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#### 990 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)

OMB No 1545-0047

2011

		of the Treasury  The organization may have to use a copy of this return to satis	fy state repo	rtıng reguiremen	ıts	Open to Public Inspection	
A	For the		011, and en			-31,20 12	
		f applicable C Name of organization MINNESOTA VETERINARY MEDICAL ASSO			$\overline{}$	Employer identification n	
	Address	s change Doing Business As		<del></del>		1-6039977	
$\bar{\Box}$	Name ch			Room/suite		Telephone number	
=	nitial re	,		100		(651) 645-7533	
$\overline{}$	rermina .				+	1,105,700	
$\equiv$		d return SOUTH SAINT PAUL, MN 55075			٦	Gross receipts \$	
$\equiv$		ion pending F Name and address of principal officerDANIEL TJORNEHOJ		<del>                                     </del>		Gross receipts \$	
٠ تــا	.ppeac	SAME AS C ABOVE		H(a) Is this a gro affiliates?	oup retu	rn for Yes 🔀 No	
		mpt status	<del></del>	<b>⊣</b>			
	Vebsite			If "No," atta H(c) Group exer	ich a list	cluded? Yes No t (see instructions) number	
			f formation 18			domicile MN	
Pa	******	Summary	TOTHIS TOT TO	J/ M State	or legal	nomicile MIA	
LTT.	1		—————— N ∩F VFTI	ERINARY MED	TCTN	<u> </u>	
	-	PROMOTION	OF VEII	EKINAKI MED	TCIN	<u> </u>	
A c G				<del></del>			
t o			<del></del>			<u> </u>	
' v	2	Check this box 🕨 🗌 if the organization discontinued its operations or disposed of mo	re than 25%	of its net assets			
ir tn	3	Number of voting members of the governing body (Part VI, line 1a)			3		
i a	4	Number of independent voting members of the governing body (Part VI, line 1b)		ļ <u>-</u>	4		
SC	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		-	5		
е &	6	Total number of volunteers (estimate if necessary)		L	6		
		Total unrelated business revenue from Part VIII, column (C), line 12		<del>-</del>	7a	10 420	
		Net unrelated business taxable income from Form 990-T, line 34		<u> </u>	7b	18,430	
	+ -	Tet unrelated business taxable income north offit 550-1, line 54	<del></del>	Prior Year		Current Year	
R	8	Contributions and grants (Part VIII, line 1h)	<u> </u>	51,	515	Current Year	
v	9	Program service revenue (Part VIII, line 2g)		943,		74,682	
e n	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		26,		1,010,549	
ü	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		(14,		18,519	
-	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,006,		(15,007	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,000,	/43	1,088,743	
	14	Benefits paid to or for members (Part X. column (A), line 4)	· · · · ·			0	
E X	15	Salaries, other compensation, employee benefits Part IX, column (A), lines 5-10)	<del></del>	287,	671		
р	1	Professional fundaising fees (Part IX, column (A)) ine 11e)	⊢	201,	3/1	310,245	
e n	Ь.	Total fundraising expenses (Part IX, column (D)/Ime 25)	0	-nn			
s e		Other expenses (Part IX, column (A), lines 11al 41g, 11f-24e)		586,	7.52	577,593	
s		Total expenses Add life 13-7 Aust equal Part IX, column (A), line 25)		874,		887,838	
		Revenue less expenses Subtract line 18 from line 12		132,		200,905	
——— Net				eginning of Current		End of Year	
Assets	20	Total assets (Part X, line 16)	<del></del> -	1,635,	-	1,695,416	
or Fund	1	Total liabilities (Part X, line 26)	<b> </b>	337,		179,154	
Bal- ances	1	Net assets or fund balances Subtract line 21 from line 20	<b> </b>	1,297,	-	1,516,262	
Par		Signature Block	• • • •	1,231,.	,33	1,310,202	
Under	penaltie	es of perjury, I declare that I have examined this return, including accompanying schedules and statemen	nts, and to the b	pest of my knowledg	je and b	elief, it is	
true, c	orrect, a	and complete Declaration of preparer (other than officer) to based on all information of which preparer h	nas any knowled	dge		· · · · · · · · · · · · · · · · · · ·	
	İ	DANIEL TJORNEHOJ			/.	c/_	
Sign	1	Signature of officer			Date	pr	
Here		DANIEL TJORNEHOJ EXEC DIR					
	•	Type or print name and title	<del></del>				
		T Date		Check	If PTIN	At .	
Paid		Treparer s signature	-2012	, –			
	arer	Francis Phelan CPA Francis Phelan CPA 10-26 Firm's name Francis J Phelan PA	- 1	self-employe	:u ] .	P00080300	
	Only			Firm's EIN			
		Hopkins MN 55343		Phone no	050	-025 5025	

For Paperwork Reduction Act Notice, see the separate instructions.

