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OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Open to Public Department of the Treasury Inspection The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Α For the 2012 calendar year, or tax year beginning 08-01 , 2012, and ending 2013 07-31 Check if applicable C Name of organization MINNESOTA VETERINARY MEDICAL ASSOCIATION D Employer identification no Address change 41-6039977 Doing Business As Name change Number and street (or PO box if mail is not delivered to street address) Room/suite E Telephone number Initial return 101 BRIDGEPOINT WAY 100 (651) 645-7533 City, town or post office, state, and ZIP code Terminated 1,142,868 Amended return SOUTH SAINT PAUL, MN 55075 G Gross receipts \$ Name and address of principal officer DANIEL TJORNEHOJ Application pending is this a group return for affiliates? SAME AS C ABOVE Are all affiliates included? Yes factorial Yes Yes If "No," attach a list (see instructions) Group exemption number X 501(c) (6) ◀ (insert no) 4947(a)(1) or 501(c)(3) Tax-exempt status Website 🕨 WWW.MVMA.ORG H(c) Corporation Trust X Association L Year of formation Form of organization 1897 State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities PROMOTION OF VETERINARY MEDICINE Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year Contributions and grants (Part VIII, line 1h) 74,682 SCANNED JAN 0 9 Program service revenue (Part VIII, line 2g) 1,010,549 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 18,519 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) (15,007 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,088,743 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 310,245 Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24g) 577<u>,</u>593 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25), 887,838 19 Revenue less expenses Subtract line 18 from line 12 200,905 Fund Blances Beginning of Current Year End of Year ö Assets 20 Total assets (Part X, line 16) 1,695,416

2,090,893 Total liabilities (Part X, line 26) 179,154 263,561 Net assets or fund balances Subtract line 21 from line 20 1,516,262 1,827,332 Signature Block Under penalties of penjury, 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 preparer (other than officer) is based on all information of which preparer has any knowledge. TOURNEHOJ, EXEC DIR Type or pant name and title Check ___ Print/Type preparer's name self-employed Francis Phelan CPA P00080300 Preparer Firm's name Francis J Phelan Firm's EIN **Use Only** Firm's address 901 First St N Phone no Hopkins MN 55343 May the IRS discuss this return with the preparer shown above? (see instructions) · · · · [X] Yes For Paperwork Reduction Act Notice, see the separate instructions.

2012

8

22,393

67,779

19,946

(10,011)

318,525

585,354

903,879

221,278

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Part II

⊣ra	n 990 (2012) MII	aand of Drawson C	antica Accomplishments			41-603997	_
L		•	ervice Accomplishments				
			esponse to any question in this Part II		· · · · · · · · ·		• • •
1	Briefly describe the	e organization's mission					
	PROMOTION OF	F VETERINARY MED	ICINE				
							
2	Did the organization	on undertake any significa	int program services during the year	which were not listed on	the		
_						□ v ₋ -	
	•					· · · · res	[X] I
		hese new services on Sc					
3			nake significant changes in how it cor				
	services?					· · · · 🗌 Yes	\mathbf{x}
	If "Yes," describe t	hese changes on Schedu	ile O.				
4	Describe the organ	nızatıon's program service	e accomplishments for each of its three	e largest program servi	ces, as measure	d bv	
	-		organizations are required to report the				
			each program service reported	io amount of gramo and			
	are total expenses	, and revenue, it any, for (each program service reported				
	·						
4a	(Code) (Expenses \$	20,832 including grants o	т \$) (Revenue	\$	
	MVMA NEWSLET	TTER					
							
			·		·		
		·					
							
4b	(Code) (Expenses \$	256,040 including grants o	·) (Revenue	\$	
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4c	(Code LEGISLATIVE	MEETINGS AND CON	NFERENCES SPECIAL COMMI	TTEES AND PROJE	CTS		

	Officeriat of Required Concautes			
	La the control of the control of 504(a)(2) and 4047(a)(4) (atheretical of the control of the con		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	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
·	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			1-2.
·	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	Χ	1
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			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	<u>X</u>	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	440		.,
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f			-	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a				
	Schedule D, Parts XI and XII	12a		Χ
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		j	
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			17
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	40		v
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		$\frac{X}{X}$
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
	in 103 to line 206, the tire organization attach a copy of its addition infancial statements to this feturity	200		

