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**Short Form**  
**Return of Organization Exempt From Income Tax**

2008

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

<b>A</b> For the 2008 calendar year, or tax year beginning	6/1/2008	, and ending	5/31/2009		
<b>B</b> Check if applicable	<b>C</b> Name of organization				
<input type="checkbox"/> Address change	MINNESOTA ASSOCIATION OF VETERINARY TECHNICIANS				
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)				
<input type="checkbox"/> Initial return	Room/suite				
<input type="checkbox"/> Termination	c/o Thomas H. Bonhiver, CPA, PLLC, 3132 Florida Av N				
<input type="checkbox"/> Amended return	City, town, or country	State	ZIP + 4		
<input type="checkbox"/> Application pending	CRYSTAL	MN	55427-3026		
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).					
<b>D</b> Employer identification number					
41-1502841					
<b>E</b> Telephone number					
763-595-0551					
<b>F</b> Group Exemption Number ►					
<b>G</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►					
<b>H</b> Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).					
<b>I</b> Website: ► <a href="http://www.MAVT.net">www.MAVT.net</a>					
<b>J</b> Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) ( 6 ) □ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
<b>K</b> Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.					
<b>L</b> Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ				► \$	132,386

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	1 17,300
	2 Program service revenue including government fees and contracts . . . . .	2 79,691
	3 Membership dues and assessments . . . . .	3 35,085
	4 Investment income . . . . .	4 310
	5a Gross amount from sale of assets other than inventory . . . . .	5a
	b Less cost or other basis and sales expenses . . . . .	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) . . . . .	5c
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	
	a Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .	6a
Expenses	b Less: direct expenses other than fundraising expenses . . . . .	6b
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c
	7a Gross sales of inventory, less returns and allowances . . . . .	7a
	b Less: cost of goods sold . . . . .	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c
	8 Other revenue (describe ► _____)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	9 132,386
	10 Grants and similar amounts paid (attach schedule) . . . . .	10 1,000
	11 Benefits paid to or for members . . . . .	11
Net Assets	12 Salaries, other compensation, and employee benefits . . . . .	12
	13 Professional fees and other payments to independent contractors . . . . .	13 2,384
	14 Occupancy, rent, utilities, and maintenance . . . . .	14 1,200
	15 Printing, publications, postage, and shipping . . . . .	15 16,003
	16 Other expenses (describe ► See attached statement)	16 93,068
	17 Total expenses. Add lines 10 through 16 . . . . .	17 113,655
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 18,731
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19 71,331
	20 Other changes in net assets or fund balances (attach explanation) . . . . .	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	21 90,062

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments . . . . .		69,579	22 87,953
23 Land and buildings . . . . .			23
24 Other assets (describe ► See attached statement)		1,752	24 2,109
25 Total assets . . . . .		71,331	25 90,062
26 Total liabilities (describe ► _____)			26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .		71,331	27 90,062

9-5\* 12

**Part III Statement of Program Service Accomplishments (See the instructions for Part III.)**

What is the organization's primary exempt purpose? To advance & strengthen the education & training of vet techs.  
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 A monthly business meeting is held in varying locations in Minnesota open to all 1,334 active members.

(Grants \$  ) If this amount includes foreign grants, check here

28a

29 A Veterinary Technician Appreciation Day event with 1-2 hours of CE is held in October with locations throughout the state.

(Grants \$  ) If this amount includes foreign grants, check here

29a

30 Production of a monthly newsletter including veterinary medical tips and articles, continuing education opportunities, and job openings. Mailing approximately 1,290 newsletters.

