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', . Form 990

Return of Organization Exempt From Income Tax

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

2008

Department of the Treasury
Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state

Open to Public Inspection

Inte	rnal Re	venue Service		► The	organizati	on may have t	.o use a	copy of this return						to thone ma	becnon
	For t	he 2008 calend	dar year, o	r tax ye	ar begin	ning _8	/01		, 2008	3, and endir	1g 7/3	11		2009	
В	Check	ıf applicable										D Employ	er Identific	cation Number	
		ddress change	Please use	итии	ESOTA	VETERI	NARY	MEDICAL	ASS	OCIATIO	N	41-	60399	77	
	\vdash	lame change	or print			EPOINT							one numbe		
		•	or type. See			PAUL, M					1	651	-645-	7533	
	\vdash	nitial return	specific Instruc-			·					}			7333	
	ΗТ	ermination	tions.									_		1 045	714
	⊢⊢^	mended return									<u> </u>	G Gross		1,045,	
	∐A	pplication pending				al officer					H(a) Is this a			⊨ ≓'''	XNo
			SAME A		ABOVE						1 ''		(see instri	uctions) Yes	∐ No
<u></u>	Tax	k-exempt statu	s X 501	(c) (5)∢	(insert no).)	4947(a)(1)	or	527	1				
J	We	bsite: ► N/	'A								H(c) Group e	xemption n	umber 🟲		
K	Тур	e of organization	Corpora	ition	Trust X	Association	n C	ther -	L	Year of Forma	ition 1897	M_s	State of leg	jal domicile MN	
P	art I	Summ													
	1			anızatı	on's miss	sion or mos	t signi	ficant activities	. P	ROMOTIC	N OF VE	TERIN	ARY M	EDICINE	
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o Ve	2	Check this bo	x ► []	f the or	ganızatı	on disconti	nued it	s operations of	dispo	osed of mo	re than 25%	6 of its a	ssets.		
Ğ	3	Number of vo							•				3		9
90	4	Number of inc	dependent	t voting	member	s of the go	vernin	g body (Part V	I, line	1b)			4		9
iţi	5	Total number	of employ	ees (P	art V, lın	e 2a)							5		4
Activities & Governance	6							The same of the same of		\$ 1			6		0
ď								ຕູ້ອື່ [12] ໂດວໃນເກັງກີ	(C)	}			7 <u>a</u>	18,	370.
	b	Net unrelated	business	taxable	income	from Form	99 0-T	, line 34	70				7b		0.
⊋	1								18		Pr	ior Year		Current Ye	ar
2010 e	8	Contributions	and grant	s (Part	VIII, line	1h) 🕅	DEC	2 2 2009				59,7	95.	55,	954.
ָ פַּ	9	Program serv				- 1		-	182	a)		855,8			418.
g © 7	10	Investment in					4. and	(7d): 📐 🛄	r	1		35,3			157.
	11							10c, and 11e)	ا محمد	لے					
₹ 	12		-					t VIII, colu <u>mn (</u>				950,9	40.	923,	215.
	13	Grants and si							- <u></u>			<u>-</u> _		<u>·</u>	
7	14	Benefits paid											-+		
Į į	15	•						X, column (A),	lines	5-10)	*	218,7	66	247	218.
SCANNED Expenses	10-		•						11103	J-10)		210, 1		241,	210.
CAMME	loa	Professional t	-									······			**********
אַ כֿ	b	Total fundrais	ing expen	ses (Pa	irt IX, co	lumn (D), i	ıne 25)	·				 		*************	
0		Other expens	es (Part I)	K, colun	nn (A), lii	nes 11a-11	d, 11f-	24f)				539,0	62.	568,	377.
	18	Total expense	s. Add lin	es 13-1	7 (must	equal Part	IX, col	lumn (A), line 2	25)			757,8	28.	815,	595.
	19	Revenue less	expenses	Subtr	act line 1	8 from line	: 12					193,1	12.	107,	
b 9											Regint	ning of Y		End of Yea	
\$ a	20	Total assets (Part X lin	e 16)									00.	1,207,	
A B	21	Total liabilities	•			•						304,7			504.
Net Assets or Fund Balances	l .		•	•				•							
h	22	Net assets or			ubtract li	ne 21 from	line 2	<u> </u>			ــــــــــــــــــــــــــــــــــــــ	766,3	4/.	823,	<u>545.</u>
i:E:	urt II		ure Bloc s of perjury, I and complete		hat I have e	examined this irer (other than	return, ir n officer)	ncluding accompanions based on all info	ying sch ormation	nedules and stand of which prep	atements, and parer has any k	to the best nowledge	of my know	wledge and belief,	ıt ıs
Sig	n	► <i>\</i> ર	Section	15	$\mathcal{M}_{\mathcal{L}}$							12-10	7~0 <i>9</i>	1	
He		Signature	of officer	\wedge							Date	-			
		Type or pr	int name and	Kay litle	onid	Κ'		Prosid.	1 nct						
Pa	id	Decreased	14	71	are i	s & A	vli	CBA	- 1	Date	self	ck if	Prepa (see i	arer's identifying n instructions)	umber
Pro		Preparer's <	FRAN	ICIS	PHELAI	W/		• •]	12-8-	7	-	[™] /*	1 P0008	೮3ಲ
	rer's	Firm's name (o	DDAN		J. PHI	ELAN, P	.A.				- /- 			<u> </u>	
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On	пy	employed), address, and	HOPK		MN 55								(952)	025 502	
N.A	, the -	ZIP + 4									I Pho	ne no 🕨	(332)	935-593!	
								ee instructions						X Yes	No
RA	H FOR	rrivacy Act a	na Paperw	vork Ke	auction A	ACT NOTICE,	see th	ie separate ins	truction	บทร.		reea0112L	12/22/08	Form 990	(2008)