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Form 990 (2012) MINNESOTA VETERINARY MEDICAL ASSOCIATION

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 1º If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Χ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	}		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		'	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Χ
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		Χ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		7.7	
	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)	Χ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Χ
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	1	Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Χ
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		Χ
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	1	Χ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Χ
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b	-	Χ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	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		Χ
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
			200 (2	040

	Check if Schedule O contains a response to any question in this Part V	• • •		ᆜ
			Yes	No
1a	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	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	<u> </u>	-
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	1	١	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u> </u>
	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	<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	<u> </u>
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	<u> </u>	X
b	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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	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 as charitable contributions?	6a		X
b	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).			
а	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		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		 _
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			į
	required to file Form 8282?	7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	,		ĺ
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ļ	<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
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			!
	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		ļ -
9	Sponsoring organizations maintaining donor advised funds.		,	
a	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter		1	
	Initiation fees and capital contributions included on Part VIII, line 12	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
1	Section 501(c)(12) organizations. Enter.			
	Gross income from members or shareholders	1		
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	·	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	[`. '		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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 O			
	Enter the amount of reserves the organization is required to maintain by the states in which			ı
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Χ
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

	11 990 (2012) MINNESOTA VETERINARY MEDICAL ASSOCIATION 41-6039		r	age 6
Pa	Irt 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	· · · <u>·</u>		<u> </u>
Sec	ction 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 1a 9			
	If there are material differences in voting rights among members of the governing body, or			
	If the governing body delegated broad authority to an executive committee or similar		l	
	committee, explain in Schedule O			
þ	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
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	Ì	X
3	Did the organization delegate control over management duties customarily performed by or under the direct		 	1
	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	Did the organization have members or stockholders?	6	X	125
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-	-23	
, _	one or more members of the governing body?	. 7a	Х	1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	14	<u> </u>	
Ü	stockholders, or persons other than the governing body?	7b	1	X
8		75		ΙΔ.
0	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following	0-	.,	ĺ
a b	The governing body?	8a	X	}
b	, somming many country to the property of the governing tool,	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
500	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
360	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			T
	Did the agreement is been been been been been been been as (Chata)	40-	Yes	No 37
10a	Did the organization have local chapters, branches, or affiliates?	10a		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	1,7	ļ
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	ļ
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
þ	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	X	<u> </u>
13	Did the organization have a written whistleblower policy?	_ 	X	L
4	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Χ	
þ	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
l6a	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
b	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			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed			
8	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 made these available. Check all that apply			
	Own website Another's website Don request Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how), the organization made 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			
		IT \^	vt E-E	07 F
EA	organization DANIEL TJORNEHOJ (651) 645-7533 101 BRIDGEPOINT WAY SOUTH SAINT PAGE			<u>075</u> 2012)
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Form 990 (20						41-60399	
Part VII	Compensation of Officers, Direct	tors, Trus	stees, Key	Employe	es, Highest Cor	npensated En	iployees, and
	Independent Contractors						
	Check if Schedule O contains a response to	any question	in this Part VI			<u> </u>	<u> </u>
Section A.	Officers, Directors, Trustees, Key Employ	ees, and Hig	ghest Comper	sated Empl	oyees		
1a Complete organization's	this table for all persons required to be listed tax year	Report comp	ensation for the	e calendar ye	ar ending with or wit	hin the	
	of the organization's current officers, directors Enter -0- in columns (D), (E), and (F) if no co			als or organiz	ations), regardless o	f amount of	
• List all c	of the organization's current key employees, if	any See ins	tructions for de	finition of "ke	y employee."		
who received	organization's five current highest compensa reportable compensation (Box 5 of Form W-2 nd any related organizations		,	,			
	of the organization's former officers, key emploperortable compensation from the organization				ees who received m	ore than	
	of the organization's former directors or trust more than \$10,000 of reportable compensation			•		lee of the	
List persons in	the following order individual trustees or dire	ctors, institut	ional trustees.	officers, kev	emplovees, highest		
•	employees, and former such persons.	,	,	,			
	s box if neither the organization nor any related	d organization	n compensated	any current	officer, director, or tru	ustee.	
	(A)	(B)		 C)	(D)	(E)	(F)
	Name and Title	Average	Pos	ition	Reportable	Reportable	- Estimated
		hours per	(do not check me	ore than one	compensation	compensation from	amount of
		week (list any hours for	box, unless pers	on is both an	from the	related organizations	other compensation
		related	officer and a dire		organization	(W-2/1099-MISC)	from the
		organizations	110110	, 	(W-2/1099-MISC)	}	organization
		below dotted line)	nrinrf	e i om	>		and related organizations
		inie,	dur su f		nΙ	}	Organizations
			vtcitc iettee	m sny			
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			a 0 1 1 1 1 1 1 1 1 1	y e			}