(Grants \$  ) If this amount includes foreign grants, check here

30a

**31 Other program services (attach schedule)**

(Grants \$  ) If this amount includes foreign grants, check here

31a

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**32 Total program service expenses. (add lines 28a through 31a)**

32

**Part IV List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated. (See the instructions for Part IV.)

## Part V Other Information (Note the statement requirements in the instructions for Part VI.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity. 33  X

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. 34  X

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. 35a  X  
35b

a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? 36  X

b If "Yes," has it filed a tax return on **Form 990-T** for this year? 37a  37b  X

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N. 38a  38b  39a  39b

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 38a  38b  39a  39b

b Did the organization file **Form 1120-POL** for this year? 38b

38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return? 39a  39b

b If "Yes," complete Schedule L, Part II and enter the total amount involved. 39b

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9. 40a

b Gross receipts, included on line 9, for public use of club facilities. 40a

40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► \_\_\_\_\_ ; section 4912 ► \_\_\_\_\_ ; section 4955 ► \_\_\_\_\_ 40b

b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I. 40b

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 40c

d Enter amount of tax on line 40c reimbursed by the organization. 40c

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 40e  X

41 List the states with which a copy of this return is filed. ► \_\_\_\_\_

42 a The books are in care of ► Name **Thomas H. Bonhiver, CPA** Telephone no ► **763-595-0551**  
Located at ► **3132 Florida Av N** City **Crystal** ST **MN** ZIP + 4 ► **55427-3026** 42b  X

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► \_\_\_\_\_ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts**. 42c  X

c At any time during the calendar year, did the organization maintain an office outside of the U S? If "Yes," enter the name of the foreign country: ► \_\_\_\_\_

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here and enter the amount of tax-exempt interest received or accrued during the tax year. ► **43 N/A** 44  45  X

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ. 44  X

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ. 45  X

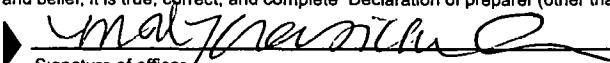
**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

			Yes	No
46	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.		46	
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.		47	
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		48	
49 a	Did the organization make any transfers to an exempt non-charitable related organization?		49a	
b	If "Yes," was the related organization(s) a section 527 organization?		49b	
50	Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."			

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Total number of other independent contractors each receiving over \$100,000 . . . ►		

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	 Signature of officer <b>Michelle Krasicki-Aune, CVT</b> Type or print name and title		
Date			1/12/10
Treasurer			
<b>Paid Preparer's Use Only</b>	Preparer's signature Thomas H. Bonhiver	Date Check if self-employed <input checked="" type="checkbox"/>	Preparer's Identifying Number (See Instructions) P00072867

Firm's name (or yours if self-employed), address, and ZIP +4 ► Thomas H. Bonhiver, CPA, PLLC

3132 Florida Avenue North, Crystal, MN 55427-3026

EIN ► 26-0255874

Phone no ► 763-595-0551

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ►  Yes  No

**Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received**

1 Contributions . . . . .	1	
2 NonCash contributions . . . . .	2	
3 Membership dues and assessments (contributions from the public) . . . . .	3	
4 Government contributions (grants) . . . . .	4	
5 Commercial co-venture . . . . .	5	
6 Special events contributions (Line 6 - Special Events) . . . . .	6	
7 Associated organization contributions . . . . .	7	17,300
8	8	
9	9	
10	10	
11 Total . . . . .	11	17,300

**Part I, Line 4 (990-EZ) - Investment Income**

1 Interest on savings and temporary cash investments . . . . .	1	310
2 Dividends and interest from securities . . . . .	2	
3 Gross rents . . . . .	3	
4 Other investment income . . . . .	4	
5 Total . . . . .	5	310

**Part I, Line 10 (990-EZ) - Grants and Similar Amounts Paid**



**Part II, Line 24 (990-EZ) - Other Assets**

	Description	1,752	2,109
		Beginning	End
1	Office Equipment	386	300
2	Computer Software	97	106
3	Computers	1,269	1,703
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

**Part I, Line 16 (990-EZ) - Other Expenses**

93,068

1	Travel, Meals and Entertainment	
a	Travel	417
b	Total meals and entertainment	240
2	Fundraising	2
3	From Form 4562 - Amortization	3
4	Conferences, conventions, and meetings	4 82,669
5	Depreciation, depletion, etc.	5 617
6	Equipment rental and maintenance	6
7	Interest	7
8	Supplies	8
9	Telephone	9
10	Unrelated business income taxes	10
11	Contributions	11 1,000
12	Program Continuing Education & Certification	12 2,276
13	Program, Membership	13 526
14	Program, Public Relations	14 326
15	Bank Charges + Credit Card Processing Charges + Online Merchant Processing Charges	15 947
16	Internet Services	16 4,050
17		17
18		18
19		19
20		20
21		21
22		22
23		23
24		24
25		25
26		26

