



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

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)

OMB No 1545-0047

2010

Open to Public  
Inspection

► 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 JUL 1, 2010 and ending JUN 30, 2011

|  |   |  |   |
|--|---|--|---|
| B Check if applicable  | C Name of organization<br><b>INDIANA VETERINARY MEDICAL ASSOCIATION</b>   |  | D Employer identification number<br><b>35-6032108</b>   |
| <input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | Doing Business As<br>Number and street (or P.O. box if mail is not delivered to street address)<br><b>201 S. CAPITOL AVENUE</b> |  | Room/suite<br><b>405</b>  |
|  | City or town, state or country, and ZIP + 4<br><b>INDIANAPOLIS, IN 46225</b>  |  |   |
|  | F Name and address of principal officer <b>LISA A. PERIUS</b><br><b>SAME AS C ABOVE</b>   |  |   |
| I Tax-exempt status. <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)( 6 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |   |  | E Telephone number<br><b>317-974-0888</b>   |
| J Website: ► <b>WWW.INVMA.ORG</b>  |   |  | G Gross receipts \$ <b>570,929.</b>   |
| K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other ►   |   |  | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)   |   |  |   |
| H(c) Group exemption number ►  |   |  |   |

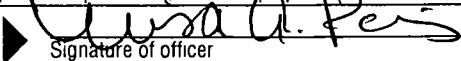
K Form of organization:  Corporation  Trust  Association  Other ► L Year of formation: 1923 M State of legal domicile: IN

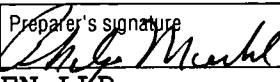
## Part I Summary

|  |  |   |
|--|--|---|
| Activities & Governance  | 1 Briefly describe the organization's mission or most significant activities. <b>TO ADVANCE THE SCIENCE OF VETERINARY MEDICINE THROUGH EDUCATION AND PUBLIC INFORMATION.</b> |   |
|  | 2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                                  |   |
|  | 3 Number of voting members of the governing body (Part VI, line 1a)  | 3 <b>22</b>   |
|  | 4 Number of independent voting members of the governing body (Part VI, line 1b)  | 4 <b>22</b>   |
|  | 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)   | 5 <b>2</b>  |
|  | 6 Total number of volunteers (estimate if necessary)   | 6 <b>100</b>  |
|  | 7 a Total unrelated business revenue from Part VIII, column (C), line 12   | 7a <b>0.</b>  |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b <b>&lt;3,341. &gt;</b>  |   |
| Revenue  | 8 Contributions and grants (Part VIII, line 1h)  | Prior Year <b>208,000.</b> Current Year <b>217,636.</b>               |
|  | 9 Program service revenue (Part VIII, line 2g)   | <b>240,925.</b> <b>275,718.</b>                                       |
|  | 10 Investment income (Part VIII, column (A), lines 3-4 and 7d)   | <b>6,508.</b> <b>8,318.</b>   |
|  | 11 Other revenue (Part VIII, column (A), lines 5-6d, 8c, 9c, 10c, and 11e)   | <b>0.</b> <b>0.</b>   |
|  | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | <b>455,433.</b> <b>501,672.</b>                                       |
|  | 13 Grants and similar amounts paid (Part IX, column (A), lines 3-3)  | <b>0.</b> <b>23,517.</b>  |
|  | 14 Benefits paid to or for members (Part IX, column (A), line 4)   | <b>0.</b> <b>0.</b>   |
|  | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | <b>121,030.</b> <b>124,386.</b>                                       |
|  | 16a Professional fundraising fees (Part IX, column (A), line 11e)  | <b>0.</b> <b>0.</b>   |
|  | b Total fundraising expenses (Part IX, column (D), line 25) ► <b>0.</b>  | <b>312,798.</b> <b>333,696.</b>                                       |
|  | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)  | <b>433,828.</b> <b>481,599.</b>                                       |
|  | 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  | <b>21,605.</b> <b>20,073.</b>   |
| Expenses   | 19 Revenue less expenses Subtract line 18 from line 12   | Beginning of Current Year <b>456,675.</b> End of Year <b>476,726.</b> |
|  | 20 Total assets (Part X, line 16)  | <b>2,762.</b> <b>2,740.</b>   |
|  | 21 Total liabilities (Part X, line 26)   | <b>453,913.</b> <b>473,986.</b>                                       |
|  | 22 Net assets or fund balances Subtract line 21 from line 20   |   |
| Net Assets or Fund Balances                                      |  |   |

