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990 Form

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)

2009

OMB No 1545-0047

Department of the Treasury

Open to Public

DEC 1 3 2010 Prior Year Current Year		it of the Treasury venue Service	▶	The organization may have	to use a copy of this re	eturn to sati	sfy state report	ing requireme	nts	Inspection
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Andress centrop Name designer Name desig	B Check	k if applicable	Please	C Name of organization MINNE	SOTA VETERINARY	MEDICAL	ASSOCIAT	ON	С	Employer identification no.
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Part Summary					7(a)(1) 01327			If "No," a	ttach a lis	t (see instructions)
Part	-		7			7. V	of formation 18	0.77		107
1 Binefly describe the organization's mission or most significant activities PROMOTION OF VETERINARY MEDICINE				n rust _A Association C	Arner P	L fear	oriornation 20	y M Sta	e or legal	domicie 244
2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of employees (Part V, line 2a) 7 Total number of employees (Part V, line 2a) 7 Total number of employees (Part V, line 2a) 8 Expression of the province of the governing body (Part VI, line 1b) 8 Total number of employees (Part V, line 1c) 9 Not unrelated business tablelia employees (Part VI, column (C), line 12 10 Internet Very 10 Internet Very 11 DEC 13 2010 12 Contributions and grants (Part VIII, column (Part VIII, line 1b) 13 Grants end similar amounts paid (Part VIII, column (Part VIII), column (Part VII				ranjation's mission or most	cianificant activities	DROMO	OTTON OF V	PTPDTNADV	MEDIC	TND
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Ta Total receive (Part VIII), column (A), lines 3, 4, and 7d)	S C	5 Total numbe	er of empl	oyees (Part V, line 2a) - • •	• • • • • • • • • •			• • • • • •	5	
Net unrelated business taken in come from Form 990-T, line 34 Provear Current Year	_& =								· 6	
Property is a series of the se	5 7	a Total gross	unrelated	business revenue from Part \	/III, column (C), line 12		· • • • • • • •		∙ 7a	24,139
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Contributions and grants (\$\frac{\text{Contributions}}{\text{Programs service revenue}} \text{ contributions}	lł n.	DFC 1	3 2010					Prior Year		Current Year
9 Program services reveals (Feat VIII, line 2g) 895, 418 930, 255 10 Investment from train VIII column (A), lines 3, 4, and 7d) (28,157) 33,552 10 Investment from train VIII column (A), lines 3, 4, and 7d) (28,157) 33,552 10 Investment from train VIII column (A), lines 3, 4, and 7d) (28,157) 33,552 11 Vital revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 923,215 1,030,403 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 923,215 1,030,403 14 Benefits paid to or for members (Part IX, column (A), lines 4) 247,218 272,001 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 247,218 272,001 16 Professional fundraising fees (Part IX, column (A), line 25) 0 247,218 272,001 17 Other expenses (Part IX, column (A), line 25) 0 568,377 583,413 18 Total expenses (Part IX, column (A), lines 25) 0 568,377 583,413 19 Revenue less expenses Subtract line 18 from line 12 107,620 174,98 19 Revenue less expenses Subtract line 18 from line 12 107,620 174,98 10 Total liabilities (Part X, line 16) 107,620 174,98 21 Total liabilities (Part X, line 26) 1,362,866 22 Total liabilities (Part X, line 26) 1,362,866 23 Signature Block 1,207,049 1,362,866 1,207,049 1,362,866 1,207,049 1,362,866 21 Total liabilities (Part X, line 26) 1,207,049 1,362,866 22 Repaired of Suprature Block 1,207,049 1,362,866 23 Part III Signature Block 1,207,049 1,207,049 1,362,866 1,207,049 1,207,049 1,207,049 1,207,049 1,362,866 1,207,049 1,207,049 1,207,049 1,207,049 1,362,866 1,207,049 1,207,049 1,207,049 1,207,049 20 Part III Signature Block 1,207,049 1,207,049 1,362,866 1,207,049 1,207,049 1,207,049 1,362,866 1,207,049 1,207,049 1,207,049 1,362,866 1,207,049 1,207,049 1,362,866 1,207,049 1	_ 1/1 (2	Contribution	s and gra	ints (Part VIII, line 1h)				5	5,954	66,598
The Intervenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	a v ∥s	Program sej	vice reve	nue (Part VIII, line 2g)				89	5,418	930,253
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Part II. Signature Block Under penalties of penult, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is in the correct and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Preparer's Signature Preparer's identifying number (see instructions) Preparer's Signature Preparer's identifying number (see instructions) Preparer's Signature Preparer's identifying number (see instructions)	or 1			•				<u>·</u>		
Part II Signature Block Under penalties of penult, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and beliefly is in reference to the preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Date Date Preparer's signature Preparer's signature Preparer's Use Only Firm's name (or yours if self-employed), address, and ZP + 4 May the IRS discuss this return with the preparer shown above? (see instructions) Paid Preparer's leantifying number (see instructions) Francis J Phelan, PA 1014 Mainstreet Ste. 100 Hopkins, MN 55343 Phone to 952-935-5935	Bal⊢		`	' '			· · · · · ·			
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Paid Preparer's Use Only Date Date Check if self-employed Preparer's identifying number (see instructions)	Sign		W-/	//	· · · · · · · · · · · · · · · · · · ·					118/10
Paid Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4 May the IRS discuss this return with the preparer shown above? (see instructions) Date 11-05-2010 Date 11-05-2010 Preparer's identifying number (see instructions) Poo 0 80360 EIN 4/-/599989 Phone no 952-935-5935	Here	Signatu	He of officer	/					Date	;
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orm	1 990 (2009) MINNESOTA VETERINARY MEDICAL ASSOCIATION	41-6039977	Page 2
Pài	Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission		
	PROMOTION OF VETERINARY MEDICINE		
	,		
			