EEA

	art III Statement of Program Service Accomplishments
تستا	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission
	PROMOTION OF VETERINARY MEDICINE
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	
	MVMA NEWSLETTER
	A
4b	(Code) (Expenses \$293,370 including grants of \$) (Revenue \$)
	CONVENTIONS MEETINGS AND CONFERENCES
	SPECIAL COMMITTEES AND PROJECTS
4c	(Code) (Expenses \$59,752 including grants of \$) (Revenue \$)
	LEGISLATIVE SERVICES
4d	Other program services (Describe in Schedule O )
	(Expenses \$ 168,697 including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶ 536,689

### 11) MINNESOTA VETERINARY MEDICAL ASSOCIATION Checklist of Required Schedules Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A			37
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)?	1		X
2 3		2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			37
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١.		
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
•	Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		37
7	"Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		3.5
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			~.
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
40	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	1		
а	<b>3</b> , <b>3</b> ., <b>4</b> . <b>4</b>		7.	
	complete Schedule D, Part VI	11a	_X	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			37
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			3.7
	of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VIII	11c		X
u	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part IX	44	}	v
^		11d		X
•	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		Λ_
•	the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	444	ł	Х
125	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
16.4		122	-	v
h	Schedule D, Parts XI, XII, and XIII	12a		<u>X</u>
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	126	ŀ	v
13	Is the organization a school described in section $170(b)(1)(A)(ii)$ ? If "Yes," complete Schedule E	12b		$\frac{X}{X}$
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		$\frac{\Lambda}{X}$
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
_	fundraising, business, investment, and program service activities outlisde the United States, or aggregate	İ		
	foreign investments valued at \$100,000 or more? If "Yes,' complete Schedule F, Parts I and IV	14Ь		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	146		<u>X</u>
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15	-	
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		У
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		<u>X</u>
• •	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			<u> </u>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	-	Y
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	-10	-	<u>X</u>
. •	If "Yes," complete Schedule G, Part III	19		Y
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		+	<u>X</u>
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return?	20a 20b		<u>v</u>
		200		

# Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	;	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
22	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	1		7.
24-	employees? If "Yes," complete Schedule J	23	-	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
		24-		v
b	through 24d and complete Schedule K. If "No," go to line 25	24a 24b		Х
C	Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
C	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a		240		
LVU	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	   25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	234		ļ
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	LOD		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		-	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		]	
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	IV, and V, line 1	34		<u>X</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	25.		37
20	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u>X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	26		
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,  Part VI	37		v
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	31		<u>X</u>
JJ	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Х	
	13 Hotel All 10th 030 hiera die required to complete defiedule O	50	77	

### Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	<del></del>		<u>. LL</u>
1.	Saturda wanda ka a a a da Ban 2 of Samu 1000 Satura 0 of the should	·	Yes	No
1a h	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1 :		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
2-	reportable gaming (gambling) winnings to prize winners?	1c		<del> </del>
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		37	
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	ļ
3a		,	v	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b	X	-
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3D	Λ	-
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4.		<sub>v</sub>
b	If "Yes," enter the name of the foreign country	4a	-	X
	See instructions for filling 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		- V
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		X
c	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	30		<del> </del>
va	organization solicit any contributions that were not tax deductible?	6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	oa		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	65		
, a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			<del></del>
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	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			Γ
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	[		ĺ
	organization, have excess business holdings at any time during the year?	8	1	l
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	1		i
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	‡		
11	Section 501(c)(12) organizations. Enter	Ť		
а	Gross income from members or shareholders	Ī		
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them )	Ŧ		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		. –
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule 0			
þ	Enter the amount of reserves the organization is required to maintain by the states in which	[	1	
	the organization is licensed to issue qualified health plans	ŧ	]	
С	Enter the amount of reserves on hand		1	
14a		14a		Χ
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

