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Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2013

OMB No 1545-0047

Open-to-Public Inspection

A	Can Ab	2012 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	2012 and an	dia a		
<u>A</u>		e 2013 calendar year, or tax year beginning 08-0		aing		-31 ,2014
В		applicable C Name of organization MINNESOTA VETERINARY MEDICAL A	ASSOCIATION			Employer identification no
	Address	change Doing Business As			}-	41-6039977
Ц	Name ch	ange Number and street (or PO box if mail is not delivered to street address)		Room/suite] ■	Telephone number
Ш	Initial ret	urn 101 BRIDGEPOINT WAY	_ _	(651) 645-7533		
	Terminat	ed City or town, state or province, country, and ZIP or foreign postal code			1	1,258,683
	Amended	return SOUTH SAINT PAUL, MN 55075			G	Gross receipts \$
	Application	on pending F Name and address of principal officer DANIEL TJORNEHOJ		11/->		
		SAME AS C ABOVE		H(a) Is this a subordii	group retu nates?	rn for Yes 🛛 No
1	Tax-exen	npt status	527	H(b) Are all s	ubordinate	s included? Yes No
J	Website	▶ WWW.MVMA.ORG		H(c) Group e	attach a list exemption r	t (see instructions) number
к	Form of c	organization Corporation Trust X Association Other	Year of formation 18		ate of legal	
Pa	rt I	Summary			_	
	1	Briefly describe the organization's mission or most significant activities PROM	OTION OF VET	ERINARY M	EDICI	NE
a						
ů	1					
r 13	ļ	,				
Governance	2	Check this box ► ☐ if the organization discontinued its operations or disposed o	f more than 25% of	its net assets		
	3	_			. 3	9
Activities &	4	Number of independent voting members of the governing body (Part VI, line 1b)			. 4	9
itie	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)			. 5	4
Ę	6	Total number of volunteers (estimate if necessary)			6	-
Αc	7a	Total unrelated business revenue from Part VIII, column (C), line 12 · · · ·			. 7a	22 200
		Net unrelated business taxable income from Form 990-T, line 34 · · · · · ·				22,390
	+	Tvet unrelated business taxable income from 1 orm 950-1, line 54				
	8	Contributions and grants (Part VIII, line 1h)	-	Prior Year		Current Year
<u>a</u>	1 .	, , , , , , , , , , , ,			7,779	68,751
Revenue	9	Program service revenue (Part VIII, line 2g) · · · · · · · · · · · · · · · · · · ·			7,443	1,129,067
e	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	 		9,946	33,965
α:	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0,011	8,516
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	******	1,12	5,157	1,240,299
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	,			0
	14	Benefits paid to or for members (Part IX, column (A), line 4)				0
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		31	8,525	325,910
Expenses		Professional fundraising fees (Part IX, column (A), line,11e)				0
ed:	b	Total fundraising expenses (Part IX, column (D), line 25)	0			
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		58	5,354	633,175
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) · ·		90	3,879	959,085
	19	Revenue less expenses Subtract line 18 from line 12 · · · · · · · · · · · · · · · · · ·		22	1,278	281,214
Net Assets or			Ве	eginning of Curre	nt Year	End of Year
Set	20	Total assets (Part X, line 16)		2,09	0,893	2,373,897
¥¥	21	Total liabilities (Part X, line 26)		26	3,561	203,336
		Net assets or fund balances Subtract line 21 from line 20 · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	1,82	7,332	2,170,561
Pa	(t.II	Signature Block				
Under	penalties	of penury, I declare that I have examined this return, including accompanying schedules and statements, d complete. Declaration of preparer (other than officer is based on all information of which preparer has a	and to the best of my kno	wledge and belief	, it is	
inde ¿Co	7	d complete declaration of preparer (officer monage) and an information of which preparer has a	any knowledge			
:-	-	DANIEL TJORNEMOJ				
Sign	<u> </u>	Signature of officer			Date	1 1
Her	ē	DANIEL TJORNEHOJ DIRECTOR			_ 12	lie /14
_ @	3	Type or print name and title				/
		Print/Type preparer's name Preparer's signature Author	Date	Check [ıf Pī	ΓIN
Pajiç			10-22-2014	self-emplo	yed	P00080300
Prej	oarer	Firm's name Francis J Phelan PA		Firm's EIN		
Use	Only			Phone no		
_		Hopkins MN 55343		9) 52−93	5-5935
May t	he IRS					· · 🛛 Yes 🗌 No

	n 990 (2013) MINNESOTA VETERINARY MEDICAL ASSOCIATION	41-6039977	Page 2
Pa	rt III Statement of Program Service Accomplishments		_
	Check if Schedule O contains a response or note to any line in this Part III		\cdots
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?	· · · · 🔲 Yes 🛛] No
	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?	···· Yes 🕅	No
	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	ł by	
•	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	the total expenses, and revenue, if any, for each program service reported	,	
	the total expenses, and revenue, if any, for each program service reported		
40	(Code) (Expenses \$ 19,740 including grants of \$) (Revenue	\$	·····
4a		Ψ	/
	MVMA NEWSLETTER		
4b	(Code:) (Expenses \$ 262,987 including grants of \$) (Revenue	\$)
	CONVENTIONS MEETINGS AND CONFERENCES SPECIAL COMMITTEES AND PROJECTS		
			