	990 (2008) MINNESULA VETERINARY MEDICAL ASSOCIATION	41-6039	7//		Page 2
Part	III Statement of Program Service Accomplishments (see instructions)				
1	Briefly describe the organization's mission:	_	_		
	PROMOTION OF VETERINARY MEDICINE				
-					
-					
-					
	Did the organization undertake any significant program services during the year which were not listed on the pr				
		, F	١ ٧	Ѿ	
	Form 990 or 990-EZ?	L	Yes	X	No
	If 'Yes,' describe these new services on Schedule O.	, —	1		
3 (Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes	X	No
- 1	If 'Yes,' describe these changes on Schedule O.				
4 [Describe the exempt purpose achievements for each of the organization's three largest program services by exp	enses Secti	on 501(c)(3)	
ē	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and alloc expenses, and revenue, if any, for each program service reported.	ations to othe	rs, the t	otal	
,	expenses, and revenue, if any, for each program service reported.				
4a ((Code) (Expenses \$ 27,825 including grants of \$) (Rev	renue \$)
	MVMA NEWSLETTER				
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4b (enue \$)
-	CONVENTIONS, MEETINGS, AND CONFERENCES. SPECIAL COMMITTEES AND PR	<u>OJECTS.</u>	~		
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4 - /	Onder A 172 modulum grants of \$ \ \(\text{Pov}	anua è			
	Code:) (Expenses \$ 54,173. including grants of \$) (Rev	enue ş)
_	LEGISLATIVE SERVICES		~		
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	CER COURDING O	-			
	Other program services (Describe in Schedule O.) SEE SCHEDULE O				
	Expenses \$ 135,157. including grants of \$) (Revenue \$)	
4e T	Total program service expenses ► \$ 450,056. (Must equal Part IX, Line 25, column (B).)				

MINNESOTA VETERINARY MEDICAL ASSOCIATION 41-6039977 Page 3 Form 990 (2008) **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 X 1 Schedule A 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 $\bar{\mathsf{x}}$ Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III Х 5 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice Х on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If 'Yes,' complete Schedule D, Part II* X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' X complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete X 9 Schedule D, Part IV X 10 Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D. Part V 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI. X 11 VII, VIII, IX, or X as applicable 12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII X 12 X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the US? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, 14b Х business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II X 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III 16 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G. Part I X 17 X 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III 19 X 20 20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H 21 X 21 Did the organization report more than \$5,000 on Part IX, column (A), line 17 If 'Yes,' complete Schedule I, Parts I and II X 22 22 Did the organization report more than \$5,000 on Part IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Х 23 Schedule J 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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No, 'go to question 25 24a Х 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25 a b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I 25b

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III BAA

Form 990 (2008)

26

X

Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II

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Form 990 (2008) MINNESOTA VETERINARY MEDICAL ASSOCIATION 41-6039977

Part IV | Checklist of Required Schedules (continued)

سسين			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
á	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a		Х
1	Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		Х
(Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
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Form 990 (2008) MINNESOTA VETERINARY MEDICAL ASSOCIATION

