	0	0
DR WILLIE REED 625 HARRISON ST WEST LAFAYETTE, IN 47907	DEAN 40 00	0	0	0
DR BILL KERLEY 7702 ANTHONY BLVD FORT WAYNE, IN 46816	DISTRICT 4 1 00	0	0	0