			
	\(\(\(\) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		
4c	(Code:) (Expenses \$65,554 including grants of \$) (Revenue	\$)
	LEGISLATIVE SERVICES		
			
		· 	
			
4d	Other program services. (Describe in Schedule O)		
→u		١	
40			
4e	Total program service expenses 585,999 585,999		

Part IV ' Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 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 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 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. 5 Χ 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 Χ "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 complete Schedule D, Part III 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 X debt negotiation services? If "Yes," complete Schedule D, Part IV 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 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 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Χ complete Schedule D, Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Χ c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a 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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Χ 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes" complete Schedule G, Part II 18 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 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

Checklist of Required Schedules (continued) Part IV Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 12 if "Yes," complete Scheudle I, Parts I and II Χ 22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States 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 23 Χ 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 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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? 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or 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 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Χ A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b X 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 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Χ 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 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 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 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, Χ Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38

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Form 990 (2013) MINNESOTA VETERINARY MEDICAL ASSOCIATION 41-6039977 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Nο Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3а If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b Х b 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 Χ 4a If "Yes." enter the name of the foreign country: b See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? С Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions? Χ If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b b С Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e е 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g 7h h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 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 b 10 Section 501(c)(7) organizations. Enter 10a Initiation fees and capital contributions included on Part VIII, line 12 а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b b 11 Section 501(c)(12) organizations. Enter. а Gross income from other sources (Do not net amounts due or paid to other sources b

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 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 committee, explain in Schedule O 1b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Χ Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 10a 10a Did the organization have local chapters, branches, or affiliates? 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a Χ 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 b Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Χ 12b b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 13 Did the organization have a written whistleblower policy? Х Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official 15a 15b Other officers or key employees of the organization 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 16a with a taxable entity during the year? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply Upon request Other (explain in Schedule O) ☐ Own website Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization-20 DANIEL TJORNEHOJ (651)645-7533, 101 BRIDGEPOINT WAY, SOUTH SAINT PAUL, MN 55075

Form	aan	(2013)	
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MINNESOTA VETERINARY MEDICAL ASSOCIATION

41-6039977

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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 or note to any line 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)			(0	C)		(D)	(E)	(F)
Name and Title ,	Average hours per week (list any hours for related organizations below dotted line)	box, u	inless	pers	ore th	an both employee	 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 DIRECTOR		Х					G	0	0
(2) JOYCE TESAREK DIRECTOR		Х					0	0	0
(3) CHRIS NORD DIRECTOR		Х					0	0	0
(4) NICOLE NEESER VICE PRESIDENT		X					0	0	0
(5) JAMES WINSOR SECY TREAS		X					0	0	00
(6) NANCY ALTENA DIRECTOR		X					0	0	0
(7) ERIC RUHLAND DIRECTOR		X					0	0	0
(8) JOHN BALLIE DIRECTOR		Х					0	0	0
(9) ELIZABETH SCHNABEL DIRECTOR		Х					0	0	0
(10)DANIEL TJORNEHOJ EXEC DIR	40.00	_		Х			140,270	0	0
(11)									
(12)									
(13)									
(14)									

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[Fai,	(B) Average hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
		organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	ey employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(15)_											
(16)_											
(17)_		'									
<u>(18)</u>											
<u>(19)</u>											
(20)_											···
(21)											
(22)			-								
(23)											
(24)											
(25)											
1b c d	Sub-total	n A						•	140,270	0	0
2	Total number of individuals (including but not limited reportable compensation from the organization								than \$100,000 of	1	
3	Did the organization list any former officer, director,		-	-							Yes No
4	employee on line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is the sum of reportant organization and related organizations greater than \$	ortable comp 6150,000? If	ensatı "Yes,"	on a	nd o	ther e Sc	compo	ensa e J fe	or such		3 X
5	Individual	mpensation	from a	ny u	nrela	ated	organ	ızatı	on or individual		4 X 5 X
	on B. Independent Contractors										
1	Complete this table for your five highest compensate compensation from the organization. Report compenyear										
	(A) Name and business address								Description of s	ervices	(C) Compensation
										,	
	Total number of independent contractors (including b received more than \$100,000 of compensation from t			se li ►	sted	abo	ove) wl	no			