1	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructio			₩.
50	Check if Schedule O contains a response to any question in this Part VI	<u>· · · · </u>	<u>· · · ·</u>	. 🛚
36	Chorr A. Governing Body and Management		T	Т
1a	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
Ia		-	<u> </u>	
	If there are material differences in voting rights among members of the governing body, or		Ī	
	If the governing body delegated broad authority to an executive committee or similar		1	
L	committee, explain in Schedule O		[	
þ	<u> </u>		Ī	
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	ļ	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	<u> </u>	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	L	X
6	Did the organization have members or stockholders?	6	<u>X</u> .	ļ
7a				
	one or more members of the governing body?	7a	X	
Ь	, 5		1	
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		Ė	
	the year by the following		ŧ	
a	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	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 0	9		X
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code )			,
			Yes	No
10a		10a	<u> </u>	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Χ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		ı	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Χ	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Χ	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Χ	
b	Other officers or key employees of the organization	15b		Х
	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?	16a		X
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	. 1		1
	organization's exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website Dupon 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 during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ► DANIEL TJORNEHOJ (651)645-7533 101 BRIDGEPOINT WAY SOUTH SAINT PAUL	1.00	, 65,	07 F
	(/ // //	- 4 - 14 - 14 - 14		- 1 - 3

Form	990 (	(2011)	)

MINNESOTA VETERINARY MEDICAL ASSOCIATION

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5	_	_	v	v	_	,	2	•	,	

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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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	Position				Reportable	Reportable	Estimated		
	hours per week	(do n	(do not check more than one			ie	compensation from	compensation from related	amount of other	
	(describe	box,	box, unless person is both an			an	the	organizations	compensation	
	hours for related	offic	er and	d a di	recto	or/truste	ee)	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations in Schedule O)	I t d nrure u sec v t e t d e r a or	nr su ts tt e	f f c e	Key employee	Hompioyeest at ed	F o r m e r	(W-2, 1653-Wilde)		and related organizations
(4)			l		_					
(1) ALAN SLETTEN DVM		37						_	_	
DIRECTOR		X						0	0	0
(2) CHRIS NORD		3,7						_	_	_
DIRECTOR		X	-					0	0	0
(3) CLARK FOBIAN DVM		Х						•	_ 1	_
AVMA EXEC BOARD (4) JERRY SPRAU DVM		Λ						0	0	0
		Х						•		
SECRTARY TREASURER (5) JOHN BAILLE DVM		<u> </u>	-					0	0	0
PRESIDENT ELECT		Х				i		0	o	•
(6) JOHN SCHEFTEL DVM		Λ.								0
AVMA DELEGATE		Х			i			0	o	0
(7) JOYCE TESAREK		Λ						0	. 0	0
DIRECTOR		Х						0	0	0
(8) KARI EKENSTEDT DVM		- 11					$\dashv$			
DIRECTOR		Х						0	o	0
(9) KATHY JORGENSON DVM		21								
AVMA ALTERNATE DELEGATE		Х	,					0	0	0
(10)KIRK SMITH DVM					-					
DIRECTOR		Х						o	o	0
(11)MICHAEL HODGMAN DVM				$\dashv$			$\neg$			<del></del>
PAST PRESIDENT		Х					Ì	o	o	0
(12)SHARON HURLEY				$\dashv$	_					
PRESIDENT		Х		- 1				o	o	0
(13)DANIEL TJORNEHOJ				$\dashv$			$\dashv$			
EXEC DIR	40.00			Х				123,536	0	0
(14)							- 1			
		İ		l		ŀ				