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ? · · · · · · · · · · · · · · · · · · ·	· · · · L Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services? · · · · · · · · · · · · · · · · · · ·	· · · ·Yes	X No
	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 expenses		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants	and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 23,596 including grants of \$) (Revenue	\$)
	MVMA NEWSLETTER		
	<u> </u>		
			
•			
			
	000 000		
4b	(Code	\$)
	CONVENTIONS MEETINGS AND CONFERENCES		
	SPECIAL COMMITTEES AND PROJECTS		
			•.
			·
			-
40	(Code) (Expenses \$ 57,757 including grants of \$) (Revenue	\$,
4c	(Code	<u> </u>	 ′
	BEGISHATIVE SERVICES		
		•	
			
		····	
A el	Other program services (Describe in Schedule O)		
→u	(Expenses \$ 112,743 including grants of \$) (Revenue \$	1	
40	Total program service expenses 434,054		
-TC	i otal program out too exprises P		

EEA

41-6039977

Pai	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A · · · · · · · · · · · · · · · · · ·	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II · · · · · · · · · · · · · · · · · ·	4		
5	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	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part i · · · · · · · · · · · · · · · · · ·	6		Х
7	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	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III · · · · · · · · · · · · · · · · ·	8		Х
9	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 Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	Х	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	7		~: '
•	Schedule D, Part VI	100	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1) Drage a
	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	~ -3		2 25-
Ī	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			F 7
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	1. 5) } } !
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	7.7	1	
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	1	20 72 Ed	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	1 :		: '0"
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		20 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1824 2.2.
•	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X	- 3		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	3.33	1.5	3
	Schedule D, Parts XI, XII, and XIII · · · · · · · · · · · · · · · · ·	12		Х
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	3	Langer's English	24/2/, ,
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	31. 3.3		
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			'
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	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	15		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III · · · · · · · · · · · · · · · · ·	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х