## Detail Report

5/31/2009 MINNESOTA ASSOCIATION OF VETERINARY TECHNICIANS 41-1502841

## General Elections/Statements

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<input type="checkbox"/>	Election to Use MACRS 150% Declining Balance Method - 3 Yr Property . . . . .	IRC 168(b)(2)(C)
<input type="checkbox"/>	Election to Use MACRS 150% Declining Balance Method - 5 Yr Property . . . . .	IRC 168(b)(2)(C)
<input type="checkbox"/>	Election to Use MACRS 150% Declining Balance Method - 7 Yr Property . . . . .	IRC 168(b)(2)(C)
<input type="checkbox"/>	Election to Use MACRS 150% Declining Balance Method - 10 Yr Property . . . . .	IRC 168(b)(2)(C)
<input type="checkbox"/>	Election to Use MACRS 150% Declining Balance Method - 15 Yr Property . . . . .	IRC 168(b)(2)(C)
<input type="checkbox"/>	Election to Use MACRS 150% Declining Balance Method - 20 Yr Property . . . . .	IRC 168(b)(2)(C)
<input type="checkbox"/>	Election to Use MACRS 150% Declining Balance Method - 39 Yr Property . . . . .	IRC 168(b)(2)(C)
<input type="checkbox"/>	Election to Use MACRS 150% Declining Balance Method - All Property . . . . .	IRC 168(b)(2)(C)
<input type="checkbox"/>	Election to Use MACRS Straight Line Method - 3 Yr Property . . . . .	IRC 168(b)(3)(D)
<input type="checkbox"/>	Election to Use MACRS Straight Line Method - 5 Yr Property . . . . .	IRC 168(b)(3)(D)
<input type="checkbox"/>	Election to Use MACRS Straight Line Method - 7 Yr Property . . . . .	IRC 168(b)(3)(D)
<input type="checkbox"/>	Election to Use MACRS Straight Line Method - 10 Yr Property . . . . .	IRC 168(b)(3)(D)
<input type="checkbox"/>	Election to Use MACRS Straight Line Method - 15 Yr Property . . . . .	IRC 168(b)(3)(D)
<input type="checkbox"/>	Election to Use MACRS Straight Line Method - 20 Yr Property . . . . .	IRC 168(b)(3)(D)
<input type="checkbox"/>	Election to Use MACRS Straight Line Method - 39 Yr Property . . . . .	IRC 168(b)(3)(D)
<input type="checkbox"/>	Election to Use MACRS Straight Line Method - All Property . . . . .	IRC 168(b)(3)(D)
<input type="checkbox"/>	Election to Use MACRS Alternative Depreciation System (ADS) - 3 Year Property . . . . .	IRC 168(g)(7)
<input type="checkbox"/>	Election to Use MACRS Alternative Depreciation System (ADS) - 5 Year Property . . . . .	IRC 168(g)(7)
<input type="checkbox"/>	Election to Use MACRS Alternative Depreciation System (ADS) - 7 Year Property . . . . .	IRC 168(g)(7)
<input type="checkbox"/>	Election to Use MACRS Alternative Depreciation System (ADS) - 10 Year Property . . . . .	IRC 168(g)(7)
<input type="checkbox"/>	Election to Use MACRS Alternative Depreciation System (ADS) - 15 Year Property . . . . .	IRC 168(g)(7)
<input type="checkbox"/>	Election to Use MACRS Alternative Depreciation System (ADS) - 20 Year Property . . . . .	IRC 168(g)(7)
<input type="checkbox"/>	Election to Use MACRS Alternative Depreciation System (ADS) - 39 Year Property . . . . .	IRC 168(g)(7)
<input type="checkbox"/>	Election to Use MACRS Alternative Depreciation System (ADS) - All Property . . . . .	IRC 168(g)(7)
<input type="checkbox"/>	Election to Use MACRS Alternative Depreciation System (ADS) - Real Property . . . . .	IRC 168(g)(7)
<input type="checkbox"/>	Election to Exclude Property From MACRS Depreciation . . . . .	IRC 168(f)(1)
<input type="checkbox"/>	Election to NOT claim first-year special depreciation - 3 Year Property	
<input type="checkbox"/>	Election to NOT claim first-year special depreciation - 5 Year Property	
<input type="checkbox"/>	Election to NOT claim first-year special depreciation - 7 Year Property	
<input type="checkbox"/>	Election to NOT claim first-year special depreciation - 10 Year Property	
<input type="checkbox"/>	Election to NOT claim first-year special depreciation - 15 Year Property	
<input type="checkbox"/>	Election to NOT claim first-year special depreciation - 20 Year Property	
<input type="checkbox"/>	Election to NOT claim first-year special depreciation - 27.5 Year Property	
<input type="checkbox"/>	Election to NOT claim first-year special depreciation - 39 Year Property	
<input checked="" type="checkbox"/>	Election to NOT claim first-year special depreciation - All Property	
<input type="checkbox"/>	Election to Deduct Start-Up Expenses paid or incurred prior to September 8, 2008 . . . . .	IRC 195(b)(1)
<input type="checkbox"/>	Election to Amortize Bond Premium . . . . .	IRC 171(c)
<input type="checkbox"/>	Election to Amortize Intangible Drilling & Development Costs Over 60 Months . . . . .	IRC 59(e)(4)
<input type="checkbox"/>	Election to Expense Intangible Drilling & Development Costs For Nonproductive Wells . . . . .	IRC 263(c)
<input type="checkbox"/>	Election to Amortize Mining Exploration and Development Costs Over 10 Years . . . . .	IRC 616(a), 617(a)
<input type="checkbox"/>	Election to Defer Mining Development Expenditures . . . . .	IRC 616(b)
<input type="checkbox"/>	Election to Amortize Circulation Costs Over 36 Months . . . . .	IRC 59(e)(4)