## 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.

|           |   |                      |
|-----------|---|----------------------|
| Sign Here | ►  | Date <b>11/30/12</b> |
|           | ► <b>LISA A. PERIUS, EXECUTIVE DIRECTOR</b>   |                      |
|           | ► Type or print name and title  |                      |

|               |  |  |                     |   |      |
|---------------|--|--|---------------------|---|------|
| Paid Preparer | Print/Type preparer's name <b>PHIL MUEHL</b>   | Preparer's signature  | Date <b>1/25/12</b> | Check if self-employed <input type="checkbox"/> | PTIN |
| Use Only      | Firm's name ► <b>CLIFTONLARSONALLEN LLP</b>  |  | Firm's EIN ►        |   |      |
|               | Firm's address ► <b>2 E. MAIN STREET, SUITE 120, P.O. BOX 16 DANVILLE, IL 61834-0016</b> |  |                     | Phone no. <b>(217) 442-1643</b>                 |      |

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

 Yes  No



## Part IV Checklist of Required Schedules

|  | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i>  | 1   | X  |
| 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? <i>If "Yes," complete Schedule C, Part I</i>  | 3   | X  |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>   | 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? <i>If "Yes," complete Schedule C, Part III</i>                         | 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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>                                      | 7   | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>   | 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? <i>If "Yes," complete Schedule D, Part IV</i> | 9   | X  |
| 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>   | 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  | 11a | X  |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>   | 11b | X  |
| b 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? <i>If "Yes," complete Schedule D, Part VII</i>   | 11c | X  |
| c 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? <i>If "Yes," complete Schedule D, Part VIII</i>   | 11d | X  |
| 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? <i>If "Yes," complete Schedule D, Part IX</i>  | 11e | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>   | 11f | 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)? <i>If "Yes," complete Schedule D, Part X</i>      | 12a | X  |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>   | 12b | X  |
| b Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>           | 13  | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>  | 14a | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?  | 14b | 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? <i>If "Yes," complete Schedule F, Parts I and IV</i>                     | 15  | X  |
| 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>                              | 16  | X  |
| 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>                                  | 17  | X  |
| 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? <i>If "Yes," complete Schedule G, Part I</i>   | 18  | X  |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>   | 19  | X  |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>   | 20a | X  |
| 20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>   | 20b |    |
| b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)                        |     |    |

## Part IV Checklist of Required Schedules (continued)

|     | Yes   | No |
|-----|---|----|
| 21  | X   |    |
| 22  | X   |    |
| 23  | X   |    |
| 24a | X   |    |
| 24b |   |    |
| 24c |   |    |
| 24d |   |    |
| 25a |   |    |
| 25b |   |    |
| 26  | X   |    |
| 27  | X   |    |
| 28a | X   |    |
| 28b | X   |    |
| 28c | X   |    |
| 29  | X   |    |
| 30  | X   |    |
| 31  | X   |    |
| 32  | X   |    |
| 33  | X   |    |
| 34  | X   |    |
| 35  | X   |    |
|     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |
| 36  |   |    |
| 37  | X   |    |
| 38  | X   |    |

Form 990 (2010)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V 

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 

|    |    |
|----|----|
| 1a | 20 |
| 1b | 0  |

1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 

|    |   |
|----|---|
| 1c | X |
|----|---|

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 

|    |   |
|----|---|
| 2a | 2 |
|----|---|

2b 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 unrelated business gross income of \$1,000 or more during the year? 

|    |   |
|----|---|
| 3a | X |
|----|---|

3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 

|    |   |
|----|---|
| 3b | X |
|----|---|

4a 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)? 

|    |   |
|----|---|
| 4a | X |
|----|---|

4b If "Yes," enter the name of the foreign country: ► See 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 shelter transaction at any time during the tax year? 

|    |   |
|----|---|
| 5a | X |
|----|---|

5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 

|    |   |
|----|---|
| 5b | X |
|----|---|

5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 

|    |  |
|----|--|
| 5c |  |
|----|--|

6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 

|    |   |
|----|---|
| 6a | X |
|----|---|

6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 

|    |  |
|----|--|
| 6b |  |
|----|--|

7 **Organizations that may receive deductible contributions under section 170(c).**