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	box, to office I to do nor i se vot con i e t	r sufy gmp r etst e eeo e tt c e eeo e tt e e m sny r ouer p tse		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	- Estimated amount of other compensation from the organization and related organizations			
(1) ALAN SLETTEN DVM		7							_	_
DIRECTOR		X	 			ļ		0	00_	00
(2) CHRIS NORD DIRECTOR		Х						o	o	
(3) ERIC RUHLAND			-							00
DIRECTOR		Χ						o	0	o
(4) JAMES WINSOR			 					<u>~</u>		<u>-</u>
SECY TREAS		Х	}	}				0	o	o
(5) JOHN SCHEFTEL DVM										
AVMA DELEGATE	Ì	Χ						o	o	o
(6) JOYCE TESAREK										
DIRECTOR		Χ	<u></u>					0	0	o
(7) KATHY JORGENSON DVM	1									
AVMA ALTERNATE DELEGATE		X						0	0	0
(8) NANCY ALTENA										
DIRECTOR		X		L_				0	0	00_
(9) NICOLE NEESER	}									
VICE PRESIDENT		X			<u> </u> ,			0	00	0
(10)SHARON HURLEY	j			[
PRESIDENT		X	<u> </u>					0	0	00
(11)DANIEL TJORNEHOJ	40.55			v						
EXEC DIR	40.00		<u> </u>	X				135,750	0	00
(12)									}	
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			oxdot	L _ i	il	! !			i _	1

All	Part \	/II Section A. Officers, Directors, Trustees,	Key Employ	ees, a	nd l	ligh	est	Comp	ensa	ated Employees (continued)			
Control Cont		(A)	Average Position							(D)	(E)	1	(F)	
Sub-dotal		Name and title						han one			1	· ·		
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	-									1				
					se l	stec	abo	ove) w	ho					

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (B) (C) (A) Related or Revenue excluded from tax under sections 512, 513, or 514 Total revenue Lincelated business revenue Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1b c Fundraising events 1c 1d e Government grants (contributions) 67,779 f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f 67,779 **Business Code** Program Service Revenue 900099 746,213 2a MEMBERSHIP DUES & ASSES 746,213 900099 b ADVERTISING REVENUE 22,393 22,393 CLINICS AND SEMINARS 900099 125,124 125,124 d CONSTITUANT GRP SVCS 900099 114,361 114,361 4,707 4,707 e PUBLIC RELATIONS 900099 f All other program service revenue · · · · · · 900099 34,645 34,645 g Total. Add lines 2a-2f 1,047,443 Investment income (including dividends, interest, and other similar amounts) 19,946 19,946 Income from investment of tax-exempt bond proceeds (i) Real 7,700 b Less rental expenses · · · · 17,711 c Rental income or (loss) . . . (10,011 d Net rental income or (loss) . (10,011 (10,011) (II) Other 7a Gross amount from sales of (i) Securities assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) Other Revenue 8a Gross income from fundraising events (not including of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 a b Less. direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11a d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions 1,125,157 1,034,985 22,393 0

Form 990 (2012)