E.	are the occurrences, birectors, trustees	, itcy Emplo	yccs,	and	11119	1103		рсп	Sateu Employees	(coritinued)			
(A)		(B) (C)							(D)	(E)	(F)		
	Name and Tytle	Average hours per	(dor	not cl			i than o	ne	Reportable compensation	Reportable compensation from	Estimated amount of		
	·	week	box,	unle	ss pe	rson	ıs both	an	from	related		othe	
		(describe		<del></del>	· · ·	ecto	r/truste	ŕ	the	organizations		ompens	
		hours for related	l t d			K	Hce ı o m	F	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from t organiza	
		organizations	dur	s u	ulf ly		gmp	r	(***-27 1033 141130)			and rela	
		ıл Schedule	v t c		c	e m	hp I e e o	е			0	organiza	tions
		O)	li e t de o	uе			s n y t s e	r	Ì		1		
			u r a o	l t		0	a e t	ļ					
			1 7	o n		e e	e d				1		
			ļ	a	Ì	e							
(15											-		
•													
(16		<del>                                     </del>									+		
(													
(17)		<del> </del> -		-	H	_				<u> </u>	+		
` ' '					ļ	ļ			[ 	<u> </u>	l l		
(18)		<u> </u>		-	-	-		├			┼─		
(10,								Ì					
(19)		<u> </u>	<del> </del>	<b>!</b>		-		-			┼—		
(19,													
()		<u> </u>	ļ		-		ļ <u></u>	_			—		
(20)				1				ĺ					
<del>, ,</del>		<u></u>			_						∔—		
(21)			•										
						<u> </u>							
(22)							1				1		
			<u></u>										
(23)											1		
(24)													
			<u> </u>	}									
(25)				ļ	-								
		İ			ĺ			ĺ			i		
1b	Sub-total										_		
С	Total from continuation sheets to Part VII, Section	Α								•			
ď	Total (add lines 1b and 1c)								123,536	0	ł		0
2	Total number of individuals (including but not limited							nore			ــــــــــــــــــــــــــــــــــــــ		<del>_</del> _
-	reportable compensation from the organization	io triose liste	u u u u	•0, •		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		11010		1			
	reportable compensation from the organization								<del></del>	<del></del>		Yes	No
3	Did the organization list any former officer, director of	tructoo kov	omnie			hiah	oct co	mn	nested			163	110
3	employee on line 1a? If "Yes," complete Schedule J for	-	-	-		-		-				]	v
	For any individual listed on line 1a, is the sum of repo										3	<del></del>	X
4	·	•										}	
	organization and related organizations greater than \$											1	37
_	ındıvıdual										4	<del> </del>	X
5	Did any person listed on line 1a receive or accrue cor						-				i _		1,,
<u> </u>	for services rendered to the organization? If "Yes," co	mplete Sche	dule J	for s	sucr	pei	rson	•		· · · · · · · · · · · · · · · · · · ·	5		X
	ction B. Independent Contractors												
1	Complete this table for your five highest compensated												
	compensation from the organization Report compens	ation for the	calen	dary	year	enc	ling wi	ith o	r within the organi	zation's tax			
	year								<del></del>				
	(A)								(B)			(C)	
	Name and business addres	s							Description of	services	Com	pensatio	on
2	Total number of independent contractors (including b	ut not limited	to the	se I	isted	ab	ove) w	vho					
	received more than \$100,000 of compensation from the				-		,						

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L					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512 513 or 514
	1a	Federated campaigns	1a	T	1	revenue		512,513, or 514
	L		1b		1			
Contri-			1c		<u> </u>			
butions, Gifts, Grants	d	· · · · · · · · · · · · · · · ·	1d		-	-		
	ء ا	Government grants (contributions)	1e	74,682	[			
and Other	,	All other contributions, gifts, grants,		74,002	-			
Similar	Ι.	and similar amounts not included above	1f					
Amounts	"	Noncash contributions included in lines 1a		<u></u>	<u> </u>			
	h	Total. Add lines 1a-1f			74,682	j		
		Total Add into Id II The International	· · ·	Business Code	74,002			<b></b>
	22	MEMBERSHIP DUES & ASSES		900099	756,864	756,864	:	
	I	ADVERTISING REVENUE		900099	18,430	750,004	18,430	
Program	1	CLINICS AND SEMINARS		900099	92,379	92,379	10,430	
Service Revenue	ı	CONSTITUANT GRP SVCS		900099	112,913	112,913		
	i	PUBLIC RELATIONS		900099	5,220	5,220		· <del>-</del>
		All other program service revenue		900099	24,743			· · ·
	4	Total. Add lines 2a-2f			· · ·	24,743		
<del></del> -					1,010,549			
	3	Investment income (including dividends, int and other similar amounts)			18,519	10 510		İ
	,	Income from investment of tax-exempt bon			10,519	18,519		
	4	•						
	5	Royalties	<u> </u>	· ·				<del>v=</del>
		(i) Real	050	(II) Personal			•	
			950			]		
			957		1	j		
		Rental income or (loss) (15,			(15 005)			
		Net rental income or (loss)			(15,007)	(15,007	)	<del>,</del>
	7a	Gross amount from sales of (i) Securities	es	(II) Other				
		assets other than inventory				1		
	ь	Less cost or other basis				1		
0	_	and sales expenses				<b>#</b>		
t h		Gain or (loss)				#		
e		Net gain or (loss)	• •					
r	oa	Gross income from fundraising				ļ		
R		events (not including \$	-			\$		
е		of contributions reported on line 1c)				•		
v e		See Part IV, line 18				1		
ň		Less direct expenses				}		
u		Net income or (loss) from fundraising events	s . I					<del>~~</del>
-	зa	Gross income from gaming activities	_	İ		1		
ļ		See Part IV, line 19	1			1		
		Less direct expenses			:	1		
	С	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less				1		
		returns and allowances				1		
		Less cost of goods sold				<b>†</b>		
-	<u>c</u>	Net income or (loss) from sales of inventory	• • •		ļ.			
-	44	Miscellaneous Revenue		Business Code		1		
	11a							
1	Ь		_					<del> </del>
	с	A						
		All other revenue	L					
		Total. Add lines 11a-11d		· •				······
	12	Total revenue. See instructions			1,088,743	995.631	18,430	0