7a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 

|    |  |
|----|--|
| 7a |  |
|----|--|

7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 

|    |  |
|----|--|
| 7b |  |
|----|--|

7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 

|    |  |
|----|--|
| 7c |  |
|----|--|

7d If "Yes," indicate the number of Forms 8282 filed during the year 

|    |  |
|----|--|
| 7d |  |
|----|--|

7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 

|    |   |
|----|---|
| 7e | X |
|----|---|

7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 

|    |   |
|----|---|
| 7f | X |
|----|---|

7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 

|    |  |
|----|--|
| 7g |  |
|----|--|

7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 

|    |  |
|----|--|
| 7h |  |
|----|--|

8 **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 

|   |  |
|---|--|
| 8 |  |
|---|--|

9 **Sponsoring organizations maintaining donor advised funds.**

9a Did the organization make any taxable distributions under section 4966? 

|    |  |
|----|--|
| 9a |  |
|----|--|

9b Did the organization make a distribution to a donor, donor advisor, or related person? 

|    |  |
|----|--|
| 9b |  |
|----|--|

10 **Section 501(c)(7) organizations.** Enter: 

|     |  |
|-----|--|
| 10a |  |
| 10b |  |

11 **Section 501(c)(12) organizations.** Enter: 

|     |  |
|-----|--|
| 11a |  |
| 11b |  |

12a **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? 

|     |  |
|-----|--|
| 12a |  |
|-----|--|

12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 

|     |  |
|-----|--|
| 12b |  |
|-----|--|

13 **Section 501(c)(29) qualified nonprofit health insurance issuers.**

13a Is the organization licensed to issue qualified health plans in more than one state? *Note. See the instructions for additional information the organization must report on Schedule O*

|     |  |
|-----|--|
| 13a |  |
|-----|--|

13b 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 

|     |  |
|-----|--|
| 13b |  |
|-----|--|

13c Enter the amount of reserves on hand 

|     |  |
|-----|--|
| 13c |  |
|-----|--|

14a Did the organization receive any payments for indoor tanning services during the tax year? 

|     |   |
|-----|---|
| 14a | X |
|-----|---|

14b 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

### Section 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   | 22  |    |
| b  | Enter the number of voting members included in line 1a, above, who are independent  | 22  |    |
| 2  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?   | 2   | 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   | X  |
| 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   | X  |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?   | 7a  | X  |
| b  | 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 by the following.   | 8a  | X  |
| a  | The governing body?   | 8b  | X  |
| b  | Each committee with authority to act on behalf of the governing body?   | 9   | X  |
| 9  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O        |     |    |

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

|     | 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 |   |
| 11a | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?   | 11a | X |
| b   | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  | 12a | X |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13   | 12b | X |
| b   | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12c | X |
| c   | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done   | 13  | X |
| 13  | Does the organization have a written whistleblower policy?   | 14  | X |
| 14  | Does the organization have a written document retention and destruction policy?  | 15a | X |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   | 15b | X |
| a   | The organization's CEO, Executive Director, or top management official   | 16a | X |
| b   | Other officers or key employees of the organization  | 16b |   |
|     | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)  |     |   |
| 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?  |     |   |
| b   | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? |     |   |

### Section C. Disclosure

|    |   |
|----|---|
| 17 | List the states with which a copy of this Form 990 is required to be filed ► <b>IN</b>  |
| 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 |
|    | <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request  |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial 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 organization: ► <b>LISA A. PERIUS - 317-974-0888</b>  |
|    | <b>201 S. CAPITOL AVE, STE 405, INDIANAPOLIS, IN 46225</b>  |

Form 990 (2010)

**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 VII 
**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 organization compensated any current officer, director, or trustee.

