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Department of the Treasury
Internal Revenue Service

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)

► 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 \$500,000 and total assets less than \$1,250,000 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

2009

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning		6/1/2009	, and ending	5/31/2010
B Check if applicable		C 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)		Room/suite
<input type="checkbox"/> Initial return		c/o Thomas H Bonhiver, CPA, PLLC, 3132 Florida Av N		
<input type="checkbox"/> Terminated		City, town, or country	State	ZIP + 4
<input type="checkbox"/> Amended return		CRYSTAL	MN	55427-3026
<input type="checkbox"/> Application pending		D Employer identification number		
		41-1502841		
E Telephone number		763-595-0551		
F Group Exemption Number		►		
<p>• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</p> <p>G Accounting Method. <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►</p>				
<p>I Website: ► www.MAVT.net</p> <p>J Tax-exempt status (check only one) <input checked="" type="checkbox"/> 501(c) (6) □ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p> <p>K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return</p>				
<p>L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 122,597</p>				

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	8,000
	2 Program service revenue including government fees and contracts	2	78,760
	3 Membership dues and assessments	3	35,765
	4 Investment income	4	72
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	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 \$ 0 of contributions reported on line 1)	6a	0
b Less direct expenses other than fundraising expenses	6b	0	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0	
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	0	
8 Other revenue (describe ►)	8	0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	122,597	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	0
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	1,441
	14 Occupancy, rent, utilities, and maintenance	14	2,105
	15 Printing, publications, postage, and shipping	15	26,082
	16 Other expenses (describe ► See Attached Statement)	16	92,041
	17 Total expenses. Add lines 10 through 16	17	121,669
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	928
	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	90,062
	20 Other changes in net assets or fund balances (attach explanation)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	90,990
	Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ		

(See the instructions for Part II.)

22 Cash, savings, and investments	(A) Beginning of year	(B) End of year	
	87,953	22	89,440
		23	
		24	1,550
		25	90,990
		26	0
		27	90,990
23 Land and buildings			
24 Other assets (describe ► See Attached Statement)			
25 Total assets			
26 Total liabilities (describe ►)			
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)			

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.
(HTA)

Form 990-EZ (2009)

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Part III Statement of Program Service Accomplishments (See the instructions for Part III)					Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
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, and 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 \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>		28a		0	
29 A Veterinary Technician Appreciation Day event with 1-2 hours of CE is held in October with locations throughout the state					
(Grants \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>		29a		0	
30 Production of a monthly newsletter including veterinary medical tips and articles, continuing education opportunities, and job openings. Mailing approximately 1,290 newsletters					
(Grants \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>		30a		0	
31 Other program services (attach schedule)					
(Grants \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>		31a		0	
32 Total program service expenses. (add lines 28a through 31a) ► 32 0					
Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV)					
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-) 0	(d) Contributions to employee benefit plans & deferred compensation 0	(e) Expense account and other allowances 0	
Karen Marcus, CVT 1213 26th St NW Willmar MN 56201	Title President Hr/WK 15 00	0	0	0	0
Kelly Noyes, CVT 3011 Irving Ave N Minneapolis MN 55411	Title President Hr/WK 15 00	0	0	0	0
Stephanie Duggan, CVT 548 6th St NW Elk River MN 55330	Title Vice Pres Hr/WK 5 00	0	0	0	0
Alicia Siverling, CVT 4934 22nd Ave NW Rochester MN 55901	Title Secretary Hr/WK 3 00	0	0	0	0
Missy Greer, CVT 3550 38th Ave South Minneapolis MN 55406	Title Secretary Hr/WK 10 00	0	0	0	0
Julie Hemen, CVT 2101 15th Ave NW Willmar MN 56201	Title State Rep Hr/WK 10 00	0	0	0	0
Michelle Krasicki-Aune, CVT 11856 Larch St NW Coon Rapids MN 55448	Title Treasurer Hr/WK 15 00	0	0	0	0
	Title Hr/WK 00	0	0	0	0
	Title Hr/WK 00	0	0	0	0
	Title Hr/WK 00	0	0	0	0
	Title Hr/WK 00	0	0	0	0
	Title Hr/WK 00	0	0	0	0
	Title Hr/WK 00	0	0	0	0
	Title Hr/WK 00	0	0	0	0
	Title Hr/WK 00	0	0	0	0
	Title Hr/WK 00	0	0	0	0
	Title Hr/WK 00	0	0	0	0
	Title Hr/WK 00	0	0	0	0
	Title Hr/WK 00	0	0	0	0
	Title Hr/WK 00	0	0	0	0

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

	Yes	No
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? 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 why the organization did not report the income on Form 990-T	35a	X
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35b	
b If "Yes," has it filed a tax return on Form 990-T for this year?	36	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	37a	0
b Did the organization file Form 1120-POL for this year?	37b	X
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 outstanding at the end of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	0
39 Section 501(c)(7) organizations Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
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 ► _____		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
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 organization's books are in care of ► Thomas H Bonhiver, CPA Telephone no ► 763-595-0551 Located at ► 3132 Florida Av N City Crystal ST MIN ZIP + 4 ► 55427-3026		
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 .	42b	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 ►	42c	X
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 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 and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

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 Yes No 46

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. 47

48 Is the organization 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 a section 527 organization? 49b

50 Complete this table for the organization's 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" 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 00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK 00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK 00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK 00	0	0	0
f Total number of other employees paid over \$100,000				