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

<u>D</u>	Check if Schedule O contains a response to any que	(A)	(B)	(c)	
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	(D) Fundraising
1			expenses	general expenses	expenses
1	Grants and other assistance to governments and				
_	organizations in the United States See Part IV, line 21.	-	<del></del>		
2	Grants and other assistance to individuals in				
_	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				·····
4	Benefits paid to or for members	<del></del>			
5	Compensation of current officers, directors,			-	
_	trustees, and key employees	123,536	24,707	98,829	
6	Compensation not included above, to disqualified			ļ	
	persons (as defined under section 4050(fX1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	173,017	80,694	92,323	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	13,692		13,692	
11	Fees for services (non-employees)				
а	Management				
Ь	Legal	-			
C	Accounting	14,137		14,137	
ď	Lobbying	-			
е	Professional fundraising services See Part IV, line 17.				
f	Investment management fees				
9	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology	<del></del>			
15	Royalties	····			
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	215,828	215,828		
20	Interest	5,454		5,454	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	20,636		20,636	
23	Insurance				
24	Other expenses Itemize expenses not covered		+		
	above (List miscellaneous expenses in line 24e If		1		
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	OFFICE EXPENSES	28,471		28,471	
b	ADMINISTRATIVE EXPENSES	54,261		54,261	
C	LEGISLATIVE	59,752	59,752		
ď	MN VET RESERVE CO	38,612	38,612		
е	All other expenses	140,442	117,096	23,346	
25	Total functional expenses. Add lines 1 through 24e .	887,838	536,689	351,149	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)				

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Part X **Balance Sheet** (A) (B) Beginning of year End of year 223,367 1 275,973 2 2 3 3 4 4 14,732 33,466 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing A employers and sponsoring organizations of section 501(c)(9) voluntary s s 7 7 8 9 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . . | 10a 815,780 Less accumulated depreciation . . . . . . . . . . . . . . . . 10b 10c 573,087 552,451 11 824,060 11 833,526 12 12 13 Investments - program-related See Part IV, line 11........ 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . . . . . . . . . . 16 1,635,246 16 1,695,416 17 17 115,520 179,154 18 18 19 19 20 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 22 23 Secured mortgages and notes payable to unrelated third parties ...... 222,391 23 е 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 337,911 26 179,154 Organizations that follow SFAS 117, check here > 🗓 and complete NF lines 27 through 29, and lines 33 and 34. u е 27 1,297,335 27 t 1,516,262 n 28 28 d A 29 В s Organizations that do not follow SFAS 117, check here > and s а е 1 complete lines 30 through 34. t а 30 30 n 31 Paid-in or capital surplus, or land, building, or equipment fund ...... 31 0 е 32 Retained earnings, endowment, accumulated income, or other funds ..... 32 33 1,297,335 33 1,516,262

1,635,246

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Form	990 (2011) MINNESOTA VETERINARY MEDICAL ASSOCIATION	41-603997	7	Pi	age 1
Pa	rt XI Reconciliation of Net Assets				
	Check If Schedule O contains a response to any question in this Part XI				. 🛛
1	Total revenue (must equal Part VIII, column (A), line 12)	.   1	1,0	088,7	743
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		887,8	338
3	Revenue less expenses Subtract line 2 from line 1	. 3	7	200,9	905
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	1,2	297,3	335
5	Other changes in net assets or fund balances (explain in Schedule O)	. 5		18,0	022
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	1,5	516,2	262
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. П
				Yes	No
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		1	Į į	
	Schedule O			1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	Ì
	Were the organization's financial statements audited by an independent accountant?		2b		Х
	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?		2c	х	1
	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				1
	Separate basis Consolidated basis X Both consolidated and separate basis			[	

3a

3b

Form 990 (2011)

**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

EEA

#### SCHEDULE C

(Form 990 or 990-EZ)

### Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 2011

Open to Public Inspection

Department of the Treasury ► See separate instructions. Internal Revenue Service If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes." to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organization	os Complete Part III	om 550 Ez, ran	t T, line ooc (1 loxy lax),	uien
	e of organization	is Complete Fait III		Employe	er identification number
	NNESOTA VETERINARY MEDICAL	ASSOCIATION		41-60	
		nization is exempt under sec	tion 501(c) or		
1	Provide a description of the organizatio				3
2	Political expenditures				
3	Volunteer hours			<del>-</del>	
				_	
Par	t I-B Complete if the organ	nization is exempt under sec	tion 501(c)(3).		<del> </del>
1	Enter the amount of any excise tax incu	rred by the organization under section	4955	▶ \$	
2	Enter the amount of any excise tax incu	rred by organization managers under	section 4955	<b>&gt;</b> \$ <sup>-</sup>	
3	If the organization incurred a section 49	55 tax, did it file Form 4720 for this yea	ır <sup>?</sup>	<del>.</del>	Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the organ	nization is exempt under sec	tion 501(c), ex	ccept section 501(c	)(3).
1	Enter the amount directly expended by	the filing organization for section 527 e	xempt function		
	activities			▶ \$	
2	Enter the amount of the filing organization	•			
	527 exempt function activities			<b>&gt;</b> \$ _	
3	Total exempt function expenditures Add				
	line 17b			_	
4	Did the filing organization file Form 112	•			
5	Enter the names, addresses and employ		•	-	•
	organization made payments. For each	organization listed, enter the amount p	aid from the filing	organization's funds Also	enter
	the amount of political contributions rec		•		
	as a separate segregated fund or a poli	ical action committee (PAC) If addition	nal space is neede	ed, provide information in	Part IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)					
(2)					
(3)					
(4)			<del>                                     </del>		
(5)					
(6)					
(O)		i	1	t	1

Sch	edule C (Form 990 or 990-EZ) 2011 MINNESOTA VETE				41-60399	
P	art II-A Complete if the organization	is exempt u	nder section 50	1(c)(3) and filed	Form 5768 (elec	tion under
	section 501(h)).					
A	Check ▶ ☐ If the filing organization belongs to a	_			member's	
	name, address, EIN, expenses, and					
В	Check ▶ ☐ if the filing organization checked bo			pply	· · · · · · · · · · · · · · · · · · ·	
	Limits on Lobbyi	•			(a) Filing	(b) Affiliated
	(The term "expenditures" me				organization's totals	group totals
1a	, , , ,	•				
Ł	Total lobbying expenditures to influence a legislati	ve body (dırect k	obbying)			
C						
d						
е						
f	Lobbying nontaxable amount Enter the amount fr	om the following	table in both			
	columns					
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	it is:	1	
	Not over \$500,000	20% of the an	ount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000	1	
	Over \$1,000,000 but not over \$1,500,000		10% of the excess		<b>[</b>	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess of	ver \$1,500,000	[ ]	
	Over \$17,000,000	\$1,000,000				
g						
h	<b>3</b>					
i	Subtract line 1f from line 1c If zero or less, enter -					
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?	<u>.</u>	<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Yes No
	(Some organizations that ma	ide a section 50	eriod Under Section 1(h) election do no tions for lines 2a th	on 501(h) t have to complete trough 2f on page 4	all of the five .)	
	Lobbyin	g Expenditures	During 4-Year Ave	raging Period		
	Calendar year (or fiscal year beginning in)	(a) 2008	( <b>b</b> ) 2009	(c) 2010	( <b>d</b> ) 2011	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))	:				
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))			<u> </u>		
f	Grassroots lobbying expenditures					
			EE	Α	Schedule C (For	n 990 or 990-EZ) 2011

501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members?	No Or se		ount	
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?  j Total Add lines 1c through II.  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 501(c)(6).	or se			
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j Total Add lines 1c tirrough II	or se			
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b If "Yes," enter the amount of any tax incurred under section 4912	or se			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	or se			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	or se			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), c 501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members?	or se			
501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members?	or se	-4:		
<ul> <li>Were substantially all (90% or more) dues received nondeductible by members?</li></ul>		ction		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			res	No
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		1	165	X
		2		X
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		3	_	X
answered "Yes."  1 Dues, assessments and similar amounts from members	1		345,	771
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	- "	<del></del>	3 1 3 7	<del></del>
political expenses for which the section 527(f) tax was paid).	-			
a Current year	2a		55.	900
b Carryover from last year	2b		- 337	
c Total	2c		55.	900
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			752
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the			<u> </u>	
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		(3.	852
Part IV Supplemental Information			(3)	

#### 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public

Inspection

Name of the organization Employer identification number MINNESOTA VETERINARY MEDICAL ASSOCIATION 41-6039977 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 2 Aggregate contributions to (during year) . . . . . 3 Aggregate grants from (during year) . . . . . . Δ Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 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 Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 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 Preservation of a certified historic structure Protection of natural habitat Preservation of open space 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 С Number of conservation easements included in (c) acquired after 8/17/06 and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 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 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 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 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 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 