| (A)<br>Name and Title                                | (B)<br>Average<br>hours per<br>week<br>(describe<br>hours for<br>related<br>organizations<br>in Schedule<br>O) | (C)<br>Position<br>(check all that apply) |                       |         |              |                                 | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|--|--|---|-----------------------|---------|--------------|---------------------------------|---|---|--|
|  |  | Individual trustee or director            | Institutional trustee | Officer | Key employee | Highest compensated<br>employee |   |   |  |
| DR. STEVE SUNBURY<br><u>IMMEDIATE PAST PRESIDENT</u> | 1.00   | X   |                       | X       |              |                                 | 0.  | 0.  | 0.   |
| DR. LORI THOMPSON<br><u>PRESIDENT</u>                | 1.00   | X   |                       | X       |              |                                 | 0.  | 0.  | 0.   |
| DR. AILEEN MCDIVITT<br><u>TREASURER</u>              | 1.00   | X   |                       | X       |              |                                 | 0.  | 0.  | 0.   |
| DR. JERRY RODENBARGER<br><u>DISTRICT 1</u>           | 1.00   | X   |                       |         |              |                                 | 0.  | 0.  | 0.   |
| DR. PETE BILL<br><u>DISTRICT 2</u>                   | 1.00   | X   |                       |         |              |                                 | 0.  | 0.  | 0.   |
| DR. RICHARD BRUNGARDT<br><u>DISTRICT 3</u>           | 1.00   | X   |                       |         |              |                                 | 0.  | 0.  | 0.   |
| DR. PAUL CLEMENTE<br><u>PRESIDENT-ELECT</u>          | 1.00   | X   |                       | X       |              |                                 | 0.  | 0.  | 0.   |
| DR. ADAM VERNENGO<br><u>DISTRICT 5</u>               | 1.00   | X   |                       |         |              |                                 | 0.  | 0.  | 0.   |
| KIMBERLY ANDERSON<br><u>DISTRICT 6</u>               | 1.00   | X   |                       |         |              |                                 | 0.  | 0.  | 0.   |
| BRIAH TANNLER<br><u>DISTRICT 6</u>                   | 1.00   | X   |                       |         |              |                                 | 0.  | 0.  | 0.   |
| DR. GAYLAND JONES<br><u>DISTRICT 7</u>               | 1.00   | X   |                       |         |              |                                 | 0.  | 0.  | 0.   |
| DR. JOHN FEUTZ<br><u>DISTRICT 8</u>                  | 1.00   | X   |                       |         |              |                                 | 0.  | 0.  | 0.   |
| DR. JOY DVORAK<br><u>DISTRICT 9</u>                  | 1.00   | X   |                       |         |              |                                 | 0.  | 0.  | 0.   |
| DR. NATHAN RICH<br><u>DISTRICT 10</u>                | 1.00   | X   |                       |         |              |                                 | 0.  | 0.  | 0.   |
| DR. PHILIP BORST<br><u>VICE PRESIDENT</u>            | 1.00   | X   |                       | X       |              |                                 | 0.  | 0.  | 0.   |
| DR. JAMES HOLLIS<br><u>DISTRICT 12</u>               | 1.00   | X   |                       |         |              |                                 | 0.  | 0.  | 0.   |
| DR. LARRY STAUFFER<br><u>DISTRICT 13</u>             | 1.00   | X   |                       |         |              |                                 | 0.  | 0.  | 0.   |

## Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A)<br>Name and title  | (B)<br>Average<br>hours per<br>week<br>(describe<br>hours for<br>related<br>organizations<br>in Schedule<br>O) | (C)<br>Position<br>(check all that apply) |                       |         |              |                                 | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|--|--|---|-----------------------|---------|--------------|---------------------------------|---|---|--|
|  |  | Individual trustee or director            | Institutional trustee | Officer | Key employee | Highest compensated<br>employee |   |   |  |
| DR. JULIE DAVIS<br><u>DISTRICT 14</u>                          | 1.00   | X   |                       |         |              |                                 | 0.  | 0.  | 0.   |
| DR. JASON HUFF<br><u>DISTRICT 15</u>                           | 1.00   | X   |                       |         |              |                                 | 0.  | 0.  | 0.   |
| DR. BILL KERLEY<br><u>DISTRICT 4</u>                           | 1.00   | X   |                       |         |              |                                 | 0.  | 0.  | 0.   |
| DR. JERRY RISER<br><u>DISTRICT 11</u>                          | 1.00   | X   |                       |         |              |                                 | 0.  | 0.  | 0.   |
| LISA PERIUS<br><u>EXECUTIVE DIRECTOR</u>                       | 40.00  |   | X                     |         |              |                                 | 94,390.   | 0.  | 7,620.   |
|  |  |   |                       |         |              |                                 |   |   |  |
|  |  |   |                       |         |              |                                 |   |   |  |
|  |  |   |                       |         |              |                                 |   |   |  |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                                 | <b>94,390.</b>  | <b>0.</b>   | <b>7,620.</b>  |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                                 | <b>0.</b>   | <b>0.</b>   | <b>0.</b>  |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                                 | <b>94,390.</b>  | <b>0.</b>   | <b>7,620.</b>  |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 0

|  | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual   | 3   | X  |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4   | X  |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       | 5   | X  |