		Check if Schedule O contains a respon-	se or no	ote to any line in thi	s Part VIII			<u>.</u> [
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts st	1a	Federated campaigns · · · · · · · · · · · · · · · · · · ·	1a					
our	Ł	Membership dues	1b		1			
ο, Έ	0	Fundraising events	1c		1		}	
ar /	0	Related organizations	1d	_	1			
a,s E	e	Government grants (contributions)	1e	68,751	1		1	}
S	f	All other contributions, gifts, grants,					•	
but	-	and similar amounts not included above	1f					}
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a	1-1f \$				1	
_ <u>0</u> _E	h	Total. Add lines 1a-1f	• • •	>	68,751			
φ				Business Code				
Program Service Revenue	1	MEMBERSHIP DUES & ASSES		900099	763,061			
Re	1	ADVERTISING REVENUE		900099	22,390	1	22,390	
AC6	1	CLINICS AND SEMINARS		900099	145,173			
Sei		CONSTITUANT GRP SVCS		900099	121,898		T	
gran		PUBLIC RELATIONS		900099	26,949			
Pro	1	All other program service revenue · · · · · Total. Add lines 2a-2f · · · · · · · · · · · · · · · · · · ·		900099	49,596			, , , , , , , , , , , , , , , , , , , ,
	1				1,129,067	464		
	3	Investment income (including dividends, int and other similar amounts)			33,965	33,965		
	4	Income from investment of tax-exempt bon		eds · · · ▶	33,7333			
	5	Royalties						
	}	(ı) Rea	al	(II) Personal				
	6a	Gross rents 26	, 900					
	b	Less: rental expenses · · · 18	,384] ;]	
	c	Rental income or (loss) · · · 8	,516		, , •	(· -	'	•
	d	Net rental income or (loss) · · · · · ·			8,516	8,516		
	7a	Gross amount from sales of (i) Secunt	ies	(ii) Other			<u>`</u>	,
		assets other than inventory)
	b	Less cost or other basis		~				<u>.</u>
		and sales expenses				,	, , ,	<u>.</u>
	l	Gain or (loss)			,	Ť.		
a)	l .	Net gain or (loss) · · · · · · · · · · · · · · · · · ·		<u>▶</u>		 		· · · · · · · · · · · · · · · · · · ·
enne	oa	Gross income from fundraising						
Še		events (not including \$ of contributions reported on line 1c).				-		
Other Reve		See Part IV, line 18 · · · · · · · · ·			1 1 1			•
Ě	h	Less: direct expenses			, , , , , , , , , , , , , , , , , , ,			
O	1	Net income or (loss) from fundraising event				*		*
		Gross income from gaming activities.	- 1		17. 14. 14.	13 1 - 1 - 1 X	: : : :	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		See Part IV, line 19 · · · · · · · · · · · · · · · · · ·	. a		, ,		· · · · · · · · · · · · · · · · · · ·	
	b	Less: direct expenses			- ·	, ,	·	, , , , , , , , , , , , , , , , , , ,
		Net income or (loss) from gaming activities	•					
	10a	Gross sales of inventory, less	[
		returns and allowances	· а		,			
	b	Less cost of goods sold	· ь [-	
	С	Net income or (loss) from sales of inventory		>				
		Miscellaneous Revenue		Business Code	· , · · · · · · · · · · · · · · · · · ·			· · ·
	11a							
	b		}					
	С		}					
}		All other revenue	[77	17 7 - 75	
		Total. Add lines 11a-11d		_	1 040 000	1 140 150		
	12	Total revenue. See instructions	<u> </u>		1,240,299	1,149,158	22,390	0

41-6039977

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)

	Check if Schedule O contains a response or note to ar			(C)	
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	Management and	(D) Fundraising
	9b, and 10b of Part VIII.		expenses	general expenses	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			5	
_	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,	140.070	20.050	110 000	
	trustees, and key employees	140,270	28,050	112,220	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B) · · · · ·	170 102	78,006	94,177	
7	Other salaries and wages	172,183	78,006	94,177	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	12 457		13,457	
10	Payroll taxes	13,457		13,437	
11	Fees for services (non-employees): Management				
a L	Legal · · · · · · · · · · · · · · · · · · ·				
b	Accounting	10,275		10,275	
ç	Lobbying	10,273		10,273	
d	Professional fundraising services See Part IV, line 17		,		
e f	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column				
g	(A) amount, list line 11g expenses on Schedule O) · ·				
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 · · · · · ·	173,651	173,651		····
20	Interest · · · · · · · · · · · · · · · · · · ·				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,027		14,027	<u>, , , , , , , , , , , , , , , , , , , </u>
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	45,804		45,804	
b	ADMINISTRATIVE EXPENSES	48,100		48,100	
С	LEGISLATIVE	65,554	65,554		
d	MN VET RESERVE CO	39,042	39,042		
е	All other expenses	236,722	201,696	35,026	
25	Total functional expenses. Add lines 1 through 24e	959,085	585,999	373,086	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)				