Pa	rt IX Statement of Functional Expenses				
Sec	tion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other organization	zations must complete c	olumn (A).	
	Check if Schedule O contains a response to any ques	tion in this Part IX •			
Do	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b,	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21				
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				
5	Compensation of current officers, directors,				
	trustees, and key employees	135,750	27,150	108,600	
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	169,004	77,925	91,079	
8	Pension plan accruals and contributions (include			į	
	section 401(k) and 403(b) employer contributions) - •				
9	Other employee benefits				
10	Payroll taxes	13,771		13,771	
11	Fees for services (non-employees)				
а	Management				
b	Legal - · · · · · · · · · · · · · · · · · ·				
С	Accounting	15,363		15,363	
d	Lobbying · · · · · · · · · · · · · · · · · · ·				
е	Professional fundraising services See Part IV, line 17 .				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O) · ·	l 			
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
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	182,350	182,350		
20	Interest · · · · · · · · · · · · · · · · · · ·				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	19,757		19,757	
23	Insurance · · · · · · · · · · · · · · · · · · ·		}		
24	Other expenses Itemize expenses not covered		}		
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	OFFICE EXPENSES	38,709		38,709	
þ	ADMINISTRATIVE EXPENSES	54,530		54,530	
c	LEGISLATIVE	75,240	75,240		
d	MN VET RESERVE CO	40,546	40,546		
е	All other expenses	158,859	132,634	26,225	
25	Total functional expenses. Add lines 1 through 24e	903,879	535,845	368,034	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs		1	}	
	from a combined educational campaign and	İ	1)	
	fundraising solicitation Check here 🕨 🗌 if			+	

following SOP 98-2 (ASC 958-720)

34

2,090,893

Form 990 (2012)

1,695,416

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) (B) End of year Beginning of year 1 Cash - non-interest-bearing 275,973 425,188 2 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 33,466 24,565 Loans and other receivables from current and former officers, directors 5 trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4985(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions). Complete Part II of Schedule I...... 7 7 Notes and loans receivable, net 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b b 10c 273,050 552,451 597,652 11 Investments - publicly traded securities 833,526 11 1,043,488 12 Investments - other securities See Part IV, line 11 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 16 1,695,416 2,090,893 17 Accounts payable and accrued expenses 17 179,154 263,561 18 18 19 19 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, _iabilities 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 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X. of Schedule D 25 26 26 179,154 263,561 Organizations that follow SFAS 117 (ASC 958), check here > X and Net Assets of Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 1,516,262 1,827,332 28 Temporarily restricted net assets 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 33 1,516,262 33 1,827,332

Total liabilities and net assets/fund balances

34

		<u>-60399</u>	77	P	age 12
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,	125,	157
2	Total expenses (must equal Part IX, column (A), line 25)	2		903,	
3	Revenue less expenses Subtract line 2 from line 1	3		221,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,	516,	262
5	Net unrealized gains (losses) on investments	5		89,	
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1,8	827,3	332
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. 🗌
				Yes	No
1	Accounting method used to prepare the Form 990 🔲 Cash 🔯 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	_	1		
	Schedule O			1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			T	
	reviewed on separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			Ì	
b	Were the organization's financial statements audited by an independent accountant?		. 2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		,]	Ì
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	}
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O		1	(
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?		3a		X
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		3b		
EEA				990 (2	2012)
				/-	/

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

► Attach to Form 990 or Form 990-EZ.