Part V Statements Regarding Other IRS Filings and Tax Compliance

		1	<u></u>	Yes	No
1	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 2	2		,
1	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1ь	0		
	c Did the organization comply with backup withholding rules for reportable payments to vendor (gambling) winnings to prize winners?	s and reportable gaming	1 c	Х	
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	4		
2	b If at least one is reported on line 2a, did the organization file all required federal employment	tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this reti				
3	a Did the organization have unrelated business gross income of \$1,000 or more during the yea this return?	r covered by	3a	Х	
1	b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O</i>		3b	X	
4	a At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other financial account.	or other authority over, a nancial account)?	4a		Х
- 1	b 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 Financial Accounts	oreign Bank and			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5a		X
ı	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte	r transaction?	5b		Х
•	c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempted Tax Shelter Transaction?	ot Entity Regarding	5с		
6	a Did the organization solicit any contributions that were not tax deductible?		6a		Х
١	b If 'Yes,' did the organization include with every solicitation an express statement that such co- deductible?	ntributions or gifts were not	6b		
	Organizations that may receive deductible contributions under section 170(c).				
	a Did the organization provide goods or services in exchange for any quid pro quo contribution	of more than \$75?	7 a		
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
(c Did the organization sell, exchange, or otherwise dispose of tangible personal property for will Form 8282?		7с		
(d if 'Yes,' indicate the number of Forms 8282 filed during the year	7d			
4	e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiun benefit contract?	ns on a personal	7e		
1	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben	efit contract?	71		
	g For all contributions of qualified intellectual property, did the organization file Form 8899 as re		<u>7g</u>		
ı	h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a F		7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and supporting organizations. Did the supporting organization, or a fund maintained by a sponso excess business holdings at any time during the year?	section 509(a)(3) ring organization, have	8		
9	1,1,1,1				, ,
	a Did the organization make any taxable distributions under section 4966?		9a		
1	b Did the organization make any distribution to a donor, donor advisor, or related person?		9Ь		
	Section 501(c)(7) organizations. Enter.	1 1			
	a Initiation fees and capital contributions included on Part VIII, line 12	10a	_[
	b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-[
	Section 501(c)(12) organizations. Enter.	امرا			
	a Gross income from other members or shareholders.	11a	-		
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	116	1		
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a	<u> </u>	NI TOTAL
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	For	000	2000
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Form 990 (2008) MINNESOTA VETERINARY MEDICAL ASSOCIATION 41-6039977 Page 6

[Part VI] Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	ction A. Governing Body an	d Management				
	For each 'Yes' response to lines 2-2 processes, or changes in Schedule	7b below, and for a 'No' response to lines 8 or 9b b O. See instructions.	elow, describe the circumstances,		Yes	No
1 a	a Enter the number of voting member	rs of the governing body	1a 9	1		
i	b Enter the number of voting member	rs that are independent	1b 9	- 1		
2	Did any officer, director, trustee, or officer, director, trustee or key emp	key employee have a family relationship or a busin loyee?	ness relationship with any other	2		<u>X_</u>
3	Did the organization delegate contro of officers, directors or trustees, or	ol over management duties customarily performed t key employees to a management compariy or othe	by or under the direct supervision person	3		Χ_
4	Did the organization make any sign	ificant changes to its organizational documents	<u> </u>	4		<u>X</u>
	since the prior Form 990 was filed?	•		_		
5		during the year of a material diversion of the organ	nization's assets?	5	v	<u>X</u>
6	Does the organization have membe		·	6	Х	
-	•	rs, stockholders, or other persons who may elect of HEDULE 0 .		7a	Х	 -
	,	body subject to approval by members, stockholders	E	7b		X
8	Did the organization contemporaned the following:	ously document the meetings held or written actions SEE SCHEDULE O	s undertaken during the year by			
	The governing body?		<u>[</u>	8a	X	 _
	Each committee with authority to ac			8b		<u>X</u>
	Does the organization have local ch	•	<u> </u>	9 a		<u>X</u>
	and branches to ensure their operat	written policies and procedures governing the activitions are consistent with those of the organization?	<u> </u>	9 b		
10	Was a copy of the Form 990 provide describe in Schedule O the process	ed to the organization's governing body before it wa , if any, the organization uses to review the Form 9	as filed? All organizations must 90 SEE SCHEDULE O	10	Х	
11	organization's mailing address? If ')	ee, or key employee listed in Part VII, Section A, w Yes,' provide the names and addresses in Schedule	who cannot be reached at the e O	11		X
<u>Sec</u>	tion B. Policies					
			٣	10	Yes	No
	•	n conflict of interest policy? If 'No,' go to line 13	<u> -</u>	12a	Х	
	to conflicts?	nd key employees required to disclose annually into	<u> </u>	12Ь	х	
		consistently monitor and enforce compliance with t SEE SCHEDULE 0		12c	Х	
	Does the organization have a written		⊢	13	X	
	-	n document retention and destruction policy?	-	14	Х	
15	Did the process for determining compersons, comparability data, and co	npensation of the following persons include a review intemporaneous substantiation of the deliberation a	nd decision		`	
	The organization's CEO, Executive			15a	X.	
b		he organization? SEE SCHEDULE O	ļ-	15b	X	
	Describe the process in Schedule O	•	ļ.	- 1	1	
	entity during the year?	ibute assets to, or participate in a joint venture or s		16 a		<u>X</u>
	status with respect to such arranger	ed a written policy or procedure requiring the organi r applicable federal tax law, and taken steps to safe ments?	ization to evaluate its participation iguard the organization's exempt	16Ь		
Sec	tion C. Disclosures					
		this Form 990 is required to be filed NONE				
18	inspection. Indicate how you make t	on to make its Forms 1023 (or 1024 if applicable), 9 these available. Check all that apply.	990, and 990-T (501(c)(3)s only) availa	ble fo	or pub	lic
		ther's website X Upon request				
	statements available to the public.	nd if so, how) the organization makes its governing				ıal
		and telephone number of the person who possesses BRIDGEPOINT WAY SOUTH ST_PAUL M		zatıor	٦.	
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Form 990 (2008)

Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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) or 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.

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

Check this box if the organization did no	t compens	sate ar	ny o	ffice	r, d	irector	, tru	stee, or key employee	e	
(A)	(B)			(c)			(D)	(E)	(F)
Name and Title	Average hours		ition (,	k all t	that app		Reportable compensation from	Reportable compensation from	Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W 2/1099-MISC)	compensation from related organizations (W 2/1099 MISC)	amount of other compensation from the organization and related organizations
DMT Management Consu- Exec. Dir.	35							106,000.	0.	0.
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2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ► 0 BAA TEEA0108L 10/13/08

Pai	TVIII Statement of Revenue				r
	,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) 1 All other contributions, gifts, grants, and similar amounts not included above g Noncash contribns included in lns 1a-1f h Total. Add lines 1a-1f Business Code	55,954. 676,659.	676,659.		
PROGRAM SERVICE REVE	2a MEMBERSHIP DUES & ASSESSMENTS b ADVERTISING REVENUE c CLINICS AND SEMINARS d CONSTITUENT GRP SVCS e PUBLIC RELATIONS f All other program service revenue g Total. Add lines 2a-2f	18,370. 89,382. 80,897. 12,007. 18,103. 895,418.	89,382. 80,897. 12,007. 18,103.	18,370.	
OTHER REVENUE	Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal Less rental expenses c Rental income or (loss) d Net rental income or (loss) d Net rental income or (loss) Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) Ra Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less. direct expenses c Net income or (loss) from fundraising events See Part IV, line 19 b Less. direct expenses. c Net income or (loss) from gaming activities. See Part IV, line 19 b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code Ita b C d All other revenue	-45,950.	-45,950.		
	e Total. Add lines 11a-11d 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c,	923 215	848 891	18 370	0.

. . .

Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (B) (C) (D) (A) Fundraising Program service Management and Do not include amounts reported on lines Total expenses general expenses expenses expenses 6b, 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors. 84,800 0. 106,000 21,200 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in 0. 0 0 0 section 4958(c)(3)(B) 97,752 32,584. 130.336. Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits. 10,882 10,882 10 Payroll taxes 11 Fees for services (non-employees) a Management **b** Legal c Accounting d Lobbying e Prof fundraising svcs. See Part IV, In 17 f Investment management fees g Other 12 Advertising and promotion Office expenses Information technology 14 Royalties Occupancy 16 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 179,117 179,117. Conferences, conventions, and meetings 19 14,081 14,081 20 Interest 21 Payments to affiliates 17,992 17,992 22 Depreciation, depletion, and amortization 23 Other expenses Itemize expenses not 24 covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) 61,703 61,703 a OFFICE EXPENSES 55,635 55,635. ь ADMINISTRATIVE EXPENSES 54,173 54,173. c LEGISLATIVE 52,532. 52,532. d MN VET RESERVE CO 39,920. 39,<u>920.</u> e PUBLIC RELATIONS 70,530. 22,694 93,224. f All other expenses 365,539 0. 815,595 450,056 25 Total functional expenses. Add lines 1 through 24f Joint Costs. Check here If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Form 990 (2008)