,,,,,,,	dule D (Form 990) 2011 MINNESOIA VEIE						41-60		Page 2
Pa	ert III Organizations Maintaining								continued)
3	Using the organization's acquisition, accession	, and other re	cords, check ai	ny of the foll	owing that a	re a sig	nificant use of its	i	-
	collection items (check all that apply)								
а	Public exhibition	d [	] Loan or exch	nange progr	ams				
b	Scholarly research	е [	Other						
С	Preservation for future generations								
4	Provide a description of the organization's colle	ections and ex	plain how they	further the	organization	's exem	pt purpose in		
	Part XIV		'		J		, . , <b>,</b>		
5	During the year, did the organization solicit or r	eceive donation	ons of art histo	rical treasur	es, or other	sımılar			
•	assets to be sold to raise funds rather than to be								Yes No
Pa	ert IV Escrow and Custodial Arra							· · · · <u> </u>	TesNC
	Part IV, line 9, or reported an amount	_		-	answered	163 10	1 OIIII 330,		
12	Is the organization an agent, trustee, custodian				r Other asset	e not	·		
10								П	Yes □ No
	If "Yes," explain the arrangement in Part XIV an							· · · Ц	Yes No
Ø	ir res, explain the arrangement in Part XIV an	a complete th	ie following tab	ie			<del>т</del>		
						-		Amount	
С	Beginning balance						<del>_i</del>		
đ	Additions during the year								
е	Distributions during the year						9		
f	Ending balance								
2a	Did the organization include an amount on Fori	m 990, Part X,	line 21?				• • • • • • • • • • • • • • • • • • •		Yes 🗌 No
	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete	if the organiza	ation answered	"Yes" to For	rm 990, Part	IV, line	10		
		(a) Current y	rear (b) P	rior year	(c) Two year	rs back	(d) Three years ba	ack (e) Fo	our years back
1a	Beginning of year balance								
ь	Contributions								
С	Net investment earnings, gains, and losses								— <del>————————————————————————————————————</del>
d	Grants or scholarships								
e	ا نام							<del></del>	
·	and programs		İ						
f	Administrative expenses	·						<del></del>	
-	End of year balance							<del></del>	
g	· .								
2	Provide the estimated percentage of the curren	•	•	olumn (a)) i	neid as				
a	Board designated or quasi-endowment	%	o						
Ь	Permanent endowment > %								
С	Temporarily restricted endowment	<del></del> %							
	The percentages in lines 2a, 2b, and 2c should	•							
3a	Are there endowment funds not in the possessi	on of the orga	inization that ai	e held and	administered	for the	•		
	organization by								Yes No
	(i) unrelated organizations							. 3a(i)	)
	(ii) related organizations							.   3a(ii)	)
b	If "Yes" to 3a(II), are the related organizations lis	ted as require	ed on Schedule	R?				. 3b	
4	Describe in Part XIV the intended uses of the or	ganization's e	ndowment fund	ds					
Par	t VI Land, Buildings, and Equip	ment. See	Form 990, Part	X, line 10					
	Description of property		st or other basis	~	or other	(c)	Accumulated	(d) Bo	ok value
	1 1 1 1	1 ' '	nvestment)	1	(other)		epreciation	(-)	
1a	Land		· · · · · · · · · · · · · · · · · · ·	+			· · · · · · ·	<del></del>	<del></del>
b	Buildings	.		<del>                                     </del>	646,980		104,552		E42 422
	Leasehold improvements	•		<del>  -</del>	040,300		104,552		542,428
	•			<del> </del>	1.60 225				
ď	Equipment	•		<del> </del>	168,800		158,777	<del>_</del> -	10,023
е	Other		5	(5)					
otai	. Add lines 1a through 1e (Column (d) must eq	ual Form 990,	Part X, column	ı (B), line 10	(c))		▶ [		552,451

	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
	derivatives'			
	eld equity interests			
(3) Other				
(A)				
(B)				
(c)				
(D)				
(E)				
(F)				
(G)				
(H)				
(1)				
	(b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments - Program Related. S	ee Form 990, Part X, line 13		
	(a) Description of investment type	(b) Book value	(c) Method of value	
(1)	· · · · · · · · · · · · · · · · · · ·		Cost or end-of-year ma	rket value
(2)			···	
(3)				
(4)				
(5)				
(6)				
(7)				<del></del>
(8)				<del></del>
(9)				· · · · · · · · · · · · · · · · · · ·
(10)				<del> </del>
	b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. See Form 990, Part X, line	<u> </u>		
Liminaina,		Pescription		(b) Bookvalue
(1)	(4)	- Seription		(b) Book value
(2)				<del></del>
(3)				
(4)				
(5)				
(6)				······································
(7)				
(8)				
(9)				
(10)				·
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 15	i)		
Part X	Other Liabilities. See Form 990, Part X, lin			
1.	(a) Description of liability	(b) Book value		- Tr - 17 - 17 - 1
(1) Federal ır	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
	must equal Form 990, Part X, col (B) line 25)			
	740) Footnote In Part XIV, provide the text of the	e footnote to the organization's	financial statements that reports the	······································

organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Sche	. dule D (Form 990) 2011 MINNESOTA VETERINARY MEDICAL ASSOCIATION	41-6039977	Page
~	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial S		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	-,
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
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	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants	7 1	
ď	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV )		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
Ь	Prior year adjustments		
С	Other losses	_  ]	
d	Other (Describe in Part XIV )		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
þ	Other (Describe in Part XIV )	_	
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Par	t XIV Supplemental Information	·	-,-
-	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1		
and 2	b, 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 p	art to provide any additional information	<del></del>	

# SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

# 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

2011

Open to Public

Internal Revenue Service . Attach to Porm 330 or 330-E2.	Inspection
Name of the organization MINNESOTA VETERINARY MEDICAL ASSOCIATION	Employer identification number 41 - 6039977
	141-0033377
01. Members or stockholder classes and rights (Part VI, line 6)	
MEMBERS.	
02. Member election for additional members (Part VI, line 7a)	
ANNUAL ELECTION	
03. Governing body meeting documentation (Part VI, line 8a)	
BOARD MINUTES AT MEETINGS	
04. Form 990 governing body review (Part VI, line 11)	
BOARD AND ASSOCIATION DIRECTOR REVIEW 990	
05. Conflict of interest policy compliance (Part VI, line 12c)	
ANNUAL DISCLOSURE TO THE PRESIDENT OF THE BOARD OF DIRECTORS ON A FOR	M LISTING INTERESTS
THAT COULD GIVE RISE TO A CONFLICT OF INTERESTS. DETERMINATION BY TH	E PRESIDENT AND THE
BOARD OF DIRECTORS WHAT ACTION NEED BE TAKEN FOR EACH INTEREST DISCLO	SED.
OC CEO everytime director for management come (Pout VI line 15a)	
06. CEO, executive director, top management comp (Part VI, line 15a)	
COMPENSATION APPROVAL OVERSEEN AND DECIDED BY BOARD OF DIRECTORS FOLL	OWING COMPARABILTY
STUDIES AND NEGOTIATION WITH EXECUTIVE DIRECTOR AND OTHER TOP MANAGEM	ENT POSITIONS.
07. Governing documents, etc, available to public (Part VI, line 19)	······
NO OTHER DOCUMENTS	
08. Explanation of other changes in net assets or fund balances (Part	YI line E\
vo. Explanacion of other changes in her assets of fund barances (Part	AI, IIIIe 3)

Schedule O (Form 990 or 990 - EZ) (2011)	Page 2
Name of the organization	Employer identification number
MINNESOTA VETERINARY MEDICAL ASSOCIATION	41-6039977
•	
1	
09. General explanation attachment	
PART III, LINE 4DOTHER PROGRAM SERVICES DESCRIPTION:	
PUBLIC RELATIONS, BROCHURES, STATE FAIR, DIRECTORY, MN VET	RESERVE, SEMINARS.
	<del></del>
	<del></del>
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Statement of Program Service Accomplishments

2011 01

Your Social Security Number

Name(s) as shown on return

MINNESOTA VETERINARY MEDICAL ASSOCIATION

41-6039977

FORM 990, PART III(D)

PROGRAM SERVICE CODE

PROGRAM SERVICE EXPENSES \$168697

GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE \$0

PROGRAM SERVICES REVENUE \$0

EXPLANATION

PUBLIC RELATIONS, BROCHURES, STATE FAIR, DIRECTORY, MN VET RESERVE, SEMINARS

990	Overflow Statement	
Name(s) as shown on retu	n	FEIN
MINNESOTA V	ETERINARY MEDICAL ASSOCIATION	41-6039977

### FORM 990 PART IX LINE 24F(B) - OTHER EXPENSES

Description		Amount
SUPPORTING CONTRIBUTIONS		\$ 3,500
PUBLIC RELATIONS	<del></del>	 21,184
PRINTING AND PUBS		 14,870
MEETINGS CONF TRAVEL		 32,938
SEMINARS		 32,376
COMMITTEES		 3,032
CONSTITUENT SERVICES		 9,196
	Total:	\$ 117,096

### FORM 990 PART IX, LINE 24F(C) MGT EXP

Description		3	Amount
BUILDING EXPENSES		\$	15,654
POSTAGE AND SUPPLIES			7,692
	Total:	\$	23,346