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization      **NONE**

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0

**Part VIII Statement of Revenue**

| Part IV<br>Statement of Revenue  |                | (A)<br>Total revenue | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections 512,<br>513, or 514 |
|--|----------------|----------------------|---|---|--|
|  |                |                      |   |   | (D)<br>Revenue<br>excluded from<br>tax under<br>sections 512,<br>513, or 514 |
| Contributions, gifts, grants<br>and other similar amounts  |                |                      |   |   |  |
| 1 a Federated campaigns  | 1a             |                      |   |   |  |
| b Membership dues  | 1b             | 217,636.             |   |   |  |
| c Fundraising events   | 1c             |                      |   |   |  |
| d Related organizations  | 1d             |                      |   |   |  |
| e Government grants (contributions)  | 1e             |                      |   |   |  |
| f All other contributions, gifts, grants, and<br>similar amounts not included above  | 1f             |                      |   |   |  |
| g Noncash contributions included in lines 1a-1f \$   |                |                      |   |   |  |
| h Total. Add lines 1a-1f   |                | 217,636.             |   |   |  |
| Program Service<br>Revenue   |                | Business Code        |   |   |  |
| 2 a ANNUAL MEETING REGISTR   | 900099         | 230,601.             | 230,601.  |   |  |
| b HEARTLAND VETERINARY C   | 900099         | 22,100.              | 22,100.   |   |  |
| c OTHER INCOME   | 900099         | 21,422.              | 21,422.   |   |  |
| d CONTINUING EDUCATION C   | 900099         | 1,595.               | 1,595.  |   |  |
| e  |                |                      |   |   |  |
| f All other program service revenue  |                |                      |   |   |  |
| g Total. Add lines 2a-2f   |                | 275,718.             |   |   |  |
| Other Revenue  |                |                      |   |   |  |
| 3 Investment income (including dividends, interest, and<br>other similar amounts)  |                |                      | 9,600.  |   | 9,600.   |
| 4 Income from investment of tax-exempt bond proceeds   |                |                      |   |   |  |
| 5 Royalties  |                |                      |   |   |  |
| 6 a Gross Rents  | (i) Real       | (ii) Personal        |   |   |  |
| b Less rental expenses   |                |                      |   |   |  |
| c Rental income or (loss)  |                |                      |   |   |  |
| d Net rental income or (loss)  |                |                      |   |   |  |
| 7 a Gross amount from sales of<br>assets other than inventory  | (i) Securities | (ii) Other           |   |   |  |
| b Less. cost or other basis<br>and sales expenses  | 67,975.        |                      |   |   |  |
| c Gain or (loss)   | 69,257.        |                      |   |   |  |
| d Net gain or (loss)   | <1,282.>       |                      |   |   |  |
| 8 a Gross income from fundraising events (not<br>including \$ _____ of<br>contributions reported on line 1c) See<br>Part IV, line 18 |                |                      | <1,282.>  |   | <1,282.>   |
| b Less. direct expenses  | a              |                      |   |   |  |
| c Net income or (loss) from fundraising events   | b              |                      |   |   |  |
| 9 a Gross income from gaming activities. See<br>Part IV, line 19   | a              |                      |   |   |  |
| b Less. direct expenses  | b              |                      |   |   |  |
| c Net income or (loss) from gaming activities  |                |                      |   |   |  |
| 10 a Gross sales of inventory, less returns<br>and allowances  | a              |                      |   |   |  |
| b Less. cost of goods sold   | b              |                      |   |   |  |
| c Net income or (loss) from sales of inventory   |                |                      |   |   |  |
| Miscellaneous Revenue  |                | Business Code        |   |   |  |
| 11 a   |                |                      |   |   |  |
| b  |                |                      |   |   |  |
| c  |                |                      |   |   |  |
| d All other revenue  |                |                      |   |   |  |
| e Total. Add lines 11a-11d   |                |                      |   |   |  |
| 12 Total revenue. See instructions.  |                | 501,672.             | 275,718.  | 0.                                      | 8,318.   |