Pa	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	158,819.	2	250,210.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	3,200.	4	225.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			
	-	and persons described in section 4958(c)(3)(B) Complete Part II of Schedule I		6	
A	7	Notes and loans receivable, net		7	
ASSETS	8	Inventories for sale or use		8	·
T S	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost basis 10a 608, 424.			
		Less. accumulated depreciation. Complete Part VI of			,
		Schedule D - 10b 204, 884.	421,532.	10c	403,540.
	11	Investments – publicly-traded securities .	479,689.	11	545,214.
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	<u> </u>
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	7,860.	15	7,860.
	16	Total assets Add lines 1 through 15 (must equal line 34)	1,071,100.	16	1,207,049.
	17	Accounts payable and accrued expenses	42,749.	17	132,195.
	18	Grants payable		18	
	19	Deferred revenue		19	
Ļ	20	Tax-exempt bond liabilities		20	
A B	21	Escrow account liability. Complete Part IV of Schedule D	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	21	
LIABILITIES	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
į	}	of Schedule L		22	
š	23	Secured mortgages and notes payable to unrelated third parties	262,004.	23	<u>251,309.</u>
	24	Unsecured notes and loans payable		24	- -
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	304,753.	26	383,504.
N E T		Organizations that follow SFAS 117, check here ► X and complete lines			
		27 through 29 and lines 33 and 34.	766 247	[000 545
S	27	Unrestricted net assets	766,347.	27	823,545.
人 いろ 下 い	28	Temporarily restricted net assets		28	
O R	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ►and complete			
מבכח	20	lines 30 through 34.			
		Capital stock or trust principal, or current funds		30	
Ā		Paid-in or capital surplus, or land, building, and equipment fund		31	
Ņ	32	Retained earnings, endowment, accumulated income, or other funds	766 247	32	022 545
B女上女艺ひ田の	33	Total liabilities and not assets/find belongs	766,347. 1,071,100.	33	823,545.
	34 rt XI	Total liabilities and net assets/fund balances. Financial Statements and Reporting	1,0/1,100.	34	1,207,049.
1	11.71	1 mailciai Statements and reporting	 	·	Vac Na
1	Δοο	ounting method used to prepare the Form 990. \square Cash \square Accrual	Other		Yes No
		e the organization's financial statements compiled or reviewed by an independent ac			22 Y
		e the organization's infancial statements compiled or reviewed by all independent ac- e the organization's financial statements audited by an independent accountant?	aca) italiiti		2a X 2b X
		es' to 2a or 2b, does the organization have a committee that assumes responsibility	for oversight of the aud	lıt	
	revi	ew, or compilation of its financial statements and selection of an independent account result of a federal award, was the organization required to undergo an audit or audi	itant?		2c
J	Aud	it Act and OMB Circular A-133?	no ao oet iortii iii tiie Ol	rigie	3a X
	b If 'Y	es,' did the organization undergo the required audit or audits?			3b
BA/	١				Form 990 (2008)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

Employer identification number

Schedule C (Form 990 or 990-EZ) 2008

OMB No 1545-0047 2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of organization

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

► To be completed by organizations described below.

► Attach to Form 990 or Form 990-EZ.

• 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.

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

• 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 99	0, Part IV,	line 5 ((Proxy	Tax), then
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• Section 501(c)(4), (5), or (6) organizations: Complete Part III

MIL	NNESOTA VETERINARY	MEDICAL ASSOCIATION		41-603997	
Pa	rt I-A To be completed	by all organizations exempt under ons for Schedule C for details.	er section 501(c)	and section 527 or	rganizations.
1	Provide a description of the	organization's direct and indirect political ca	ampaign activities in F	Part IV.	
2	Political expenditures			▶ \$	
	Volunteer hours				
Pa	To be completed See the instruction	by all organizations exempt under ns for Schedule C for details.	er section 501(c)((3).	
1	Enter the amount of any exc	ise tax incurred by the organization under s	ection 4955	► \$	
2	Enter the amount of any exc	ise tax incurred by organization managers i	under section 4955	► \$	
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for t	his year?		Yes No
4 a	a Was a correction made?	•			Yes No
	If 'Yes,' describe in Part IV.				
Pai	To be completed See the instructio	by all organizations exempt under ns for Schedule C for details.	er section 501(c),	except section 50	1(c)(3).
1	Enter the amount directly exp	pended by the filing organization for section	527 exempt function	activities ►\$	
2	Enter the amount of the filing function activities	g organization's funds contributed to other o	organizations for secti	on 527 exempt ►\$	
3	Total of direct and indirect ex Form 1120-POL, line 17b	xempt function expenditures Add lines 1 ar	nd 2 and enter here a	nd on ►\$	
4	Did the filing organization file	Form 1120-POL for this year?			Yes X No
	made Enter the amount paid received and promptly and d	and employer identification number (EIN) of and indicate if the amount was paid from irectly delivered to a separate political orga al space is needed, provide information in f	the filing organization nization, such as a se	i's funds or were politica	l contributions
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's own internal funds if none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization (if none, enter -0
					