2012

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

See separate instructions. 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

► Complete if the organization is described below

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-B

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	ris Complete Part III			
Nan	ne of organization			Employer	identification number
_	INNESOTA VETERINARY MEDICA			41-603	
Pa	art I-A Complete if the org	anization is exempt under secti	on 501(c) or i	s a section 527 orga	anization.
1		in's direct and indirect political campaign ac			
2	Political expenditures · · · · · · ·		· · · · · · · · ·	▶ \$	
3	Volunteer hours		· · · · · · · · ·		
Pa		anization is exempt under secti			<u> </u>
1		urred by the organization under section 495			
2		urred by organization managers under sect			
3		955 tax, did it file Form 4720 for this year?			
4a					· 🗌 Yes 🗌 No
b					
Pa		anization is exempt under secti		ept section 501(c)(3).
1		the filing organization for section 527 exem			
	activities		<i>.</i>	▶ \$	· — · . — · . —
2		ion's funds contributed to other organization			
		• • • • • • • • • • • • • • • • • • • •		· · · · · · · ▶ \$	
3		d lines 1 and 2 Enter here and on Form 11			
		· · · · · · · · · · · · · · · · · · ·			
4		20-POL for this year?			
5	Enter the names, addresses and emplo	oyer identification number (EIN) of all section	n 527 political orga	anizations to which the filing	9
	. ,	organization listed, enter the amount paid			
		erved that were promptly and directly deliver	•		
	as a separate segregated fund or a pol	itical action committee (PAC) If additional	space is needed, p	rovide information in Part I	<u>/</u>
	(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)					
(5)					
(6)					

Schedule	C (Form 990 or 990-EZ) 2012 MINNESOTA VET	EKINAKI MEDI	CAL ASSOCIAT.	LON	41-60395	aii Page z
Part		n is exempt ur	nder section 50	1(c)(3) and filed	Form 5768 (elec	tion under
	section 501(h)).					
A Che	_			- '	ember's	
	name, address, EIN, expenses, an					
B Che				y		
		ying Expenditures			(a) Filing	(b) Affiliated
	(The term "expenditures" m				organization's totals	group totals
	otal lobbying expenditures to influence public opi	-				
	otal lobbying expenditures to influence a legislati	• •	• • •			
	otal lobbying expenditures (add lines 1a and 1b)					
			• • • • • • • • • • • • • • • • • • • •			
	otal exempt purpose expenditures (add lines 1c a					
	obbying nontaxable amount. Enter the amount fr	om the following tai	ole in both			
	olumns	The lebels				
	the amount on line 1e, column (a) or (b) is:		nontaxable amoun	t is:		
├ ──	ot over \$500,000		ount on line 1e			
	ver \$500,000 but not over \$1,000.000		15% of the excess o			
	ver \$1,000,000 but not over \$1,500,000		10% of the excess o			
	ver \$1,500,000 but not over \$17,000,000		5% of the excess ov	er \$1,500,000		
	ver \$17,000,000	\$1,000,000			 	
_	rassroots nontaxable amount (enter 25% of line	•				
	ubtract line 1g from line 1a If zero or less, enter					
	ubtract line 1f from line 1c If zero or less, enter-					
	there is an amount other than zero on either line		-			
re	porting section 4911 tax for this year?		· · · · · · · · · · · · · · · · · · ·			Yes No
	(Some organizations that n	nade a section 50°				
	Lobbyi	ng Expenditures	During 4-Year Avera	iging Period	Ţ	
	Calendar year (or fiscal year	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
	beginning in)			, .		• •
2a Lo	obbying nontaxable amount					
	obbying ceiling amount 50% of line 2a, column (e))					
	tal lobbying expenditures					
d Gr	rassroots nontaxable amount					
	rassroots ceiling amount 50% of line 2d, column (e))					
f Gr	assroots lohbying expenditures					

Schedule C (Form 990 or 990-EZ) 2012

EEA

Schedule C (Form 990 or 990-EZ) 2012 MINNESOTA VETERINARY MEDICAL ASSOCIATION 41-6039977 Page 3 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) For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes No **Amount** 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 Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? d Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? h Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 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 Nο Were substantially all (90% or more) dues received nondeductible by members? 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-B 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 355,914 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). 2a 67,235 2b 2c С 67,235 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 75,240 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

5 Taxable amount of lobbying and political expenditures (see instructions)	····· 5 (8,00)
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, Part II-A (a list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information	ffiliated group