1,827,332

2,090,893

33

34

2,170,561

2,373,897 Form 990 (2013)

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 1 425,188 634,433 2 2 3 3 4 4 24,565 18,658 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 7 Notes and loans receivable, net 7 8 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 877,415 b Less: accumulated depreciation 10b 597,652 583,570 1,043,488 11 11 1,137,236 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 2,090,893 16 2,373,897 Accounts payable and accrued expenses 17 17 263,561 203,336 18 18 19 19 Deferred revenue 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key emplóyees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 Total liabilities. Add lines 17 through 25 26 263,561 203,336 Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright 🔯 and Net Assets of Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 1,827,332 2,170,561 28 28 Temporarily restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32

33

34

		<u>11-603</u>	9977	Page 12
Pa	rt:XI ' Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	· • • • •		🔀
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,2	40,299
2	Total expenses (must equal Part IX, column (A), line 25)	2	9	59,085
3	Revenue less expenses Subtract line 2 from line 1	3		81,214
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		27,332
5	Net unrealized gains (losses) on investments	5		62,015
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	2,1	70,561
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			🗌
				Yes No
1	Accounting method used to prepare the Form 990			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O		"	.]
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		· · 2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		1.0	
	reviewed on a separate basis, consolidated basis, or both		1 1	
	☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis		* .	· .
b	Were the organization's financial statements audited by an independent accountant?		· · 2b	X
	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			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		· · -2c	\mathbf{x}
	If the organization changed either its oversight process or selection process during the tax year, explain in		, I	
	Schedule O			
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			Form	990 (2013)

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.

escribed below. Attach to Form 990 or Form 990-EZ. Information about Schedule C (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990. 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
- 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) organizations	Complete Part III			
	ne of organization			Employer	identification number
M.	INNESOTA VETERINARY MEDICAL	Complete if the organization is exempt under section 501(c) or is a section 527 organization. de a description of the organization's direct and indirect political campaign activities in Part IV call expenditures			
	rt I-A Complete if the organ	nization is exempt under secti	on 501(c) or i	s a section 527 org	anization.
1	Provide a description of the organization'	s direct and indirect political campaign ac	tivities in Part IV	- ·	
2					
3	Volunteer hours				
Pă					
1					
2					
3					
4a	Was a correction made?				· [] Yes [] No
b	If "Yes," describe in Part IV				<u></u>
Pa				cept section 501(c)(3).
1	Enter the amount directly expended by the	e filing organization for section 527 exem	pt function		
	activities			· · · · · · · • • • <u>- · · · · · • • • · · · · · • • · · · · </u>	
2	Enter the amount of the filing organization	n's funds contributed to other organization	ns for section		
				▶ \$	
3	Total exempt function expenditures Add I	ines 1 and 2. Enter here and on Form 11	20-POL,	. -	
	line 17b			· · · · · · · • \$	
4	Did the filing organization file Form 1120-	POL for this year?			· Yes No
5					
	as a separate segregated fund or a politic	cal action committee (PAC). If additional s	space is needed, p	rovide information in Part I	<u>V</u>
	(a) Name	(b) Address	(c) EIN	filing organization's	contributions received and promptly and directly delivered to a separate political organization. If
1)					
2)					
3)					
4)					
5)					
6)					

	edule C (Form 990 or 990-EZ) 2013 MINNESOTA VI	ETERINARY MED on is exempt u			41-6039 I Form 5768 (elec	
٠	section 501(h)).	·			·	
A	Check In the filing organization belongs t	o an affiliated group	(and list in Part IV e	ach affiliated group me	ember's	
	name, address, EIN, expenses, a	and share of excess	lobbying expenditure	es)		
В	Check ▶ ☐ If the filing organization checked	box A and "limited co	ntrol" provisions ap	ply		
	Limits on Lo	bbying Expenditure	25		(a) Filing	(b) Affiliated
	(The term "expenditures"	means amounts pa	aid or incurred)		organization's totals	group totals
1a	Total lobbying expenditures to influence public of	ppinion (grass roots l	obbying) · · ·			
b	Total lobbying expenditures to influence a legisla	ative body (direct lob	bying) · · · ·			
С	Total lobbying expenditures (add lines 1a and 1	b)				
d	Other exempt purpose expenditures · · · ·					
е	Total exempt purpose expenditures (add lines 1	c and 1d) · · · ·				
f	Lobbying nontaxable amount Enter the amount					
	If the amount on line 1e, column (a) or (b) is:	nt is :		`		
	Not over \$500,000					
	Over \$500,000 but not over \$1,000,000		nount on line 1e.	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000		10% of the excess			
	Over \$1,500,000 but not over \$17,000,000		5% of the excess of			
	Over \$17,000,000	71,000,000				
g	Grassroots nontaxable amount (enter 25% of lin					
h	Subtract line 1g from line 1a If zero or less, ente	·				
i	Subtract line 1f from line 1c If zero or less, ente	r-0- • • • • •				
j	If there is an amount other than zero on either li	ne 1h or line 1i, did th	ne organization file F	orm 4720	1.	
	reporting section 4911 tax for this year?			<i></i>		Yes No
	(Some organizations that		1(h) election do no	• •		
	Lobb	ying Expenditures	During 4-Year Ave	raging Period	T	
	Calendar year (or fiscal year	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
	beginning in)					
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount			837	Story Company of the Story of t	
	(150% of line 2a, column (e))	CH 4 CA 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	<u> </u>			
_ c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

