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Department of the Treasury Internal Revenue Service

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)

Open to Public Inspection

OMB No 1545-0047

The organization may have to use a copy of this return to satisfy state reporting requirements. A For the 2010 calendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number Address HAWAII VETERINARY MEDICAL ASSOCIATION Name change 99-0265672 Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-P.O. BOX 61309 (808)733-8828 Amended City or town, state or country, and ZIP + 4 172.441. G Gross receipts \$ Applica-tion pending HONOLULU, HI 96839-1309 H(a) Is this a group return F Name and address of principal officer ERIC AKO, DVM for affiliates? Yes X No SAME AS C ABOVE H(b) Are all affiliates included? Tax-exempt status: 501(c)(3) X 501(c) () ◀ (insert no.) 7 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► N/A **H(c)** Group exemption number ▶ Corporation X Trust Association Other > Year of formation: 1952 M State of legal domicile: HI Form of organization: Part I Summary Briefly describe the organization's mission or most significant activities. PROMOTE PROFESSIONAL STANDANDS & Activities & Governance EDUCATE THE PUBLIC. If the organization discontinued its operations or disposed of more than 25% of its net assets Check this box Number of voting members of the governing body (Part VI, line 1a) 162 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2010 (Part V, line 2a) 0 5 0 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 7,510 21,680. Revenue Program service revenue (Part VIII, line 2g) 146,286 $\overline{1}50,761.$ Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0. 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0. 11 153,796. 172,441. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 600. 2,100. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 9,998. 10,947. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 127,810 139,292. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 138,408 152,339. 0.05.388Revenue less expenses. Subtract line 18 from line 12 20,102. Beginning of Current Year **⊜** ഉട്ട **End of Year** 20 Total assets (Part X, line 16) 47.840. 21 Total liabilities (Part X, line 26) 0 OGDEN Net assets or fund balances. Subtract line 21 from line 20 738 | Part II | Signature Block 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 Sign

Form 990 (2010)

X Yes No

PTIN

Phone no. 808-591-8323

HONOLULU, HI 96802

DVM, EXEC. VICE-PRESIDENT

Preparer's signature

Date

06/20/11

setf-employed

Firm's EIN

ERIC AKO,

Print/Type preparer's name

Type or print name and title

SANFORD SATTI

Firm's address P.O. BOX 3167

Firm's name SATO & YAMAMOTO LLP

May the IRS discuss this return with the preparer shown above? (see instructions)

Here

Paid

Preparer

Use Only

	rt III Statement of Program Service Accomplishments	672	Page 2
· a	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission. OUR MISSION IS TO ASSIST VETERINARIANS IN IMPROVING AND PROTECT ANIMAL WELL-BEING, PUBLIC HEALTH, AND AGRICULTURE.	ING	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [If "Yes," describe these new services on Schedule O.	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a)
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)		
	SPONSORED HAWAII PET EXPO 2010, WHICH PROVIDED VETERINARY AND PINFORMATION TO THE GENERAL PUBLIC DURING NATIONAL PET WEEK.	ET C	ARE
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
			- -
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)		
4e	Total program service expenses		

Form **990** (2010)

			V	
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
1	If "Yes," complete Schedule A			v
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	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	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		-	
7	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
•	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
••	as applicable	7	· ·	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	-	,	
_	Part VI	11a		X
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>
20a		20a		<u> </u>
þ	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J .	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization 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	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	-		
	instructions for applicable filing thresholds, conditions, and exceptions).	-	1	ال ا
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> X</u>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_X_
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	\longrightarrow	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?		į	
00	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
00	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			v
34	Was the organization related to any tax-exempt or taxable entity?	33		<u> </u>
34	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	04	1	v
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	34 35		<u> </u>
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	35		
а	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	İ	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
~-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	}	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	· · ·		
	Note. All Form 990 filers are required to complete Schedule O	38	x	

O10) HAWAII VETERINARY MEDICAL ASSOCIATION
Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response to contains