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

2012

Open to Public Inspection

Schedule D (Form 990) 2012

Name of th	e organization	Employer identification number
INNIM	ESOTA VETERINARY MEDICAL ASSOCIATION	<u>41-6039977</u>
Part I	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accoun	ts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1 To	tal number at end of year	
2 Ag	gregate contributions to (during year)	_
3 Ag	gregate grants from (during year)	
4 Ag	gregate value at end of year	
5 Did	the organization inform all donors and donor advisors in writing that the assets held in donor advised	
fur	ids are the organization's property, subject to the organization's exclusive legal control?	
6 Did	the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
on	y for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
CO	nferring impermissible private benefit?	
Part II	Conservation Easements. Complete if the organization answered "Yes" to Form 990, P	art IV, line 7
1 Pu	rpose(s) of conservation easements held by the organization (check all that apply)	
П	Preservation of land for public use (e.g., recreation or education) Preservation of an historically	important land area
ñ	Protection of natural habitat Preservation of a certified hist	·
ñ	Preservation of open space	
	mplete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conse	ervation
	sement on the last day of the tax year	
		Held at the End of the Tax Year
a Tot	al number of conservation easements	2a
	al acreage restricted by conservation easements	2b
	mber of conservation easements on a certified historic structure included in (a)	2c
	mber of conservation easements included in (c) acquired after 8/17/06, and not on a	
	toric structure listed in the National Register	2d
	mber of conservation easements modified, transferred, released, extinguished, or terminated by the organiza	
	year	
	mber of states where property subject to conservation easement is located	
	es the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	lations, and enforcement of the conservation easements it holds?	· · · · · · · · · · · · · · · · · · ·
	iff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the y	
→	in the founder floure devoted to monitoring, indposting, and emoraling content during the y	
7 Am	ount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	
.		
	es each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	
	and section 170(h)(4)(B)(ii)?	🗌 Yes 📗 No
	Part XIII, describe how the organization reports conservation easements in its revenue and expense stateme	
	ance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that d	
	anization's accounting for conservation easements.	
Part II		er Similar Assets.
L	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a If th	ne organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and the	balance sheet
	rks of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	
	olic service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
•	ne organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bala	
	ks of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	
	blic service, provide the following amounts relating to these items	iciando di
•	Revenues included in Form 990, Part VIII, line 1	> \$
	Assets included in Form 990, Part X	
	te organization received or held works of art, historical treasures, or other similar assets for financial gain, pri	ovide file
	owing amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	▶ ¢
	venues included in Form 990, Part VIII, line 1	
b Ass	ets included in Form 990, Part X	▶ \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

