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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 10/1/2010 , and ending 9/30/2011

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

C Name of organization
PORTLAND VETERINARY MEDICAL ASSOCIATION

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
PO BOX 6067

City or town | state or country | ZIP + 4
PORTLAND | OR | 97228

D Employer identification number
93-6036286

E Telephone number
(503) 228-7387

F Group Exemption Number ▶

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶

I **Website:** ▶ WWW.PORTLANDVMA ORG

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 ▶ $ 111,202

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	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	48,479
	3	Membership dues and assessments		3	43,133
	4	Investment income		4	114
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	0
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe in Schedule O)		8	19,476
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶ 9	111,202
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	4,167
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	53,179
	13	Professional fees and other payments to independent contractors		13	896
	14	Occupancy, rent, utilities, and maintenance		14	3,850
	15	Printing, publications, postage, and shipping		15	8,216
	16	Other expenses (describe in Schedule O)		16	44,283
	17	**Total expenses.** Add lines 10 through 16		▶ 17	114,591
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-3,389
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	90,391
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	302
	21	Net assets or fund balances at end of year Combine lines 18 through 20		▶ 21	87,304

For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2010)
(HTA)

P

23

Part II Balance Sheets. (see the instructions for Part II)

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

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	89,784	22	89,715
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	607	24	1,167
25	**Total assets**	90,391	25	90,882
26	**Total liabilities** (describe in Schedule O)		26	3,578
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	90,391	27	87,304

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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? SEE STATEMENT 5

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	SEE STATEMENT 6		
	(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	0

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
CRAIG QUIRK, DVM 809 SE POWELL BLVD PORTLAND OR 97202	Title PRESIDENT Hr/WK 1 00	0		
ALICIA ZAMBELLI, DVM 14831 SW TEAL BLVD BEAVERTON OR 97007	Title PAST PRESIDENT Hr/WK 1 00	0		
DONALD MCCOY, DVM 3000 N LOMBARD ST PORTLAND OR 97217	Title TREASURER Hr/WK 1 00	0		
KIM FREEMAN, DVM, DACVIM 1945 NW PETTYGROVE ST PORTLAND OR 97209	Title BOARD MEMBER Hr/WK 1 00	0		
DEB SHEAFFER, DVM 5151 NW CORNELL RD PORTLAND OR 97210	Title BOARD MEMBER Hr/WK 1 00	0		
JULIE KITTAMS, DVM	Title BOARD MEMBER Hr/WK 1 00	0		
LORI GIBSON, DVM	Title BOARD MEMBER Hr/WK 1.00	0		
CORNELIA WAGNER 3150 NE 82ND AVE PORTLAND OR 97220	Title BOARD MEMBER Hr/WK 1 00	0		
TODD MCNABB, DVM 12022 SE SUNNYSIDE RD CLACKAMAS OR 97015	Title BOARD MEMBER Hr/WK 1 00	0		
CRISTINA KEEF PO BOX 6067 PORTLAND OR 97228	Title PVMA EX DIRECTO Hr/WK 40 00	44,205	3,380	
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		

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 ☐

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)?	35b	X	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ▶ _____			
42 a	The organization's books are in care of ▶ CRISTINA KEEF Telephone no ▶ (503) 228-7387 Located at ▶ 1945 NW PETTYGROVE ST City PORTLAND ST OR ZIP + 4 ▶ 97209			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		X
a	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 may need to be completed instead of Form 990-EZ	45a		X
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.	46		X

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, and complete the tables for lines 50 and 51

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	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str City ST ZIP	Title Hr/WK .00			
Name Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK 00			

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Name None Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		

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

▶ Donald L McCoy DVM — Signature of officer — Date 1/3/12

▶ Treasurer — Type or print name and title

Paid Preparer's Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
JERRY J YOUNG	JERRY J YOUNG CPA	12/21/11	☒	P00026013
Firm's name ▶	JERRY J YOUNG CPA 93-0799715			Firm's EIN ▶
Firm's address ▶	9400 S W Barnes Rd - Suite 310 Portland OR 97225 6658			Phone no 503-297-8495

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

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 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
PORTLAND VETERINARY MEDICAL ASSOCIATION

Employer identification number
93-6036286

Form 990-EZ, Part I, Line 8, Other Revenue Sterling Referral 8,392

Form 990-EZ, Part I, Line 8, Other Revenue OVMA 2,668

Form 990-EZ, Part I, Line 8, Other Revenue Newsletter 8,260

Form 990-EZ, Part I, Line 8, Other Revenue Other income 156

Form 990-EZ, Part I, Line 10, Grants Paid Activity ANIMAL WELFARE, Grantee ANIMAL SHELTER ALLIANCE OF PORTLAND PORTLAND OR, Cash Grant 950, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid Activity ANIMAL WELFARE, Grantee COFFEE CREEK CCI PUPPY PROGRAM 2965 SUTON AVE SANTA ROSA CA 95407, Cash Grant 528, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid Activity VETERINARY MEDICINE, Grantee DOVE LEWIS PORTLAND OR, Cash Grant 1,350, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid Activity ANIMAL WELFARE, Grantee OREGON HUMANE SOCIETY OR, Cash Grant 250, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid Activity VETERINARY MEDICINE, Grantee OSU SCHOLARSHIPS OR, Cash Grant 1,000, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid Activity ANIMAL WELFARE, Grantee MISCELLANEOUS, Cash Grant 89, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses Travel 876

Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 36,934

Form 990-EZ, Part I, Line 16, Other Expenses Depreciation 281

Form 990-EZ, Part I, Line 16, Other Expenses Telephone 1,810

Form 990-EZ, Part I, Line 16, Other Expenses Bank charges 1,270

Form 990-EZ, Part I, Line 16, Other Expenses Gifts 160

Form 990-EZ, Part I, Line 16, Other Expenses Insurance 403

Form 990-EZ, Part I, Line 16, Other Expenses Internet 60

Form 990-EZ, Part I, Line 16, Other Expenses Licenses 410

Form 990-EZ, Part I, Line 16, Other Expenses Marketing 819

Name of the organization	Employer identification number
PORTLAND VETERINARY MEDICAL ASSOCIATION	93-6036286

Form 990-EZ, Part I, Line 16, Other Expenses Membership/recruitment 210

Form 990-EZ, Part I, Line 16, Other Expenses Office expense 1,050

Form 990-EZ, Part I, Line 20, Net Assets: Prior period adjustment 302

Form 990-EZ, Part II, Line 24, Other Assets MACHINERY & EQUIPMENT Beginning of year 607, End of year: 1,167

Form 990-EZ, Part II, Line 26, Liabilities Payroll taxes payable Beginning of year 0, End of year: 3,578

STATEMENT 5 990-EZ PART III

TO ENHANCE THE EXCHANGE OF SCIENTIFIC KNOWLEDGE AND TO ADVOCATE THE CONSERVATION AND PROTECTION OF ANIMAL HEALTH, TO PROMOTE PUBLIC HEALTH AS IT RELATES TO ANIMAL HEALTH, TO ADVOCA THE HUMAN/ANIMAL BOND, AND TO SERVE AS A COMMUNICATION LINK BETWEEN THE VETERINARY COMMUNITY THE PUBLIC. THIS CORPORATION'S PRIMARY PURPOSE SHALL BE TO PROMOTE VETERINARY MEDICINE AND THI HUMAN/ANIMAL BOND

990-EZ PART III LINE 28

PVMA CURRENTLY SERVES APPROXIMATELY 300 MEMBERS AND FACILITIES APPROXIMATELY 20 SERVICE FUNCTIONS PER YEAR PVMA FACILITIATES THE FOLLOWING PROGRAM SERVICE ACCOMPLISHMENTS

- NORTHWEST PET AND COMPANION FAIR
- OREGON HUMANE SOCIETY MICROCHIP CLINIC
- DOVW LEWIS DOGTOBERFEST
- SUPPORT AND SPONSORSHIP OF THE CANINE COMPANIONS FOR INDEPENDENCE PROGRAM AT THE COFFEE CREEK WOMEN'S CORRECTIONAL FACILITY.
- PROVIDE CONTINUING EDUCATION LECTURES THROUGHOUT THE YEAR COVERING ALL ASPECTS OF VETERINARY MEDICINE
- DISTRIBUTE A MONTHLY NEWSLETTER TO ITS MEMBERS AND ASSOCIATES WITH CURRENT ISSUES, USEFUL INFORMATION AND ASSOCIATION UPDATES

THEY HAVE BEEN PROVIDING PROGRAM SERVICES OF THIS KIND SINCE 1936 PVMA'S OBJECTIVE GOAL IS TO CONTINUE SIMILAR PROGRAMS INDEFINITELY

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2010

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
PORTLAND VETERINARY MEDICAL ASSOCI	990EZ	93-6036286

Part I Election To Expense Certain Property Under Section 179

Note: *If you have any listed property, complete Part V before you complete Part I*

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	0
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0-. If married filing separately, see instructions	5	0

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	0
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562.	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	0
13	Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 ▶	13	0

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V*

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	281
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19	a 3-year property						
	b 5-year property						
	c 7-year property						
	d 10-year property						
	e 15-year property						
	f 20-year property						
	g 25-year property			25 yrs		S/L	
	h Residential rental property			27 5 yrs	MM	S/L	
				27 5 yrs	MM	S/L	
	i Nonresidential real property			39 yrs	MM	S/L	
					MM	S/L	

Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20	a Class life					S/L	
	b 12-year			12 yrs		S/L	
	c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	22	281
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	