## 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, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21  | 23,517.               |                                 |  |                             |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22  |                       |                                 |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16   |                       |                                 |  |                             |
| 4 Benefits paid to or for members  |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees   | 94,390.               |                                 |  |                             |
| 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   | 11,383.               |                                 |  |                             |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)  |                       |                                 |  |                             |
| 9 Other employee benefits  |                       |                                 |  |                             |
| 10 Payroll taxes   | 18,613.               |                                 |  |                             |
| 11 Fees for services (non-employees)   |                       |                                 |  |                             |
| a Management   |                       |                                 |  |                             |
| b Legal  |                       |                                 |  |                             |
| c Accounting   | 10,735.               |                                 |  |                             |
| d Lobbying   |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| f Investment management fees   |                       |                                 |  |                             |
| g Other  |                       |                                 |  |                             |
| 12 Advertising and promotion   |                       |                                 |  |                             |
| 13 Office expenses   | 29,437.               |                                 |  |                             |
| 14 Information technology  |                       |                                 |  |                             |
| 15 Royalties   |                       |                                 |  |                             |
| 16 Occupancy   | 28,205.               |                                 |  |                             |
| 17 Travel  | 8,485.                |                                 |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings  | 161,726.              |                                 |  |                             |
| 20 Interest  |                       |                                 |  |                             |
| 21 Payments to affiliates  |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization   |                       |                                 |  |                             |
| 23 Insurance   |                       |                                 |  |                             |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)  |                       |                                 |  |                             |
| a <b>LOBBYING EXPENSE</b>  | 26,199.               |                                 |  |                             |
| b <b>NEWSLETTER</b>  | 21,685.               |                                 |  |                             |
| c <b>COMMITTEE EXPENSE</b>   | 16,068.               |                                 |  |                             |
| d <b>OFFICERS' EXPENSE</b>   | 14,626.               |                                 |  |                             |
| e <b>SERVICE CHARGES AND INV</b>   | 9,976.                |                                 |  |                             |
| f All other expenses   | 6,554.                |                                 |  |                             |
| <b>25 Total functional expenses.</b> Add lines 1 through 24f   | 481,599.              |                                 |  |                             |
| <b>26 Joint costs.</b> Check here ► <input type="checkbox"/> 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 |                       |                                 |  |                             |

## Part X Balance Sheet

|                             |   | (A)<br>Beginning of year |    | (B)<br>End of year |
|-----------------------------|---|--------------------------|----|--------------------|
| Assets                      | 1 Cash - non-interest-bearing   | 103,868.                 | 1  | 117,930.           |
|                             | 2 Savings and temporary cash investments  |                          | 2  |                    |
|                             | 3 Pledges and grants receivable, net  |                          | 3  |                    |
|                             | 4 Accounts receivable, net  |                          | 4  |                    |
|                             | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L  |                          |    | 5                  |
|                             | 6 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                  |
|                             | 7 Notes and loans receivable, net   |                          | 7  |                    |
|                             | 8 Inventories for sale or use   |                          | 8  |                    |
|                             | 9 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                |
|                             | 11 Investments - publicly traded securities   |                          |    | 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                 |
| Liabilities                 | 15 Other assets. See Part IV, line 11   | 352,807.                 | 15 | 358,796.           |
|                             | 16 Total assets. Add lines 1 through 15 (must equal line 34)  | 456,675.                 | 16 | 476,726.           |
| Liabilities                 | 17 Accounts payable and accrued expenses  |                          |    | 17                 |
|                             | 18 Grants payable   |                          |    | 18                 |
|                             | 19 Deferred revenue   |                          |    | 19                 |
|                             | 20 Tax-exempt bond liabilities  |                          |    | 20                 |
|                             | 21 Escrow or custodial account liability Complete Part IV of Schedule D   |                          |    | 21                 |
|                             | 22 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  | 2,762.                   | 25 | 2,740.             |
|                             | 26 Total liabilities. Add lines 17 through 25   | 2,762.                   | 26 | 2,740.             |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.   |                          |    |                    |
|                             | 27 Unrestricted net assets  | 453,913.                 | 27 | 473,986.           |
|                             | 28 Temporarily restricted net assets  |                          |    | 28                 |
|                             | 29 Permanently restricted net assets  |                          |    | 29                 |
|                             | Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.  |                          |    |                    |
|                             | 30 Capital stock or trust principal, or current funds   |                          |    | 30                 |
|                             | 31 Paid-in or capital surplus, or land, building, or equipment fund   |                          |    | 31                 |
|                             | 32 Retained earnings, endowment, accumulated income, or other funds   |                          |    | 32                 |
|                             | 33 Total net assets or fund balances  | 453,913.                 | 33 | 473,986.           |
|                             | 34 Total liabilities and net assets/fund balances   | 456,675.                 | 34 | 476,726.           |

**Part 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 | 501,672. |
| 2 Total expenses (must equal Part IX, column (A), line 25)   | 2 | 481,599. |
| 3 Revenue less expenses. Subtract line 2 from line 1   | 3 | 20,073.  |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4 | 453,913. |
| 5 Other changes in net assets or fund balances (explain in Schedule O)   | 5 | 0.       |
| 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 | 473,986. |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