٠.										
Sche	dule D (Form 990) 2012 MINNESOTA VETER	INARY MEDICA	L ASSOC	CIATION			41-6039	9977	F	⊃age 2
Pa	rt III Organizations Maintaining Co	ollections of A	Art, Histo	rical Tr	easures,	or Oth			ntınu	ed)
3	Using the organization's acquisition, accession, ar	nd other records, o	heck any o	f the follow	ing that are a	a signific	ant use of its			
	collection items (check all that apply)									
а	Public exhibition	d 📗 Loa	an or excha	nge progra	ms					
b	Scholarly research	e 🗌 Oth	ner							
С	Preservation for future generations									
4	Provide a description of the organization's collection	ons and explain ho	w they furth	ner the orga	anization's e	xempt pu	ırpose ın Part			
	XIII									
5	During the year, did the organization solicit or rece	eive donations of a	rt, historical	treasures,	or other sim	nılar				
	assets to be sold to raise funds rather than to be n	naintained as part	of the orga	nization's c	ollection?		<u> </u>	· · 🛮	Yes	☐ No
Pa	rt IV Escrow and Custodial Arrang	gements. Con	nplete if t	he organ	nization a	nswere	ed "Yes" to For	m 990,	Part I	V,
	line 9, or reported an amount or	n Form 990, P	art X, line	<u> 21 </u>			 			
1a	Is the organization an agent, trustee, custodian or	other intermediary	y for contrib	utions or of	ther assets r	not				
	included on Form 990, Part X?							· · 🔲	Yes	∏ No
þ	If "Yes," explain the arrangement in Part XIII and c	complete the follow	ing table							
							Am	ount		
С	Beginning balance					· · 10	:			
d	Additions during the year					<u> </u>				
е										
f	Ending balance									
2a	Did the organization include an amount on Form 9							_	Yes	☐ No
_ <u>b</u>	If "Yes," explain the arrangement in Part XIII Chec						· · · · · · · · · · · · · · · · · · ·		!	
Pa	rt V Endowment Funds. Complete	if the organiza	tion ansv	vered "Y	es" to For	m 990	, Part IV, line 1	0.		
	_	(a) Current year	(b) Pn	or year	(c) Two year	s back	(d) Three years back	(e) For	ır years l	back
1a	Beginning of year balance									
þ	Contributions		 							
С	Net investment earnings, gains, and						l I			
	losses									
d	Grants or scholarships								 -	
е	Other expenditures for facilities and									
	programs		 							
T	Administrative expenses		 					- 		
g	End of year balance Provide the estimated percentage of the current year.	nor and halance (le	no 1 =li	(-)\ h -1						
2	Board designated or quasi-endowment	ear end dalance (ii %	ne ig, colui	nın (a)) neı	u as					
a	Permanent endowment %									
b		%								
С	Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should equ									
3a	Are there endowment funds not in the possession		that are he	old and adn	nunctored fo	r the				
Ja	organization by	of the organization	r urat are ne	and adm	imilistered io	i liie			Yes	No
	(i) unrelated organizations · · · · · · · ·		_					32(1)		NO
	(ii) related organizations							- 3a(i) - 3a(ii)	+	
ь	If "Yes" to 3a(ii), are the related organizations listed	d as required on S	chedula P?					. 3a(11)	-	-
4	Describe in Part XIII the intended uses of the organ					. .				
	rt VI Land, Buildings, and Equipme			rt X. line	10.					
	Description of property	(a) Cost or oth				(c)	Accumulated	(d) Box	ok value	

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

 Description of property
 (a) Cost or other basis (investment)
 (b) Cost or other basis (other)
 (c) Accumulated depreciation
 (d) Book value

 1a Land
 ...
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Part VII Investments - Other Securities	s. See Form 990, Part X, line	12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) Financial derivatives		Cost of end-of-year market value	·
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)		· · · · · · · · · · · · · · · · · · ·	
(H)			
(1)			
Total (Column (b) must equal Form 990, Part X, col (B) line 12)	Soo Form 000 Part V line	12	<u> </u>
Part VIII Investments - Program Relate	a. See Form 990, Part X, line	13	
(a) Description of investment type	(b) Book value	(c) Method of valuation	
/1)		Cost or end-of-year market value	
<u>(1)</u> (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total (Column (b) must equal Form 990, Part X, col (B) line 13)	>	`	
Part IX Other Assets. See Form 990, Pa	art X, line 15		
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15)		
Part X Other Liabilities. See Form 990,			
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			-
(6)		`	
(7)			- •
(8)		, ,	
(9)		- ,	
(10)		-	
(11)		_	
Total (Column (b) must equal Form 990, Part X, col. (B) line 25.)			
2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text	or the loothole to the organization's fit	nanciai statements that reports the organiz	auon's

_	ule D (Form 990) 2012 MINNESOTA VETERINARY MEDICAL ASSOCIATION 4 rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	1-603 Ret ui		Page 4
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			
а	Net unrealized gains on investments			
b	Donated services and use of facilities	1		
С	Recoveries of prior year grants	1		
d	Other (Describe in Part XIII) 2d	1 1		
е	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		· <u> </u>	
а	Investment expenses not included on Form 990, Part VIII, line 7b	1 1		
b	Other (Describe in Part XIII)			
С	Add lines 4a and 4b	4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Re	turn	
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			
b	Prior year adjustments			
С	Other losses	1		
d	Other (Describe in Part XIII) 2d	1		
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	}		
b	Other (Describe in Part XIII)	1		
С	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5		
Pai	t XIII Supplemental Information	-		
Com	olete 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 2	 2b.		
Part \	/, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addition	nal		
ınforn	nation			
				

Schedule D (Form 990) 2012

EEA

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2012

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

MINNESOTA VETERINARY MEDICAL ASSOCIATION

Attach to Form 990 or 990-EZ.