18 Enter the number reported on Box 3 of Form 1096. Enter 0- if not applicable 1		Check if Schedule O contains a response to any question in this Part v			
be Enter the number of Forms W-SG included in line 1a. Enter 0-f not applicable Did the organization comply with backurp with holding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 5 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to effect employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to effect employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to effect employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to effect employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to effect employment tax returns? Note: If the sum of the form 250, you may be required to effect the sum of the form 250, you may be required to effect the sum of the foregan country. 9 If "Yes," the affect for file of foreign country. "If "No, "provide an explanation on Schedule" 9 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. "If "No, "provide an advantation at any time during that ax year? 9 Was the organization for form TD F 90-22 1, Report of Foreign Bank and Financial accounts. 9 If "Yes," do not be foreign country." "If "No, "provide an at any time during the tax year? 9 If "Yes," do not say of the organization that it was or is a party to a prohibited tax shelter transaction? 9 If "Yes," do not say of the organization that it was or is a party to a prohibited tax shelter transaction? 9 If "Yes," do not say of the organization that it was or is a party to				Yes	No
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2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 3b. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a but the organization have unrelated business gross income of \$1,000 or more during the year? 3b. If 1'Yes, *Institute of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. If 1'No, *provide are explaination in Schedule O b if 1'Yes, *Institute or other financial account, or other financial account; if 1'Yes, *Institute or other financial account, or other financial account; b if 1'Yes, *Institute or other financial account, or other financial account; c if 1'Yes, *Institute or a profit by the organization that it was or is a party to a prohibited tax shelter transaction? c if 1'Yes, *Institute organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? b if 1'Yes, *India the organization include with every solicitation an express statement that such contributions or grifs were not tax deductible? c organizations that may receive deductible contributions under section 170(c). b if the organization enders on endity the donor of the value of the good or services provided? 7b. If 1'Yes, *Indicate the number of Forms 8282 filed during the year 9 b if 1'Yes, *Indicate the number of Forms 8282 filed during the year 1 b the organization received a contribution of qualified intellectual property, did the organization file a form 1098 C? 7c	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			,
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions) 3a Did the organization have unnellade business gross income of \$1,000 or more during the year? 3a At any time during the calendar year, did the organization have unnellade business gross income of \$1,000 or more during the year? 3a At any time during the calendar year, did the organization have an interestin, 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;) 5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5b Did any taxabile party notify the organization that it was or as party to a prohibited tax sheller transaction? 5c If "Yes," to line 5a or 5b, did the organization file form 8896-17 5b If "Yes," to line 5a or 5b, did the organization file form 8894 as contributions or gifts were not tax deductible? 6c Jorganizations that may receive deductible contributions under section 170(c). 5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Jorganizations that may receive deductible contributions under section 170(c). 6d Jorganizations that may receive deductible contributions under section 170(c). 6d If "Yes," did the organization fellower parameter in excess of \$75 made party as a contribution of quarty for goods and services provided to the payor? 7a Jorganizations that may receive deductible contributions of undersection for the payor of the payor that	C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	_		
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b If a least one is reported on line 2a, did the organization file all required foderal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has if filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0 3b At any time during the calendary 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)? 5b If "Yes," enter the name of the foreign country. ► 5ce instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax sheller transaction? 5b Did any taxable party notify the organization that it was or a party to a prohibited tax sheller transaction? 5b Did any taxable party notify the organization that was or a party to a prohibited tax sheller transaction? 5c Did be organization as annual gross recopits that are normally greater than \$100,000, and did the organization solicid any contributions that were not tax deductible? 6c Did the organization shat may receive deductible contributions under section 170(c). 6c Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7c Did the organization receive aphyment in excess of \$75 made party as a contribution and party for goods and services provided to file Form 8282? 7d Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d Did the organization received a contribution of qualified intellectual property, did the organizations and party taxible distribu	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more dump the year? 4 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)? 5 If "Yes," enter the name of the foreign country. 5 See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts. 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Ea D D did any taxable party notify the organization that it was or se a party to a prohibited tax shelter transaction? 5 If "Yes," on the Sea of Sb, did the organization file Form 88861? 6 Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 8 Organizations that may receive deductible contributions under section 170(c). 9 If "Yes," did the organization include with every solicitation and partly for goods and services provided to the payor? 9 If "Yes," did the organization include with every solicitation and partly for goods and services provided to the payor. 9 If "Yes," did the organization organization include with every solicitation and partly for goods and services provided to the payor. 9 If "Yes," did the organization organization include with every solicitation organization and partly for goods and services provided to the payor. 9 If "Yes," did the organization include with every		filed for the calendar year ending with or within the year covered by this return 2a 0		_	
3a 3a 3a 3b 5f 5f 5f 5f 5f 5f 5f 5	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
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b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a 14a	а	is the organization licensed to issue qualified health plans in more than one state?	13a		
organization is licensed to issue qualified health plans		Note. See the instructions for additional information the organization must report on Schedule O.			!
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14a Did the organization receive any payments for indoor tanning services during the tax year?		organization is licensed to issue qualified health plans			!
	C	Enter the amount of reserves on hand 13c			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14a		<u> </u>
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			\mathbf{x}
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 15	''',	`	\$
b	Enter the number of voting members included in line 1a, above, who are independent 1b 162		`	, C
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			<i>;</i>
	officer, director, trustee, or key employee?	2	W 22. V24	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		. 7	22
•	by the following:	1	~ ´ ` .	ا در برداد موکنده در سد
а	The governing body?	00	X	
- h	Each committee with authority to act on behalf of the governing body?	8a	X	
9		_8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		v
Sac	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		. 1	
40-	Deep the green retire have level shorters have also as officiated		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	74
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		· ~ ·	- 62 - 200
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise		ļ	
	to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		<u>X</u>
14	Does the organization have a written document retention and destruction policy?	14		_X
15	Did the process for determining compensation of the following persons include a review and approval by independent	~		. 1
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,	'	أدميت
а	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>
b	Other officers or key employees of the organization	15b		<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		i	, ,
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	-		
	taxable entity during the year?	16a		<u> X</u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	`		ş
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			ا
	exempt status with respect to such arrangements?	16b		
Sec ⁻	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, an	d fina	ncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizat	ion. 🕨		
	ERIC AKO, DVM - (808)733-8828	-		
	P.O. BOX 61309, HONOLULU, HI 96839-1309			