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

Schedule C (Form 990 or 990 EZ) 2008	MINNESOTA	VETERINARY MEDICA	L ASSOCIATION	41-6039	
Part II-A To be compl under sectio	eted by orga n 501(h)). Se	nizations exempt under the instructions for S	er section 501(c)(3 Schedule C for deta	t) that filed Form 576 ails.	88 (election
		elongs to an affiliated group.			
B Check ► If the filin	g organization c	hecked box A and 'limited co	ntrol' provisions apply.		
(The term		oying Expenditures — neans amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditu	res to influence	public opinion (grass roots lo	bbying)		
b Total lobbying expenditu	res to influence	a legislative body (direct lobb	oying).		
c Total lobbying expenditu	res (add lines 1a	a and 1b)	•		
d Other exempt purpose e	xpenditures.				· · · · · · · · · · · · · · · · · · ·
e Total exempt purpose ex	penditures (add	lines 1c and 1d)			
f Lobbying nontaxable am both columns.	ount. Enter the a	amount from the following tal	ole in		
If the amount on line 1e, colu	mn (a) or (b) is	The lobbying nontaxable a	amount is:		
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1,0	000,000	\$100,000 plus 15% of the excess	over \$500,000.		
Over \$1,000,000 but not over \$1	,500,000	\$175,000 plus 10% of the excess	over \$1,000,000		
Over \$1,500,000 but not over \$1	7,000,000	\$225,000 plus 5% of the excess of	ver \$1,500,000		
Over \$17,000,000		\$1,000,000.			
g Grassroots nontaxable a	mount (enter 25	% of line 1f)			. ,
h Subtract line 1g from line	e la Enter -0- if	line g is more than line a			
i Subtract line 1f from line	1c Enter -0- if	line f is more than line c			
j If there is an amount oth section 4911 tax for this	er than zero on year?	either line 1h or line 1i, did t	he organization file Forr	m 4720 reporting	Yes No
(Som	ne organizations colu	4-Year Averaging Period that made a section 501(h) e ımns below. See the instruct	Under Section 501(h) lection do not have to d ions for lines 2a throug	complete all of the five h 2f.)	
	L	obbying Expenditures Durin	g 4-Year Averaging Peri	iod	
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount			1		
b Lobbying ceiling amount (150% of line 2a, column (e))	.,				
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	۸ .				
f Grassroots lobbying expenditures			`.	Schedule C (Forn	n 990 or 990-EZ) 2008

Schedule C (form 990 or 990-EZ) 2008 MINNESOTA VETERINARY MEDICAL ASSOCIATION 41-6039977 F

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768

1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of. 3 Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? i Other activities? If 'Yes,' describe in Part IV j Total lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? bif 'Yes,' enter the amount of any tax incurred under section 4912 c if 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 d if the filing organization incurred a section 4912 tax, did if the Form 4720 for this year? Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or 501(c)(6). See the instructions for Schedule C for details. 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization make only in-house lobbying expenditures from the prior year? Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, question answered 'Yes.' See Schedule C Instructions for details.	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of. a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? i Other activities? If "Yes," describe in Part IV j Total lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? bit "Yes," enter the amount of any tax incurred under section 4912 c if "Yes," enter the amount of any tax incurred by organization managers under section 4912 d if the filling organization incurred a section 4912 tax, did if the Form 4720 for this year? Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or 501(c)(6). See the instructions for Schedule C for details. 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures from the prior year? Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, questions answered 'Yes.' See Schedule C Instructions for details.	Amount
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f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? i Other activities? If 'Yes,' describe in Part IV j Total lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If 'Yes,' enter the amount of any tax incurred under section 4912 c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or 501(c)(6). See the instructions for Schedule C for details. 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, question answered 'Yes.' See Schedule C Instructions for details. 1 Dues, assessments and similar amounts from members 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
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2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	r section 3 is
expenses for which the section 527(f) tax was paid).	317,997.
	49,166.
b Carryover from last year 2b	
c Total . 2c	49,166.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3	57,049.
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	0.
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) 5	0.
Part IV Supplemental Information	
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information.	

Schedule C (Form 990 or 990-EZ) 2008 MINNESOTA VETERINARY MEDICAL ASSOCIATION Supplemental Information (continued)	41-6039977	Page 4
Part IV	Supplemental Information (continued)		
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public

Employer Identification number Name of the organization 41-6039977 MINNESOTA VETERINARY MEDICAL ASSOCIATION Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 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 . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?? Part II | Conservation Easements Complete if the organization answered 'Yes' to Form 990. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2a a Total number of conservation easements 2b b Total acreage restricted by conservation easements 2с c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? Nο Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