Employer identification number 41-6039977

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 FORM LISTING INTERESTS THAT COULD GIVE RISE TO A CONFLICT OF INTERESTS. DETERMINATION BY THE PRESIDENT AND THE BOARD OF DIRECTORS WHAT ACTION NEED BE TAKEN FOR EACH INTEREST DISCLOSED. 06. CEO, executive director, top management comp (Part VI, line 15a)

07. Governing documents, etc, available to public (Part VI, line 19)

COMPENSATION APPROVAL OVERSEEN AND DECIDED BY BOARD OF DIRECTORS FOLLOWING COMPARABILTY

STUDIES AND NEGOTIATION WITH EXECUTIVE DIRECTOR AND OTHER TOP MANAGEMENT POSITIONS.

NO OTHER DOCUMENTS

08. Explanation of other changes in net assets or fund balances (Part XI, lin

NET UNREALIZED GAIN (LOSS) IN INVESTMENTS

Name of the organization	Employer identification number
MINNESOTA VETERINARY MEDICAL ASSOCIATION	41-6039977
OO Tint of other common as (Bowt TV line 24s)	
09. List of other expenses (Part IX, line 24e)	
OTHER EXPENSES OVERFLOW STMT	
	
10. General explanation attachment	
PART III, LINE 4DOTHER PROGRAM SERVICES DESCRIPTION:	
PUBLIC RELATIONS, BROCHURES, STATE FAIR, DIRECTORY, MN VET RESE	RVE, SEMINARS.
<u></u>	
•	

990	Overflow Statement	2012 Page 1
Name(s) as shown on return		FEIN
MINNESOTA VETERINARY	MEDICAL ASSOCIATION	41-6039977

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

Description		Amount		
SUPPORTING CONTRIBUTIONS		\$	10,250	
PUBLIC RELATIONS			27,862	
PRINTING AND PUBS			20,832	
MEETINGS CONF TRAVEL			27,408	
SEMINARS			39,710	
COMMITTEES			3,232	
CONSTITUENT SERVICES			3,340	
	Total:	\$	132,634	

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

Description		7	mount
BUILDING EXPENSES		\$	15,444
POSTAGE AND SUPPLIES			10,781
	Total:	\$	26,225

Statement of Program Service Accomplishments

2012 01

Name(s) as shown on return

MINNESOTA VETERINARY MEDICAL ASSOCIATION

Your Social Security Number

41-6039977

FORM 990, PART III(A)

PROGRAM SERVICE CODE PROGRAM SERVICE EXPENSES

\$183733

GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE \$0

PROGRAM SERVICES REVENUE

\$0

EXPLANATION

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

Depreciation and Amortization Form 4562 OMB No 1545-0172 2012 (Including Information on Listed Property) Attachment Department of the Treasury See separate instructions. Attach to your tax return. Sequence No 179 Internal Revenue Service Business or activity to which this form relates Name(s) shown on return Identifying number MINNESOTA VETERINARY MEDICAL ASS FORM 990 - 1 41-6039977 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) 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 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (a) Description of property (b) Cost (business use only) 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 9 10 Carryover of disallowed deduction from line 13 of your 2011 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 Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 19,148 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property) (See instructions) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2012 17 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (business/investment use (a) Classification of property (e) Convention (f) Method (a) Depreciation deduction service only-see instructions) 19a 3-year property b 5-year property 1,912 137 HY БL 7-year property 10-year property 15-year property 20-year property 25-year property 25 yrs Residential rental 27 5 yrs. MM S/L property 27 5 yrs MM S/L 2013-04 63,047 Nonresidential real 39 yrs. MM S/L 472 MM S/L property Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20 a Class life S/I b 12-year 12 yrs S/L С 40-year MM S/L Part IV Summary (See instructions) Listed property Enter amount from line 28 21

portion of the basis attributable to section 263A costs · · · For Paperwork Reduction Act Notice, see separate instructions.

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

For assets shown above and placed in service during the current year, enter the

19,757

22

23

22