<u>Pa</u>	rt IV Checklist of Required Schedules (Continued)			
24	Dubble account to a constitution of 000 of counts and other accounts to payor months and arrange to a		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		17
22				X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		v
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			<u>X</u>
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		- -	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defease any tax-exempt bonds?	24c		
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	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	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	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	+ .	26200	5 C E
	Part IV instructions for applicable filing thresholds, conditions, and exceptions))c	*	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV · · · · · · · · · · · · · · · · · ·	28c		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I · · · · · · · · · · · · · · · · · ·	31		X
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		<u> X</u>
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		<u>X</u>
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		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
20	Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	35		<u>X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	20		
27	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		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	27		٦,
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	37		X
JO	19? Note. All Form 990 filers are required to complete Schedule O	38	ب	
	13. Note: Oil 1 oil 1 and illeto ate reduired to comblete actied to	J 0	_X	

Form	1 990 (2009) MINNESOTA VETERINARY MEDICAL ASSOCIATION 41-6039	977	J	Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			,
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	*10.	· ·	
	U.S. Information Returns Enter -0- if not applicable	⊣ - "~∴		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	- ``		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		1 5.3"	3 3 3
	gaming (gambling) winnings to prize winners?	· 1c	X	11 55.8
2a		112 m	10 1 17 -	10 Sec. 19
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3	٠	1 3	2
b		• 2b	X	LA .
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			37.5
_	instructions)			. , ,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by		<u> </u>	
	this return? • • • • • • • • • • • • • • • • • • •	• 3a	X	 -
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	• 3b	X	-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4.		
_	account)?	• 4a	263	X
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 Foreign Bank	1		5. 4
_	and Financial Accounts	F.0	1.5	7
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? • • • • • • • • • • • • • • • • • • •	• 5a • 5b		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	. 30	 	Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	. 5c		
_	Prohibited Tax Shelter Transaction?	. 50	├	-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	. 6a		
	organization solicitary contributions that work not tax doubtable	· 0a	 	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	. 6b		
_	gifts were not tax deductible? • • • • • • • • • • • • • • • • • • •	. 00	 	 -
7	Organizations that may receive deductible contributions under section 170(c).	. (-		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	. 7a	`	' '
		7b	-	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	- / 5	<u> </u>	
С	required to file Form 8282? • • • • • • • • • • • • • • • • • • •	. 7c		
	If "Yes," indicate the number of Forms 8282 filed during the year · · · · · · · · · · · · · · · · · · ·	10	- G.A.	ž 3. 3
a	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			4
е	benefit contract? ••••••••••••••••••••••••••••••••••••	. 7e	-	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		 	
g h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as		+	-
"	required? • • • • • • • • • • • • • • • • • • •	. 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	23.5	7.	235.
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	15		() "
	organization, have excess business holdings at any time during the year?	. 8	-	
9	Sponsoring organizations maintaining donor advised funds.	2, 7,	-37.6%	2 (42)
а	Did the organization make any taxable distributions under section 4966? • • • • • • • • • • • • • • • • • •	• 9a	1	2
b	Did the organization make a distribution to a donor, donor advisor, or related person?	. 9b		
10	Section 501(c)(7) organizations. Enter	- 2 -	25.5	3, -2
а	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · 10a	1, 2,	- 7	7 25
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-	, ,	, -
11	Section 501(c)(12) organizations. Enter	┪┈	130	1
''a	Gross income from members or shareholders	,-,2	````	, , , , , , , , , , , , , , , , , , ,
b	Gross income from other sources (Do not net amounts due or paid to other sources against	۱.: ۱		1.1-3
	amounts due or received from them) · · · · · · · · · · · · · · · · · ·	` · · .		2 71 2
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	Τ΄	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		5, 3	11:
		 -		<u> </u>

