



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



Form **990-EZ**  
 Department of the Treasury  
 Internal Revenue Service

**Short Form**  
**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
 (except black lung benefit trust or private foundation)  
 Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)  
 All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form  
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150  
**2010**  
**Open to Public Inspection**

**A For the 2010 calendar year, or tax year beginning 04-01-2010, and ending 03-31-2011**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization  
 WYOMING VETERINARY MEDICAL ASSOCIATION

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
 C/O 1841 W SECLUDED CT

City or town, state or country, and ZIP + 4  
 KUNA, ID 83634

**D** Employer identification number  
 83-0229131

**E** Telephone number  
 (208) 922-9431

**F** Group Exemption Number

**G** Accounting method  Cash  Accrual Other (specify) \_\_\_\_\_

**I** Website: N/A

**J** Tax-Exempt status (check only one) —  501(c)(3)  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 \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 58,489**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	10,000
	<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	32,926
	<b>3</b>	Membership dues and assessments	<b>3</b>	14,879
	<b>4</b>	Investment income	<b>4</b>	684
	<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>5b</b>	Less cost or other basis and sales expenses	<b>5b</b>	0
	<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b>	Gaming and fundraising events		
	<b>6a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
<b>6b</b>	Gross income from fundraising events (not including \$0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)			
<b>6c</b>	Less direct expenses from gaming and fundraising events	<b>6c</b>	0	
<b>6d</b>	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	<b>6d</b>	0	
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>7b</b>	Less cost of goods sold	<b>7b</b>	0	
<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b>	Other revenue (describe in Schedule O)	<b>8</b>		
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	58,489	
Expenses	<b>10</b>	Grants and similar amounts paid (list in Schedule O)	<b>10</b>	760
	<b>11</b>	Benefits paid to or for members	<b>11</b>	
	<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	15,600
	<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	810
	<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	1,319
	<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	955
	<b>16</b>	Other expenses (describe in Schedule O)	<b>16</b>	43,872
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	63,316	
Net Assets	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	-4,827
	<b>19</b>	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)	<b>19</b>	47,356
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	42,529

**Part II Balance Sheets**

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II )

	(A) Beginning of year		(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	47,357	<b>22</b>	42,530
<b>23</b> Land and buildings . . . . .		<b>23</b>	
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b>	
<b>25 Total assets</b> . . . . .	47,357	<b>25</b>	42,530
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	1	<b>26</b>	1
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	47,356	<b>27</b>	42,529

**Part III Statement of Program Service Accomplishments**

Check if the organization used Schedule O to respond to any question in this Part III

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

What is the organization's primary exempt purpose?  
TO ADVANCE THE SCIENCE OF VETERINARY MEDICINE THROUGH CONTINUING EDUCATION OF ASSOCIATION MEMBERS, WORKSHOPS, SEMINARS, AND NEWSLETTERS

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

**28** THE ASSOCIATION PROVIDES CONTINUING EDUCATION FOR MEMBERS, SEMINARS, WORKSHOPS, AND NEWSLETTERS. THEY ALSO PROVIDE SUPPORT FOR OTHER ORGANIZATIONS ADVANCING VETERINARY SCIENCE

(Grants \$ ) If this amount includes foreign grants, check here

**28a**

**29**

(Grants \$ ) If this amount includes foreign grants, check here

**29a**

**30**

(Grants \$ ) If this amount includes foreign grants, check here

**30a**

**31** Other program services (describe in Schedule O) . . . . .

(Grants \$ ) If this amount includes foreign grants, check here

**31a**

**32 Total program service expenses** (add lines 28a through 31a) . . . . .

**32**

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

Check if the organization used Schedule O to respond to any question in this Part IV

(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
See Additional Data Table				

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

Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2010) Part V Other Information. Questions 33-44d regarding organizational activities, tax reporting, and financial accounts. Includes fields for Yes/No and numerical amounts.

Yes No

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form 990-EZ

Table with 2 columns: Question ID, Yes, No. Row 45: 45, No

45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form 990-EZ

Table with 2 columns: Question ID, Yes, No. Row 45a: 45a, No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

Table with 2 columns: Question ID, Yes, No. Row 46: 46, 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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

Table with 2 columns: Question ID, Yes, No. Row 47: 47

48 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

Table with 2 columns: Question ID, Yes, No. Row 48: 48

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with 2 columns: Question ID, Yes, No. Row 49a: 49a

b If 'Yes,' was the related organization a section 527 organization?

Table with 2 columns: Question ID, Yes, No. Row 49b: 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"

Table with 5 columns: (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. Row 1: NONE

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"

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation. Row 1: NONE

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

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Yes No

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.

Sign Here: Signature of officer (\*\*\*\*\*), Date (2011-06-27), Type or print name and title (VICKI SMITH Executive Direc)

Paid Preparer's Use Only: Preparer's signature (Jeanette K Rhodes EA), Date, Check if self-employed, Preparer's taxpayer identification number, Firm's name (Crandall Swenson Gleason & Wadsworth Chtd), address (1110 N Five Mile Rd, Boise, ID 83713), Phone no ((208) 323-7655)

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

## Additional Data

**Software ID:** 10000105

**Software Version:** 2010v3.2

**EIN:** 83-0229131

**Name:** WYOMING VETERINARY MEDICAL ASSOCIATION

### 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
VICKI SMITH 1841 W SECLUDED CT KUNA, ID 83634	Executive Direc 20 00	15,600		
STEVEN THARP DVM C/O 1841 W SECLUDED CT KUNA, ID 83634	PRESIDENT ELECT 1 00	0		
DEBORA BURNETT DVM PO BOX 1045 SARATOGA, WY 82331	President 1 00	0		
SUSAN WALKER DVM C/O 1841 W SECLUDED CT KUNA, ID 83634	Treasurer 1 00	0		
MIKE MEEBOER DVM C/O 1841 W SECLUDED CT KUNA, ID 83634	2nd PRES ELECT 1 00	0		
JAKE HALL DVM C/O 1841 W SECLUDED CT KUNA, ID 83634	BOARD MEMBER 1 00	0		

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

**2010**

**Open to Public Inspection**

**Name of the organization**  
WYOMING VETERINARY MEDICAL ASSOCIATION

**Employer identification number**

83-0229131

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 1	Total Liabilities 1	ROUNDING - Beginning \$1 ROUNDING - Ending \$1

**Identifier**

**Return Reference**

**Explanation**

Form 990-EZ, Part I, Line 16 9

Other Expenses 9

BOND EXPENSE \$100



Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 8	Other Expenses 8	WEBSITE \$194

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 7	Other Expenses 7	BOARD EXPENSES \$219

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	AVMA DUES \$1379

**Identifier**

**Return Reference**

**Explanation**

Form 990-EZ, Part I, Line 16 3

Other Expenses 3

MEMBERSHIP EXP \$1420

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	NEWSLETTER \$2540

**Identifier****Return Reference****Explanation**

Form 990-EZ, Part I, Line 16 1

Other Expenses 1

AVMA LEADERSHIP \$2879

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
Form 990-EZ, Part I, Line 16 1007	Other Expenses 1007	Conferences, Conventions, and Meetings \$26445

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1005	Other Expenses 1005	Travel \$7213



<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
Form 990-EZ, Part I, Line 16 1002	Other Expenses 1002	Office Expenses \$1483