			ARY MEDICA				<u> 6039977</u>		Page 2
Part III Organizations Mainta	aining Coll	lection	s of Art, His	torica	l Treasures,	or Other Simila	' Assets	(conti	nued)
3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply).									
a Public exhibition d Loan or exchange programs									
b Scholarly research e Other									
c Preservation for future gener	rations								
4 Provide a description of the orga Part XIV.	nization's col	llections	and explain hov	w they f	urther the organ	zation's exempt pur	pose in		
5 During the year, did the organiza assets to be sold to raise funds in	ition solicit or ather than to	receive be mair	donations of ar itained as part o	t, histoi of the o	rical treasures, o rganization's col	r other similar lection?	Ye	s	No
Part IV. Trust, Escrow and Co	ustodial A	rrange	ments Comp	olete i	f organization	n answered 'Yes	' to Forn	า 990,	Part
1a Is the organization an agent, trus included on Form 990, Part X?	stee, custodia	an, or oth	ner intermediary	for cor	ntributions or oth	er assets not	Ye	s	No
b If 'Yes,' explain the arrangement	ın Part XIV a	and com	plete the follow	ng table	e				
							Amou	<u>nt</u>	
c Beginning balance						1 c			
d Additions during the year .						1 d			
e Distributions during the year						1 e			
f Ending balance						1f			
2a Did the organization include an a	mount on For	rm 990,	Part X, line 21?				Ye	s	No
b If 'Yes,' explain the arrangement	ın Part XIV.								
Part V Endowment Funds Co	mplete if	organiz	zation answe	ered 'Y	es' to Form s	990, Part IV, line	≥ 10.		
	(a) Curren	t year	(b) Prior yea	ar	(c) Two years bac	k (d) Three years b	ack (e) Four yea	ırs back
1 a Beginning of year balance								,	
b Contributions									***************************************
c Investment earnings or losses								**************	
d Grants or scholarships		****						***************************************	***************************************
e Other expenditures for facilities and programs									
f Administrative expenses									
g End of year balance					-			***************************************	······································
2 Provide the estimated percentage	of the year	end bala	ince held as.						
a Board designated or quasi-endov	~		ક						
b Permanent endowment ►		:							
c Term endowment ►	8								
3a Are there endowment funds not a organization by.	n the possess	sion of th	ne organization	that are	held and admin	istered for the		Yes	No
(i) unrelated organizations							3a(i)		T
(ii) related organizations 3a(ii)							1		
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?.									
4 Describe in Part XIV the intended uses of the organization's endowment funds									
Part VI Investments-Land, B						K, line 10.			
Description of investment		(a) Cos	t or other basis vestment)	(b)	Cost or other asis (other)	(c) Depreciation	, (d)	Book V	alue
1a Land									
b Buildings 445, 997. 62, 046. 383, 951.								,951.	
c Leasehold improvements									
d Equipment									
e Other			162,427.			142,83	3.	19	,589.
Total. Add lines 1a-1e (Column (d) sho	uld equal For	m 990, F		(B), line	10(c).)		-		,540.
BAA Schedule D (Form 990) 2008									

Schedule D (Form 990) 2008 MINNESOTA VETERINA	ARY MEDICAL ASSOCI	ATION 4: 2. N/A	1-6039977 Page 3
Part VII Investments—Other Securities See Fo	(b) Book value	(c) Method o	of valuation
(a) Description of security or category (including name of security)		Cost or end-of-ye	ar market value
Financial derivatives and other financial products Closely-held equity interests			
Other			
	-	· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) should equal Form 990 Part X, col. (B) line 12.) ▶			
Part VIII Investments-Program Related (See		13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of Cost or end-of-ye	of valuation ar market value
		· · · · · · · · · · · · · · · · · · ·	
		 	
			
Total. Column (b)(should equal Form 990, Part X, Col. (B) line 13)			
Part IX Other Assets (See Form 990, Part X,	line 15) N/A		
(a) De:	scription		(b) Book value
		·	
, <u>, , , , , , , , , , , , , , , , , , </u>			
			
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T. 1. 0. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	(D) (15)		▶
Total. Column (b) Total (should equal Form 990, Part X, col. Part X Other Liabilities (See Form 990, Part		<u> </u>	
(a) Description of Liability	(b) Amount		
Federal Income Taxes			
		•	
			•
			*
			•
	-		
In Part XIV, provide the text of the footnote to the organization	on's financial statements the	at reports the organization's	liability for uncertain tax

Schedule D (Form 990) 2008 MINNESOTA VETERINARY MEDICAL ASSOCIATION	41-6039977 Page
Part XI Reconciliation of Change in Net Assets from Form 990 to Financia	Statements N/A
1 Total revenue (Form 990, Part VIII, column (A), line 12)	
2 Total expenses (Form 990, Part IX, column (A), line 25)	
3 Excess or (deficit) for the year. Subtract line 2 from line 1	
4 Net unrealized gains (losses) on investments	
5 Donated services and use of facilities	
6 Investment expenses	
7 Prior period adjustments	
8 Other (Describe in Part XIV).	
9 Total adjustments (net). Add lines 4-8	
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	
Part XII Reconciliation of Revenue per Audited Financial Statements With	Revenue per Return N/A
1 Total revenue, gains, and other support per audited financial statements.	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a Net unrealized gains on investments 2a	
b Donated services and use of facilities 2b	
c Recoveries of prior year grants	
d Other (Describe in Part XIV).	
e 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:	
a Investments expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIV).	
c Add lines 4a and 4b	4c
5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
Part XIII Reconciliation of Expenses per Audited Financial Statements With Exp	enses per Return N/A
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	
b Prior year adjustments 2b	
c Losses reported on Form 990, Part IX, line 25	
d Other (Describe in Part XIV).	
e Add lines 2a through 2d .	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investments expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIV).	
c Add lines 4a and 4b	4c
5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)	5
Part XIV Supplemental Information	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.	a and 4, Part IV, lines 1b and 2b, Part V,
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TEEA3304L 12/23/08

