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A For the 2009 calendar year, or tax year beginning 07-01-2009, and ending 06-30-2010				
B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization INDIANA VETERINARY MEDICAL ASSOCIATION		D Employer identification number 35-6032108
Address change		Number and street (or P O box, if mail is not delivered to street address) Room/suite 201 S CAPITOL AVENUE No 405		E Telephone number (317) 974-0888
Name change				
Initial return		City or town, state or country, and ZIP + 4 INDIANAPOLIS, IN 46225		F Group Exemption Number
Terminated				
Amended return				
Application pending				




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 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶
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I Website: <input type="checkbox"/> www.invma.org		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-Exempt status (check only one)— <input checked="" type="checkbox"/> 501(c)(6) <input type="checkbox"/> (insert no.) 4947(a)(1) or <input type="checkbox"/> 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	\$	456,009
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Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)
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Revenue			
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)	5c	-576
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 )	8	240,925
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 	9	455,433

















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	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

Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	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)	432,308
	20	Other changes in net assets or fund balances (attach explanation)	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	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

[illegible]

Part VOther 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? 	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  <table><tr><td>37a</td><td>25,523</td></tr></table>	37a	25,523		
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				
a	Initiation fees and capital contributions included on line 9	39a			
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 				
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 Telephone no  (317) 974-0888 201 S CAPITOL AVE STE 405 Located at  INDIANAPOLIS, IN 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)? 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 .	42b	No		
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	No		
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  <table><tr><td>43</td><td></td></tr></table>	43			
43					
44	Did the organization maintain any donor advised funds? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	44	No		
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	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.

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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school 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?		
49b	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 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		Date		
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN		Phone no
	CLIFTON GUNDERSON LLP				(217) 442-1643
	2 E MAIN STREET SUITE 120 PO BOX 16				
DANVILLE, IL 618340016					
May the IRS discuss this return with the preparer shown above? See instructions					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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.**

OMB No 1545-0047

2009

Open to Public
Inspection

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
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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	
2	Political expenditures	▶ \$ 25,523
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 funtion 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.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
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															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
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?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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 1i. 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 type="checkbox"/>	28a	17,686
29 ANNUAL CONVENTION AND QUARTERLY BOARD MEETINGS (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	121,545
30 EDUCATIONAL EXPENSE FOR MEMBERS AND PUBLIC RELATIONS (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	11,270
OTHER ACTIVITIES (Grants \$ 0) If this amount includes foreign grants, check here . . . <input 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 SEYMOUR, 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