Form 4562

## Depreciation and Amortization

## (Including Information on Listed Property)

OMB No 1545-0172

2008

Attachment  
Sequence No. 67Department of the Treasury  
Internal Revenue Service (99)

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

Name(s) shown on return Business or activity to which this form relates Identifying number  
MINNESOTA ASSOCIATION OF VETERINARIES 990EZ 41-1502841

## Part I Election To Expense Certain Property Under Section 179

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

1 Maximum amount. See the instructions for a higher limit for certain businesses . . . . .	1	250,000
2 Total cost of section 179 property placed in service (see instructions) . . . . .	2	974
3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	3	800,000
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 separately, see instructions . . . . .	5	250,000

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

7 Listed property Enter the amount from line 29 . . . . .	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 . . . . .	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8 . . . . .	9	
10 Carryover of disallowed deduction from line 13 of your 2007 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	
13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 . . . . .	13	

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

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)	
14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . .	14
15 Property subject to section 168(f)(1) election . . . . .	15
16 Other depreciation (including ACRS) . . . . .	16 98

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)	
Section A	
17 MACRS deductions for assets placed in service in tax years beginning before 2008 . . . . .	17 497

18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . .	► <input type="checkbox"/>
--	----------------------------

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System						
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System						
20 a Class life		867	5	MQ	S/L	22
b 12-year			12 yrs.	MQ	S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)	
21 Listed property Enter amount from line 28 . . . . .	21
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22 617
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23

For Paperwork Reduction Act Notice, see separate instructions.

(HTA)

Form 4562 (2008)

**Part III, Line 31 (990-EZ) - Other Program Services**

		<b>Program Service Expenses</b>
A two day statewide convention with 10+ hours of CE is held once per year in February with approximately 800 members in attendance.		
(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>		
A representative is sent to Kansas City for a Leadership Conference in August allowing networking opportunities with other veterinary technicians from around the country		
(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>		
(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>		
(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>		
(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>		
(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>		
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(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>		
(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>		
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(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>		
(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>		
(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>		
Total		Total

15