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

Sign Here	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		
	<i>Michelle Krasicki-Aune</i> 12/13/10		
	Signature of officer	Date	
Michelle Krasicki-Aune, CVT			
Treasurer			
Type or print name and title			
Paid Preparer's Use Only	Preparer's signature Thomas H Bonhiver	Date 12/9/2010	Check if self-employed <input checked="" type="checkbox"/> P00072867
	Firm's name (or yours if self-employed), address, and ZIP + 4 Thomas H Bonhiver, CPA, PLLC 3132 Flonda 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	0
7 Associated organization contributions	7	8,000
8	8	_____
9	9	_____
10	10	_____
11 Total	11	8,000

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

1 Interest on savings and temporary cash investments	1	72
2 Dividends and interest from securities	2	_____
3 Gross rents	3	_____
4 Other investment income	4	_____
5 Total	5	72

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

	Description	2,109	1,550
		Beginning	End
1	Office Equipment	300	213
2	Computer Software	106	217
3	Computers	1,703	1,120
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

92,041

1	Travel	1	6
2	Meals and entertainment	2	295
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	77,209
6	Depreciation	6	719
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	Contributions	13	75
14	Program Continuing Education & Certification	14	2,556
15	Program Membership	15	0
16	Program Practice Act	16	968
17	Program Public Relations	17	649
18	Bank Charges + Credit Card Processing Charges + Online Merchant Processing Charges	18	2,334
19	Internet Services	19	5,750
20	Miscellaneous	20	119
21	Professional Development	21	1,169
22	Promotional Merchandise	22	192
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	
29		29	
30		30	
31		31	
32		32	
33		33	
34		34	
35		35	

Elections

Election to NOT claim first-year special depreciation - All Property

The Taxpayer elects out of first-year special depreciation for all depreciable property placed in service during the current tax year.

Detail Report

5/31/2010 MINNESOTA ASSOCIATION OF VETERINARY TECHNICIANS 41-1502841

Item No	Description of Property	Date Placed in Service	Asset Code	Bus Use %	Cost or Other Basis	Recovery Basis	AMT Type	Recovery Period (years)	Method	Convention Code	Prior Accum. Deprec.	2009 Current Deprec.	2009 Deprec.	719	4,929
A	Fax/Scanner/Printer	3/27/2001	F-6	100.00%	218	218	5	200DB	HY		218	0	218		
A	HP Laser-Jet Printer	7/2/2007	F-6	100.00%	428	428	5	SL/ADS	HY		129	86	215		
B	Software-MS Office	2/24/2008	F-1	100.00%	279	279	3	SL	FM		279	0	279		
B	Software	8/14/2006	F-1	100.00%	90	90	3	SL	FM		85	5	90		
B	Software-QB 2009	4/24/2009	F-1	100.00%	107	107	3	SL	FM		6	36	42		
B	Software 07 MS Office	4/26/2010	F-1	100.00%	161	161	3	SL	FM		0	9	9		
C	Laptop	8/11/2002	F-5	100.00%	2,278	2,278	5	2000DB	HY		2,278	0	2,278		
C	Desktop	2/24/2006	F-5	100.00%	1,169	1,169	5	SL/ADS	HY		819	234	1,053		
C	Laptop	4/29/2007	F-5	100.00%	882	882	5	SL/ADS	MQ4		374	176	550		
C	Laptop	4/27/2009	F-5	100.00%	867	867	5	SL/ADS	MQ4		22	173	195		

4797**Sales of Business Property**

OMB No 1545-0184

**(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))****2009**Attachment
Sequence No 27Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return

MINNESOTA ASSOCIATION OF VETERINARY TECHNICIANS

Identifying number
41-15028411 Enter the gross proceeds from sales or exchanges reported to you for 2009 on Form(s) 1099-B or 1099-S
(or substitute statement) that you are including on line 2, 10, or 20 (see instructions)

1

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From
Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)**

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
Laptop		8/11/2002	6/1/2009	0	2,278	2,278	0
							0
							0

3	Gain, if any, from Form 4684, line 43	3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5
6	Gain, if any, from line 32, from other than casualty or theft	6
7	Combine lines 2 through 6 Enter the gain or (loss) here and on the appropriate line as follows.	7 0

Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8	Nonrecaptured net section 1231 losses from prior years (see instructions)	8
9	Subtract line 8 from line 7 If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)	9 0

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less)

							0
							0
							0

11	Loss, if any, from line 7	11 ()
12	Gain, if any, from line 7 or amount from line 8, if applicable	12
13	Gain, if any, from line 31	13
14	Net gain or (loss) from Form 4684, lines 35 and 42a	14
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16
17	Combine lines 10 through 16	17 0
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below For individual returns, complete lines a and b below	
a	If the loss on line 11 includes a loss from Form 4684, line 39, column (b)(ii), enter that part of the loss here Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23 Identify as from "Form 4797, line 18a" See instructions	18a
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a Enter here and on Form 1040, line 14	18b 0

For Paperwork Reduction Act Notice, see separate Instructions.

(HTA)

Form 4797 (2009)

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

		Program Service Expenses
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 \$	0) If this amount includes foreign grants, check here <input type="checkbox"/>	0
A representative is sent to NAVTA Annual Conference in August allowing networking opportunities with other veterinary technicians from around the country		
(Grants and allocations \$	0) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$	0) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$	0) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$	0) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$	0) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$	0) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$	0) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$	0) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$	0) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$	0) If this amount includes foreign grants, check here <input type="checkbox"/>	0
Total	0	Total