Schedule **D** (Form 990) 2008

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Scheaule D	(Form 990) 2008	rage
Part XIV	Supplemental Information (continued)	
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SCHEDULE O

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Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Employer identification number 41-6039977 MINNESOTA VETERINARY MEDICAL ASSOCIATION FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION PUBLIC RELATIONS, BROCHURES, STATE FAIR, DIRECTORY, MN_VET_RESERVE, SEMINARS FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY ANNUAL ELECTION. FORM 990, PART VI, LINE 8 - EXPLANATION OF NO CONTEMPORANEOUSLY DOCUMENTATION OF MEETINGS BOARD MINUTES RECORDED AT MEETINGS. FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS BOARD AND ASSOCIATION DIRECTOR REVIEW 990. FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF C 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. FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES COMPENSATION APPROVAL OVERSEEN AND DECIDED BY BOARD OF DIRECTORS FOLLOWING COMPARABILTY STUDIES AND NEGOTIATION WITH EXECUTIVE DIRECTOR AND OTHER TOP MANAGEMENT POSITIONS.

Form **8868**(Rev April 2009)

payment instructions

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545 1709

Form 8868 (Rev 4-2009)

Department of the Treasury Internal Revenue Service File a separate application for each return. If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns. Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits Name of Exempt Organization Employer identification number Type or print 41-6039977 MINNESOTA VETERINARY MEDICAL ASSOCIATION File by the due date for Number, street, and room or suite number. If a P O box, see instructions filing your return See instructions 101 BRIDGEPOINT WAY #100 City, town or post office, state, and ZIP code For a foreign address, see instructions SOUTH ST PAUL, MN 55075 Check type of return to be filed (file a separate application for each return) X Form 990 Form 990-T (corporation) Form 4720 Form 990-BI Form 990-T (section 401(a) or 408(a) trust) Form 5227 Form 990-EZ Form 990-T (trust other than above) Form 6069 Form 990-PF Form 1041-A Form 8870 The books are in the care of ► DANIEL TJORNEHOJ Telephone No. ► 612-645-7533 FAX No. 🟲 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) check this box | If it is for part of the group, check this box | and attach a list with the names and EINs of all members the extension will cover. 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time $_{2}^{-}$ $_{2}^{-}$ $_{2}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ $_{3}^{-}$ The extension is for the organization's return for. calendar year 20 _ _ or X tax year beginning 8/01, 20 08, and ending 7/31, 20 09. 2 If this tax year is for less than 12 months, check reason Initial return | Final return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 3a|\$ 0. **b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit 3b \$ 0. c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 0. 3c \$ Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for

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2008 FEDERAL WORKSHEETS			PAGE 1		
CLIENT MVMA	MINNESOTA VETERINARY MEDICAL ASSOCIATION		41-6039977		
12/02/09			03 58PM		
RECONCILIATION (OF CHANGE IN NET ASSETS				
TOTAL REVENUE TOTAL EXPENSES EXCESS OR DEFICE	IT FOR THE YEAR PER FORM 990	\$ 	923,215. 815,595. 107,620.		
EXCESS OR DEFICE	IT FOR THE YEAR PER FINANCIAL STATEMENTS		<u>107,620.</u>		

FORM 990, PART IX, LINE 24 OTHER EXPENSES

	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
	TOTAL _	SERVICES	& GENERAL	<u>FUNDRAISING</u>
ADMINISTRATIVE EXPENSES BUILDING EXPENSE COMMITTEES, CONSTITUENT SVCE LEGISLATIVE MN VET RESERVE CO. OFFICE EXPENSES POSTAGE AND SHIPPING PRINTING AND PUBLICATIONS PUBLIC RELATIONS SEMINARS	55,635. 22,694. 4,754. 54,173. 52,532. 61,703. 9,264. 27,825. 39,920. 28,572.	4,754. 54,173. 52,532. 9,264. 27,825. 39,920. 28,572:	55,635. 22,694. 61,703.	
VET TECH EXAM TOTAL	115. \$ 357,187.	115. 3 217,155.	\$ 140,032.	\$ 0.