1 Accounting method used to prepare the Form 990.  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?  
b Were the organization's financial statements audited by an independent accountant?  
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

|    | Yes | No |
|----|-----|----|
| 2a | X   |    |
| 2b | X   |    |
| 2c | X   |    |
| 3a | X   |    |
| 3b |     |    |



**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<br>(or fiscal year beginning in)               | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) Total |
|--|----------|----------|----------|----------|-----------|
| 2a Lobbying nontaxable amount                                |          |          |          |          |           |
| b Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| c Total lobbying expenditures                                |          |          |          |          |           |
| d Grassroots nontaxable amount                               |          |          |          |          |           |
| e Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| f Grassroots lobbying expenditures                           |          |          |          |          |           |

Schedule C (Form 990 or 990-EZ) 2010

**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. Add 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   | X  |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?                | 2   | X  |
| 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? | 3   | X  |

**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  | 217,636.  |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |    |           |
| a Current year   | 2a | 26,199.   |
| b Carryover from last year   | 2b | <17,644.> |
| c Total  | 2c | 8,555.    |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | 3  | 32,645.   |
| 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  | <24,090.> |

**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.

**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.**

**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2010**Open to Public  
Inspection

Name of the organization

INDIANA VETERINARY MEDICAL ASSOCIATION

Employer identification number

35-6032108**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

|  | (a) Donor advised funds | (b) Funds and other accounts |
|--|-------------------------|------------------------------|
| 1 Total number at end of year              |                         |                              |
| 2 Aggregate contributions to (during year) |                         |                              |
| 3 Aggregate grants from (during year)      |                         |                              |
| 4 Aggregate value at end of year           |                         |                              |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

|    | Held at the End of the Tax Year |
|----|---------------------------------|
| 2a |                                 |
| 2b |                                 |
| 2c |                                 |
| 2d |                                 |

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items  
(check all that apply):

a  Public exhibition  
b  Scholarly research  
c  Preservation for future generations

d  Loan or exchange programs

e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► \_\_\_\_\_ %

b Permanent endowment ► \_\_\_\_\_ %

c Term endowment ► \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization

by:

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land                   |                                      |                                 |                              |                |
| b Buildings               |                                      |                                 |                              |                |
| c Leasehold improvements  |                                      |                                 |                              |                |
| d Equipment               |                                      |                                 |                              |                |
| e Other                   |                                      |                                 |                              |                |

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ► 0.

Schedule D (Form 990) 2010

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security) | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives   |                |  |
| (2) Closely-held equity interests                                       |                |  |
| (3) Other   |                |  |
| (A)   |                |  |
| (B)   |                |  |
| (C)   |                |  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| (I)   |                |  |

Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13

| (a) Description of investment type | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|------------------------------------|----------------|---|
| (1)                                |                |   |
| (2)                                |                |   |
| (3)                                |                |   |
| (4)                                |                |   |
| (5)                                |                |   |
| (6)                                |                |   |
| (7)                                |                |   |
| (8)                                |                |   |
| (9)                                |                |   |
| (10)                               |                |   |

Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description                   | (b) Book value |
|-----------------------------------|----------------|
| (1) INVESTMENTS - PUBLICLY TRADED | 358,796.       |
| (2)                               |                |
| (3)                               |                |
| (4)                               |                |
| (5)                               |                |
| (6)                               |                |
| (7)                               |                |
| (8)                               |                |
| (9)                               |                |
| (10)                              |                |

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ►

358,796.

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| (a) Description of liability | (b) Amount |
|------------------------------|------------|
| (1) Federal income taxes     |            |
| (2) PAYROLL TAX LIABILITIES  | 2,740.     |
| (3)                          |            |
| (4)                          |            |
| (5)                          |            |
| (6)                          |            |
| (7)                          |            |
| (8)                          |            |
| (9)                          |            |
| (10)                         |            |
| (11)                         |            |

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ►

2,740.

FIN 48 (ASC 740) Footnote: In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

|    |   |    |          |
|----|---|----|----------|
| 1  | Total revenue (Form 990, Part VIII, column (A), line 12)                                | 1  | 501,672. |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                                 | 2  | 481,599. |
| 3  | Excess or (deficit) for the year Subtract line 2 from line 1                            | 3  | 20,073.  |
| 4  | Net unrealized gains (losses) on investments  | 4  |          |
| 5  | Donated services and use of facilities  | 5  |          |
| 6  | Investment expenses   | 6  |          |
| 7  | Prior period adjustments  | 7  |          |
| 8  | Other (Describe in Part XIV.)   | 8  |          |
| 9  | Total adjustments (net). Add lines 4 through 8  | 9  | 0.       |
| 10 | Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9 | 10 | 20,073.  |

## Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

|   |  |    |          |
|---|--|----|----------|
| 1 | Total revenue, gains, and other support per audited financial statements       | 1  | 501,672. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12             |    |          |
| a | Net unrealized gains on investments  | 2a |          |
| b | Donated services and use of facilities   | 2b |          |
| c | Recoveries of prior year grants  | 2c |          |
| d | Other (Describe in Part XIV.)  | 2d |          |
| e | Add lines 2a through 2d  | 2e | 0.       |
| 3 | Subtract line 2e from line 1   | 3  | 501,672. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1            |    |          |
| a | Investment expenses not included on Form 990, Part VIII, line 7b               | 4a |          |
| b | Other (Describe in Part XIV.)  | 4b |          |
| c | Add lines 4a and 4b  | 4c | 0.       |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5  | 501,672. |

### **Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|   |  |    |          |
|---|--|----|----------|
| 1 | Total expenses and losses per audited financial statements                       | 1  | 481,599. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |          |
| a | Donated services and use of facilities   | 2a |          |
| b | Prior year adjustments   | 2b |          |
| c | Other losses   | 2c |          |
| d | Other (Describe in Part XIV.)  | 2d |          |
| e | Add lines 2a through 2d  | 2e | 0.       |
| 3 | Subtract line 2e from line 1   | 3  | 481,599. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |          |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a |          |
| b | Other (Describe in Part XIV.)  | 4b |          |
| c | Add lines 4a and 4b  | 4c | 0.       |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  | 481,599. |

## **Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

other organizations  
Construction Act Notice, see the Instructions for Form 990.  
**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**  
20

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed

## **Part III Grants and Other Assistance to Individuals in the Unit**

Part III can be duplicated if additional space is needed

2. **Information required to provide the information referred to in Part 1 line 2 and any other additional information**

CONTINUATION (III)

**(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST WITH EXPENSES FOR HOLDING**

THE STUDENT AMERICAN VETERINARY MEDICAL ASSOCIATION FOR HOLDING THE

## 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.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

INDIANA VETERINARY MEDICAL ASSOCIATION

Employer identification number  
35-6032108

FORM 990, PART VI, SECTION A, LINE 6: MEMBERS

FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS ELECT THE BOARD OF  
DIRECTORS EACH YEAR.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM 990 IS PROVIDED  
TO THE GOVERNING BODY AT A BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 12C: A STATEMENT IS READ AND A FORM  
MUST BE SIGNED PRIOR TO EACH BOARD MEETING BY ALL MEMBERS OF THE BOARD OF  
DIRECTORS AND COMMITTEE MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE COMMITTEE EVALUATES  
THE EXECUTIVE DIRECTOR AND THEN MAKES A RECOMMENDATION TO THE AUDIT AND  
BUDGET COMMITTEE REGARDING THE SALARY.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF  
INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON  
REQUEST.

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8070, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ►

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|  |  |                                |
|--|--|--------------------------------|
| Type or print  | Name of exempt organization  | Employer identification number |
|  | INDIANA VETERINARY MEDICAL ASSOCIATION   | 35-6032108                     |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions<br>201 S. CAPITOL AVENUE, NO. 405            |                                |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br>INDIANAPOLIS, IN 46225 |                                |

Enter the Return code for the return that this application is for (file a separate application for each return)

0 7

| Application Is For                       | Return Code | Application Is For       | Return Code |
|--|-------------|--------------------------|-------------|
| Form 990                                 | 01          | Form 990-T (corporation) | 07          |
| Form 990-BL                              | 02          | Form 1041-A              | 08          |
| Form 990-EZ                              | 03          | Form 4720                | 09          |
| Form 990-PF                              | 04          | Form 5227                | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                | 12          |

LISA A. PERIUS

- The books are in the care of ► 201 S. CAPITOL AVE, STE 405 - INDIANAPOLIS, IN 46225  
Telephone No. ► 317-974-0888 FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ►  . If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  
MAY 15, 2012, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

►  calendar year \_\_\_\_ or

►  tax year beginning JUL 1, 2010, and ending JUN 30, 2011

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|   |    |    |    |
|---|----|----|----|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See Instructions.                                   | 3a | \$ | 0. |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See Instructions.             | 3c | \$ | 0. |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879 EO for payment instructions.

LHA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)

023841  
01-03-11

16181101 099377 010-12477-00 2010.04050 INDIANA VETERINARY MEDICAL 010-1241