SCHEDULE D (Form 990)

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.

2013

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Name	e of the organization	Employer identification number
MI	NNESOTA VETERINARY MEDICAL ASSOCIATION	41-6039977
	organizations Maintaining Donor Advised Funds or Other Similar Funds or Accou	ınts.
L	Complete if the organization answered "Yes" to Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
_	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	····· Yes No
Pa	rt II Conservation Easements	
L	Complete if the organization answered "Yes" to Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
'	Preservation of land for public use (e.g., recreation or education) Preservation of an historica	lly important land area
	Protection of natural habitat Preservation of a certified h	
	Preservation of open space	istoria sursciare
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a con	servation
2	easement on the last day of the tax year.	Held at the End of the Tax Year
-	Total number of conservation easements	2a
a	Total acreage restricted by conservation easements	
b	Number of conservation easements on a certified historic structure included in (a)	
c C	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	20
d	• • • • • • • • • • • • • • • • • • • •	2d
2	historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organi	
3		zation during the
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
3	violations, and enforcement of the conservation easements it holds?	····· Yes No
e	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the	-
6	Stall and volunteer hours devoted to monitoring, inspecting, and emorcing conservation easements during the	s year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	r
,	Afficiant of expenses incurred in monitoring, inspecting, and emorting conservation easements during the year	ı
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	2)
0		
9	(i) and section 170(h)(4)(B)(ii)?	
3	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	
	organization's accounting for conservation easements	describes trie
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Otl	ner Similar Assets
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	t halance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in fur	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these item	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and ba	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in fur	
		meranice of
	public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1	> ¢
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	
2		orovide trie
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	. ▶ €
a L	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	

Sche	dute D (Form 990) 2013 MINNESOTA VETER							41-6039		Page 2
Pa	rt III Organizations Maintaining C	Collec	tions of A	rt, Histo	orical Tr	easures,	or Oth	er Similar Ass	ets (con	tinued)
3	'Using the organization's acquisition, accession,	and othe	er records, cl	neck any o	f the follow	ing that are a	a significa	ant use of its		
	collection items (check all that apply)									
а	Public exhibition		d 🗌 Loa	n or excha	nge progra	ıms				
b	Scholarly research		e 🗌 Oth	er						
С	Preservation for future generations									
4	Provide a description of the organization's collection	ctions an	d explain ho	w they furth	her the orga	anization's e	xempt pu	irpose in Part		
	XIII		,							
5	During the year, did the organization solicit or re-	ceive do	nations of ar	t, historica	l treasures.	or other sin	nılar			
	assets to be sold to raise funds rather than to be								. 🗌 Ye	s 🗌 No
Pa	rt IV Escrow and Custodial Arrang	gemer	its.							
	Complete if the organization ar	nswere	ed "Yes" to	Form 9	90, Part	IV, line 9,	or rep	orted an amoun	it on For	m
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodian of	or other	ıntermediary	for contrib	utions or o	ther assets r	not			
	included on Form 990, Part X?								. [] Ye	s 🗌 No
b	If "Yes," explain the arrangement in Part XIII and	l comple	te the follow	ng table						
		-						Amo	unt	
С	Beginning balance						10	:		
d	Additions during the year						10	ı		
e	Distributions during the year						1e	,		
f	Ending balance						1f			
2a	Did the organization include an amount on Form	990, Pa	rt X, line 213						. Ye	s No
	If "Yes," explain the arrangement in Part XIII Ch									
	rt'V' Endowment Funds.					· · · · · · · · · · · · · · · · · · ·	-		-	-
L	Complete if the organization ar	nswere	ed "Yes" to	Form 9	90, Part	IV, line 10).			
		Ι	urrent year		or year	(c) Two year		(d) Three years back	(e) Four	ears back
1a	Beginning of year balance									
b	Contributions									
c	Net investment earnings, gains, and								1	
·	losses · · · · · · · · · · · · · · · · · ·									
А	Grants or scholarships						***		 	
_	Other expenditures for facilities and						··			
	programs									
f	Administrative expenses			· · · · · · · · · · · · · · · · · · ·						
'n	End of year balance								<u> </u>	
2	Provide the estimated percentage of the current	vear en	d halance (lir	ne 1a colu	mn (a)) hel	d as			<u> </u>	
٠,	Board designated or quasi-endowment			.0 .9, 00.0	(4),					
b	Permanent endowment %									
	Temporarily restricted endowment		%							
С	The percentages in lines 2a, 2b, and 2c should e	agual 10	•							
За	Are there endowment funds not in the possession			that are h	eld and adı	ministered fo	or the			
Ja	organization by	01 1110	organization	illat alo il	0.0 0.10 00.				٦	Yes No
	(i) unrelated organizations · · · · · · · ·								3a(i)	
	(ii) related organizations								3a(ii)	
h	If "Yes" to 3a(II), are the related organizations list	ed as re	aured on Sc	hedule R?					3b	
4	Describe in Part XIII the intended uses of the org								(<u>""</u>	
4 ≀Pài	twill Land, Buildings, and Equipm	<u></u>	113 CHOWIN	SIII IGIIGS			-			
<u>ું મન્દ્રવા</u>	Complete if the organization ar		d "Yes" to	Form 9	90. Part	IV. line 11	a. See	Form 990, Part	X. line	10.
		1317010				other basis		Accumulated	(d) Book	
	Description of property		(a) Cost or other		1	other basis other)		epreciation	(A) DOOK	-aiuc
1-	Land		,			•				
1a h	Ruidings				7	10,027	P. 4 - 4 - 3	139,817	57	0,210
b	Buildings		 		 '	10,041		100,011	1	0,210
C C	Leasehold improvements	· · -			-	67 200	 	154 029	-	3 360
d	Equipment	 			<u>_</u>	67,388	 	154,028		3,360
e Fatal	Other	al Form	990 Part Y	column /P	l line 10/c)	<u> </u>	L		F.C	13 570

