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Form **990-EZ**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.

OMB No 1545-1150

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: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | <table border="1"> <tr> <td rowspan="4">Please use IRS label or print or type. See Specific Instructions.</td> <td colspan="2">C Name of organization MINNESOTA ASSOCIATION OF VETERINARY TECHNICIANS</td> <td>D Employer identification number 41-1502841</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box, if mail is not delivered to street address) Room/suite</td> <td>E Telephone number 763-595-0551</td> </tr> <tr> <td colspan="2">c/o Thomas H. Bonhiver, CPA, PLLC, 3132 Florida Av N</td> <td rowspan="2">F Group Exemption Number ▶</td> </tr> <tr> <td>City, town, or country</td> <td>State ZIP + 4 CRYSTAL MN 55427-3026</td> </tr> </table> | Please use IRS label or print or type. See Specific Instructions. | C Name of organization MINNESOTA ASSOCIATION OF VETERINARY TECHNICIANS | | D Employer identification number 41-1502841 | Number and street (or P.O. box, if mail is not delivered to street address) Room/suite | | E Telephone number 763-595-0551 | c/o Thomas H. Bonhiver, CPA, PLLC, 3132 Florida Av N | | F Group Exemption Number ▶ | City, town, or country | State ZIP + 4 CRYSTAL MN 55427-3026 |
| Please use IRS label or print or type. See Specific Instructions. | C Name of organization MINNESOTA ASSOCIATION OF VETERINARY TECHNICIANS | | D Employer identification number 41-1502841 | | | | | | | | | | |
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| | c/o Thomas H. Bonhiver, CPA, PLLC, 3132 Florida Av N | | F Group Exemption Number ▶ | | | | | | | | | | |
| | City, town, or country | State ZIP + 4 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).**

G Accounting Method. ☒ Cash ☐ Accrual
Other (specify) **▶**

I Website: **▶ www.MAVT.net****J** Tax-exempt status (check only one) ☒ 501(c) (6) (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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.

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**

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 |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 928 | |
| Net Assets | 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.)

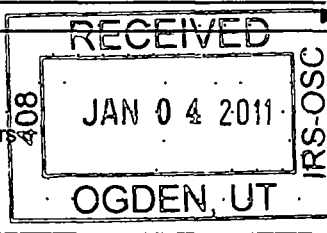
| | (A) Beginning of year | (B) End of year |
|--|-----------------------|------------------|
| 22 Cash, savings, and investments | 87,953 | 22 89,440 |
| 23 Land and buildings | | 23 |
| 24 Other assets (describe ▶ See Attached Statement) | 2,109 | 24 1,550 |
| 25 Total assets | 90,062 | 25 90,990 |
| 26 Total liabilities (describe ▶) | 0 | 26 0 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 90,062 | 27 90,990 |

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

(HTA)

Form **990-EZ** (2009)

SCANNED JAN 14 2011



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13

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 | | X |
| 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes | | 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 | | |
| 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? | | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | | |
| 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 | | X |
| 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0 | | |
| b Did the organization file Form 1120-POL for this year? | | 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? | | X |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0 | | |
| 39 Section 501(c)(7) organizations Enter | | |
| a Initiation fees and capital contributions included on line 9 39a | | |
| b Gross receipts, included on line 9, for public use of club facilities 39b | | |
| 40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a , section 4912 40a , section 4955 40a | | |
| 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 40c | | |
| d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d | | |
| 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 41 | | |
| 42 a The organization's books are in care of 42a Thomas H. Bonhiver, CPA Telephone no 42a 763-595-0551 | | |
| Located at 42a 3132 Florida Av N City Crystal ST MN ZIP + 4 42a 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)? 42b | | X |
| If "Yes," enter the name of the foreign country 42b | | |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts . | | |
| c At any time during the calendar year, did the organization maintain an office outside of the U S ? 42c | | X |
| If "Yes," enter the name of the foreign country 42c | | |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here 43 <input type="checkbox"/> | | |
| 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**
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. **46** **47**
- 48** Is the organization a school as described in section 170(b)(1)(A)(iii)? 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"

| (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 <u>None</u> 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"

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| Name <u>None</u> 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. | | | | |
| | Signature of officer _____ Date <u>12/13/10</u> | | _____ Treasurer | | |
| Paid Preparer's Use Only | Preparer's signature <u>Thomas H. Bonhiver</u> | | Date <u>12/9/2010</u> | Check if self-employed <input checked="" type="checkbox"/> | Preparer's identifying number (See instructions) <u>P00072867</u> |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 <u>Thomas H. Bonhiver, CPA, PLLC</u> | | EIN <u>26-0255874</u> | | |
| | <u>3132 Florida Avenue North, Crystal, MN 55427-3026</u> | | Phone no <u>(763) 595-0551</u> | | |
| May the IRS discuss this return with the preparer shown above? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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

2,109

1,550

| Description | | 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

990EZ

6,479 6,479 4,210 719 4,929

| 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., 179 Bonus | 2009 Current Deprec | 2009 Accum. Deprec. |
|---------|-------------------------|------------------------|------------|-----------|---------------------|----------------|----------|-------------------------|--------|-----------------|---------------------------------|---------------------|---------------------|
| 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 | 2/24/2006 | 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 | 200DB | 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 |

Form **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 **27**Department of the Treasury
Internal Revenue Service (99)▶ **Attach to your tax return.** ▶ **See separate instructions.**

Name(s) shown on return

Identifying number

MINNESOTA ASSOCIATION OF VETERINARY TECHNICIANS

41-1502841

- 1** 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.

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.

18a**18b** 0**For Paperwork Reduction Act Notice, see separate instructions.**Form **4797** (2009)

(HTA)

| | 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 |
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| (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 0 |