	(2010)	

HAWAII VETERINARY MEDICAL ASSOCIATION

<u>99-0265672</u>

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part V	VII
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Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

Check this box if neither the organization	nor any related	orga	anıza	ation	co	mpe	nsa	ted any current officer, of	director, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	,	Position (check all that				Reportable	Reportable	Estimated	
	hours per week	.aal.		K all	tnat	app	iy)	compensation from	compensation from related	amount of other
	(describe	Individual trustee or director						the	organizations	compensation
	hours for	9	8	1		ated		organization	(W-2/1099-MISC)	from the
	related	rustee	trust		, g	npen		(W-2/1099-MISC)		organization
	organizations	deal	Institutional trustee	_	e e	stco	_			and related
	in Schedule O) ~	igi	Instit	Officer	Key employee	Highest compensated employee	Former			organizations
BROWN, DENNIS LEELDY, LEIANNE										
PRESIDENT	1.00		ļ	ļ	ļ	<u> </u>		0.	0.	0.
TERWEY, EDITH			ŀ							
VICE-PRESIDENT	1.00							0.	0.	0.
WONG, MICHAEL FUSITANI, KA CON			ľ				1			
TREASURER	1.00		_				<u>L</u>	0.	0.	0.
RHODES, LAURELKERR, KIMBERLY										
SECRETARY	1.00		ļ .	ļ				0.	0.	0.
AKO, ERIC										
EXEC VICE-PRESIDENT	1.00		<u> </u>		<u> </u>	L	<u> </u>	5,000.	0.	0.
FUJIMOTO, SHARLENE			ĺ							
EXEC SECRETARY	1.00	<u> </u>	_		_	<u> </u>		5,947.	0.	0.
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		<u> </u>			<u> </u>					
				<u> </u>	ļ	_				
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the organization. NONE		
(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to	those listed above) who received more than	