Schedule D (Form	n 990) 2013 MINNESOTA VETER	RINARY MEDICAL ASSO	CIATION 4	1-6039977	Page
Pärt VII	Investments - Other Securities			000 5 4 4 4 11	
	Complete if the organization answere	d "Yes" to Form 990, F	art IV, line 11b See Form	1 990, Part X, III	ne 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method Cost or end-of-yea		
(1) Financial of	derivatives · · · · · · · · · · · · · · · · · · ·			·	
(2) Closely-he	eld equity interests				 .
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)	New Association 200 Part V and (Philipp 12)				
Part VIII-) must equal Form 990, Part X, cot (B) line 12) Investments - Program Related.				
Fart valir	Complete if the organization answere	d "Yes" to Form 990 P	art IV. line 11c. See Form	990. Part X. lin	e 13.
	(a) Description of investment	(b) Book value	(c) Method (Cost or end-of-yea		
(1)				····	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	must equal Form 990, Part X, col (B) line 13)				
Part IX	Other Assets.				
	Complete if the organization answere	d "Yes" to Form 990, P	art IV, line 11d. See Form	1 990, Part X, lin	e 15.
	(a) D	escription		(b) Bool	k value
(1)					<u>.</u>
(2)					
(3)		-11-7			
(4)					
(5)					····
(6)					
		· · · · · · · · · · · · · · · · · · ·		-	
(8)					
(9)	n (b) must equal Form 990, Part X, col (B) line 15)			. >	
Part X	Other Liabilities.				
r dist X	Complete if the organization answere	d "Yes" to Form 990, P	art IV, line 11e or 11f See	e Form 990, Par	tΧ,
	line 25.	,	,	•	,
1.	(a) Description of liability	(b) Book value	,		
(1) Federal I		(-)		•	
(2)	<u> </u>				
(3)					
(4)					-
(5)					
(6)			\$\frac{1}{2} \text{\$\frac{1}{2} \text{\$\frac{1} \text{\$\frac{1} \text{\$\frac{1} \text{\$\frac{1} \text{\$\frac{1} \text{\$\frac{1}		, .
(7)				,	

(8) (9)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sched	dule D (Form 990) 2013 MINNESOTA VETERINARY MEDICAL ASSOCIATION		1-603		⊃age 4
	irt XI Reconciliation of Revenue per Audited Financial Statements \	With Revenue per	Returi	n.	
L	Complete if the organization answered "Yes" to Form 990, Part IV,				
1			1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			-	
	Net unrealized gains on investments	1			
a	Donated services and use of facilities		-		
b	Recoveries of prior year grants		1		
C	Other (Describe in Part XIII)		-		
ď	Other (Describe in Part XIII)	<u> </u>	ا ء ا		
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:				
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · 4a		4		
b	Other (Describe in Part XIII)	<u> </u>	4		
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		per Ret	urn.	
_	Complete if the organization answered "Yes" to Form 990, Part IV	/, line 12a.			
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				
a	Donated services and use of facilities 2a				
	Prior year adjustments				
b	Other losses		╣		
С.	Other (Describe in Part XIII)		-		
d	Add lines 2a through 2d				
е	Subtract line 2e from line 1		3		
3	1 1		3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · 4a				
а	· · · · · · · · · · · · · · · · · · ·				
a b	Other (Describe in Part XIII)		-		
_	Other (Describe in Part XIII)		4c		
b c 5	Other (Describe in Part XIII)		4c 5		
b c 5 Pai	Other (Describe in Part XIII)		5		
b c 5 Pai	Other (Describe in Part XIII)	nd 2b, Part V, line 4, Par	5		
b c 5 Pai	Other (Describe in Part XIII)	nd 2b, Part V, line 4, Par	5		
b c 5 Pai	Other (Describe in Part XIII)	nd 2b, Part V, line 4, Par	5		
b c 5 Pai	Other (Describe in Part XIII)	nd 2b, Part V, line 4, Par	5		
b c 5 Pai	Other (Describe in Part XIII)	nd 2b, Part V, line 4, Par	5		
b c 5 Pai	Other (Describe in Part XIII)	nd 2b, Part V, line 4, Par	5		
b c 5 Pai	Other (Describe in Part XIII)	nd 2b, Part V, line 4, Par	5		
b c 5 Pai	Other (Describe in Part XIII)	nd 2b, Part V, line 4, Par	5		
b c 5 Pai	Other (Describe in Part XIII)	nd 2b, Part V, line 4, Par	5		
b c 5 Pai	Other (Describe in Part XIII)	nd 2b, Part V, line 4, Par	5		
b c 5 Pai	Other (Describe in Part XIII)	nd 2b, Part V, line 4, Par	5		
b c 5 Pai	Other (Describe in Part XIII)	nd 2b, Part V, line 4, Par	5		
b c 5 Pai	Other (Describe in Part XIII)	nd 2b, Part V, line 4, Par	5		
b c 5 Pai	Other (Describe in Part XIII)	nd 2b, Part V, line 4, Par	5		
b c 5 Pai	Other (Describe in Part XIII)	nd 2b, Part V, line 4, Par	5		
b c 5 Pai	Other (Describe in Part XIII)	nd 2b, Part V, line 4, Par	5		
b c 5 Pai	Other (Describe in Part XIII)	nd 2b, Part V, line 4, Par	5		
b c 5 Pai	Other (Describe in Part XIII)	nd 2b, Part V, line 4, Par	5		
b c 5 Pai	Other (Describe in Part XIII)	nd 2b, Part V, line 4, Par	5		
b c 5 Pai	Other (Describe in Part XIII)	nd 2b, Part V, line 4, Par	5		
b c 5 Pai	Other (Describe in Part XIII)	nd 2b, Part V, line 4, Par	5		
b c 5 Pai	Other (Describe in Part XIII)	nd 2b, Part V, line 4, Par	5		
b c 5 Pai	Other (Describe in Part XIII)	nd 2b, Part V, line 4, Par	5		
b c 5 Pai	Other (Describe in Part XIII)	nd 2b, Part V, line 4, Par	5		
b c 5 Pai	Other (Describe in Part XIII)	nd 2b, Part V, line 4, Par	5		
b c 5 Pai	Other (Describe in Part XIII)	nd 2b, Part V, line 4, Par	5		
b c 5 Pai	Other (Describe in Part XIII)	nd 2b, Part V, line 4, Par	5		
b c 5 Pai	Other (Describe in Part XIII)	nd 2b, Part V, line 4, Par	5		

SCHEDULE O

(Form 990 or 990-EZ)

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.

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Employer Identification number Name of the organization MINNESOTA VETERINARY MEDICAL ASSOCIATION 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) COMPENSATION APPROVAL OVERSEEN AND DECIDED BY BOARD OF DIRECTORS FOLLOWING COMPARABILTY STUDIES AND NEGOTIATION WITH EXECUTIVE DIRECTOR AND OTHER TOP MANAGEMENT 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 XI, lin

Schedule O (Form 990 or 990-EZ) (2013) Name of the organization	Page Employer identification number
MINNESOTA VETERINARY MEDICAL ASSOCIATION	41-6039977
09. List of other expenses (Part IX, line 24e)	
OTHER EXPENSES OVERFLOW STMT	
10 Concerl explanation attachment	
10. General explanation attachment	
PART III, LINE 4DOTHER PROGRAM SERVICES DESCRIPTION.	
PUBLIC RELATIONS, BROCHURES, STATE FAIR, DIRECTORY, MN VET RES	ERVE. SEMINARS.