Pa		ii Statement of Revent	, , ,	67	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a b c c c c c c c c c c c c c c c c c c	Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, grants similar amounts not included above	, and	120.				
	2 a			Business Code 110000	101,069.	101,069.	400 00	
Program Service Revenue	b d e			110000	49,692.	49,692.		
	1	Total. Add lines 2a-2f	ue	<u> </u>	150,761.		3 ×	, , ,
	3 4 5	Investment income (including d other similar amounts) Income from investment of tax- Royalties		>	У.			^
	6 a	Less: rental expenses	(I) neal	(ii) Feisoriai	\$ '* \$ '*		*	a continuous de la cont
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(ii) Other	·		`	A
en en		Gain or (loss) Net gain or (loss) Gross income from fundraising	•	•				an
Other Revenue	b	contributions reported on line 1 Part IV, line 18 Less. direct expenses	of c). See . a . b					A Committee of the Comm
0	9 a	Net income or (loss) from fundra Gross income from gaming acti Part IV, line 19 Less: direct expenses	-	. •				
	10 a	Net income or (loss) from gamin Gross sales of inventory, less reand allowances Less: cost of goods sold	ng activities	. •				
		Net income or (loss) from sales Miscellaneous Revenue	of inventory	Business Code				
	b							
	e 12	Total. Add lines 11a-11d Total revenue. See instructions.		. •	172,441.	150,761.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do:	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D) Fundraising
7b, 8b, 9b, and 10b of Part VIII.		Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	2,100.		<u> </u>	<u> </u>
2	Grants and other assistance to individuals in			(` `	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	the U S See Part IV, line 22				<u> </u>
3	Grants and other assistance to governments,				· · · · · · · · · · · · · · · · · · ·
	organizations, and individuals outside the U.S				3
	See Part IV, lines 15 and 16			2 2 .	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	40.045			
	trustees, and key employees	10,947.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				•
	and section 403(b) employer contributions)			<u></u>	
9	Other employee benefits			ļ	
10	Payroll taxes		<u> </u>		
11	Fees for services (non-employees):				
а	Management				
b	Legal .				
С	Accounting	1,832.			
d	Lobbying .	4,188.			
е	Professional fundraising services. See Part IV, line 17		·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
f	Investment management fees				
g	Other .				
12	Advertising and promotion	7,478.			
13	Office expenses	2,654.			
14	Information technology .				
15	Royalties				
16	Occupancy	4 515	·	· · · · · · · · · · · · · · · · · · ·	
17	Travel	4,515.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	00 073			
19	Conferences, conventions, and meetings	98,973.		<u>.</u>	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,278.			
23	Insurance	2,210.			
24	above. (List miscellaneous expenses in line 24f. If line				ţ
	24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
_	PRINTING & PUBLICATION	10,434.			
a b	MISCELLANEOUS	5,111.			
0	SECURITY	1,089.			
d	LICENSES & FEES	426.		 	
u	TELEPHONE	314.		†	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	152,339.			
20 26	Joint costs. Check here J if following SOP				
_•	98-2 (ASC 958-720). Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising				
_	solicitation			1	

Balance Sheet

(A) Beginning of year End of year 27,738 47,840. Cash - non-interest-bearing 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets See Part IV, line 11 15 15 27,738. 47,840 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities. Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 0. 0 26 Organizations that follow SFAS 117, check here and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 Temporanly restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 12,351 27,738. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 0. 31 Retained earnings, endowment, accumulated income, or other funds 15,387. 32 32 20,102. 47,840. 33 Total net assets or fund balances 27,738. 33 27,738. Total liabilities and net assets/fund balances 47.840.

Form	1990 (2010) HAWAII VETERINARY MEDICAL ASSOCIATION	<u>99-0</u>	<u> 1265672</u>	_Pag	<u>e 12</u>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
			·-		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	172	2,44	<u>11.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	152	2,33	<u> 39.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	20),10	<u>)2.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	27	7,73	38.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	47	7,84	10.
Pa	rt XII Financial Statements and Reporting		-		
	Check if Schedule O contains a response to any question in this Part XII			.	
				Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other	_		<i>(</i>)	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	T Isal.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b		$\overline{\mathbf{x}}$
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.		•	<u>ξ</u> ,
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a	,		_{\bar{\}}
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		1 .		,
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii	ngle Audri	: []	-	
	Act and OMB Circular A-133?	_	3a	1	Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010 Opën to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

HAWAII VETERINARY MEDICAL ASSOCIATION

Employer identification number 99-0265672

HAWAII VETERINARY MEDICAL ASSOCIATION 99-02656/2
FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS.
FORM 990, PART VI, SECTION B, LINE 11: FORM 900 IS APPROVED BY MEMBERS OF
THE GOVERNING BODY PRIOR TO FILING.
FORM 990, PART VI, SECTION C, LINE 19: THE HAWAII VETERINARY MEDICAL
ASSOCIATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE GENERAL PUBLIC
UPON DEMAND. WE HAVE NO CONFLICT OF INTEREST POLICY IN WRITING, BUT WE
OPERATE AS ANY RESPONSIBLE AGENCY WOULD. FINANCIAL STATEMENTS WOULD BE MADE
AVAILABLE ON REQUEST ON A CASE BY CASE BASIS AT THE DISCRETION OF THE
EXECUTIVE BOARD.