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

2013

Intern	rtment of the Treasury lai Revenue Service (99) e(s) shown on return	► See separate	e instructions.			<u>-</u>	our tax return) <u>.</u>		Sequence No	179
	, ,	V MEDICAL	N C C		RM 990					41-60399	77
	NNESOTA VETERINAR'									41-60395	, , ,
Га	· ·										
	Note If you have any list			ore you co	omplete Pa	3/1			4	I	
1	Maximum amount (see instruction					•			1		
2	Total cost of section 179 property					•			2		
3	Threshold cost of section 179 proj	· -			(ructions)				3		· · · · · · · · · · · · · · · · · · ·
4	Reduction in limitation Subtract lin				0 16				4		
5	Dollar limitation for tax year. Subtr								_		
	separately, see instructions								5		
6	(a) Description of	property		(b) Cost (b	usiness use o	only)	(c) Ele	cted cost			
		···					 				
							ļ				
7	Listed property Enter the amount				[7	<u> </u>		T		
8	Total elected cost of section 179 p								8		
9	Tentative deduction Enter the sm								9		
10	Carryover of disallowed deduction								10		
11	Business income limitation Enter							•	11		
12	Section 179 expense deduction A				ian line 11			• • •	12	,	
13	Carryover of disallowed deduction					13	<u></u>			, a, -,	
	: Do not use Part II or Part III belov				sistian						
<u> </u>	rt II Special Depreciation							sted prop	perty)	(See instructions)	
14	Special depreciation allowance for		(other than list	ed proper	rty) placed	ın s	service				
	during the tax year (see instruction					•		• • •	14		
15	Property subject to section 168(f)(•				•		• • •	15		17.4
16	Other depreciation (including ACR		· · · · · · ·					· · · · ·	16	20,	474
Pa	rt III MACRS Depreciat	ion (Do not inc			e instructi	ons)				
				ection A							
17	MACRS deductions for assets place			_					17		
18	If you are electing to group any ass							$\overline{}$			
		<u></u>						1_1_	<u></u>		
	Section B - Asset		T		ar Using ti	ne (seneral Depre	ciation	Syster	m	
	(a) Classification of property	(b) Month and year placed in service	(business/investri only-see instruc	nent use ctions)	(d) Recover	_	(e) Convention	(f) Meth	nod	(g) Depreciation ded	
19a	3-year property		6	<u>,210</u>	1 3		MQ	SL			<u> 259</u>
b	5-year property	_		503	5)	MQ	SL			63
c	7-year property				<u> </u>						
d	10-year property	_			ļ						
<u>e</u>	15-year property	1			1						
f_	20-year property	4			-		·				
g	25-year property				25 yrs			S/			
h	Residential rental				27 5 yrs		MM	S/			
	property				27.5 yrs	S.	MM	S/	L		
i	Nonresidential real				39 yrs		MM	S/	+		
	property				<u> </u>	$oldsymbol{\bot}$	MM	S/			
	Section C - Assets	Placed in Servic	e During 2013	Tax Year	Using th	e Al	Iternative Dep	reciatio	n Syst	em	
20 a	Class life				1	_		S/	L		
b	12-year				12 yrs			S/	L		
	40-year				40 yrs		MM	S/	L		
∂Pai	TIV Summary (See instru	ictions)							,	•	
21	Listed property Enter amount from	n line 28 · · ·							21	··	
22	Total. Add amounts from line 12, li	nes 14 through 17	, lines 19 and 2	20 in colu	mn (g), an	d lir	ne 21 Enter				
	here and on the appropriate lines of	of your return Part	inerships and S	corporat	ions - see	ınst	ructions	• •	22	20,	796
23	For assets shown above and place	ed in service during	g the current ye	ar, enter	the						
	portion of the basis attributable to s	section 263A costs	<u> </u>			23				a a spinor of a	, :

990	2013 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		\$ 55,750
PUBLIC RELATIONS		 36,023
PRINTING AND PUBS		 19,740
MEETINGS CONF TRAVEL		39,315
SEMINARS		43,971
COMMITTEES		 6,050
BENEFITS PLUS		847
	Total:	\$ 201,696

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

Description		Amount		
BUILDING EXPENSES		\$	22,513	
POSTAGE AND SUPPLIES			12,513	
	Total:	\$	35,026	

Statement of Program Service Accomplishments Name(s) as shown on return MINNESOTA VETERINARY MEDICAL ASSOCIATION 2013 O1 Your Social Security Number 41-6039977

FORM 990, PART III(A)

PROGRAM SERVICE CODE

PROGRAM SERVICE EXPENSES \$237718

GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE \$0

PROGRAM SERVICES REVENUE \$0

EXPLANATION

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