41-6039977

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in

Schedule O. See instructions

Sec	tion A. Governing Body and Management			
		Tut 34.	Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 9	275.74		7.7.5°
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1. 5.7		## FEET
	any other officer, director, trustee, or key employee?	2		<u> X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3	<u></u>	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? • • • • • •	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<u>X</u>
6	Does the organization have members or stockholders?	6	Х	L
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body? • • • • • • • • • • • • • • • • • • •	7a	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	5	774	21,0
•	the year by the following:	17.75	2) () (() () () () () () () ()	25.
а	The governing body? • • • • • • • • • • • • • • • • • • •	8a	X	, ,,, ,
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			_
3	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	Ì	Х
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	enue Code)		Yes	
40-	Does the organization have local chapters, branches, or affiliates?	10a	163	No X
10a				
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
	diffication, and prantition to the state of	100		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		.,	
	form?	11	X	<u> </u>
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990	1,25	- 13	<u>". : : : : : : : : : : : : : : : : : : :</u>
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		Ì	
	rise to conflicts? · · · · · · · · · · · · · · · · · · ·	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	ļ		
	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			3 4
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		. 200	
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	3.3	n() a	1/2 (-1)
16a		2	7, 2 2, 2, 2	1, 1, 1, 1, 1
	with a taxable entity during the year?	16a	""	X
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	20 E	. :- :	J. 7. 1. 7
-	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	3.4	1.57	-9.7
	the organization's exempt status with respect to such arrangements?	16b	1	
-		1		<u> </u>
<u>Sec</u>	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
10	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
19				
20	policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the			
20				
	organization DANIEL TJORNEHOJ (651) 645-7533			
	101 BRIDGEPOINT WAY SOUTH SAINT PAUL, MN 55075			

Part: VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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 not composite the composite		officer,	dire			rustee				T
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week	Posi I t d nr i d ur i s e v t c i e t o u r a o	tion (d	of f i c e r	K e y	H c e I omp h p e o s n y e t a e d	Fore	Reportable compensation from the organization (W-2/1099-MSC)	Reportable compensation from related organizations (W-2/1099-MSC)	Estmated amount of other compensation from the organization and related organizations
DANIEL TJORNEHOJ										
EXEC DIR	40.00			<u> </u>		<u> </u>	<u> </u>	111,746	0	0
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			_	_		<u> </u>				

1					_ <u></u> -		ed Employees (co		
1							(F)		
Average hours per week	Itd nrı dur ıse vtc ıet deo	l t n r s u t s i t	011-08	All th Keyemployee	Hce	F	Reportable compensation from the organization (W-2/1099-MSC)	compensation from related organizations	Estimated amount of other compensation from the organization and related organizations
				-					
								<u></u>	
								<u></u>	
								-	
						>			0 0
those listed	labov	e) w	ho r	ecen	ved m	ore th	nan \$100,000 in		1
r such indivi	dual							• • • • • • •	Yes No
								• • • • • • •	4 X
									5 X
ındependen	t contr	acto	rs th	nat re	eceive	d mo	ore than \$100,000	of	
· · · · · · · · · · · · · · · · · · ·							- 	-	
							l .	ervices	(C) Compensation
							1		
								-	
	to thos	se lis	sted	abo	ve) wh	o red	ceived		
	trustee, key or such individual such independents indepen	Average hours per lit duntil se vit ce le constituent de la consti	Average hours per week	Average hours per week 1 t d t O O T O T O T O T O O	Average hours per week	Average hours per week	Average hours per week	Average hours per week	Average hours per 1 1 1 d 1 1 0 K H c e F compensation compensation week 1 1 d 1 0 K H c e F compensation from related organization (W-2/1099-MSC) 1 s e f t s f c e f c e e e o e compensation from 1 1 1 0 0 t f c e f c e f c e f c e e e e o e compensation from 1 1 1 1 0 0 t f c e f c

24,139

939,666

1,030,403

Total. Add lines 11a-11d

Total revenue. See instructions

Form 990 (2009)

Part IX

Statement of Functional Expenses

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

	All other organizations must complete column not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and	 	CXPCISCS	general expenses	TANK TO THE PROPERTY OF THE PR
•	organizations in the U.S. See Part IV, line 21 · · · · ·				
2	Grants and other assistance to individuals in				Ta . 4 "a . #
2	the U.S. See Part IV, line 22 · · · · · · · · · · · · · · · · · ·			م يون المراجعة المرا المراجعة المراجعة ال	
3	Grants and other assistance to governments,			2 X X 2 2 2 2 2 2 3 2 3 2 3 2 3 2 3 2 3	以中央通过
3	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16 · · · · · · · · · ·				
4	Benefits paid to or for members • • • • • • • • • • • • • • • • • • •		<u></u>	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7.5 S N N N N N N N N N N N N N N N N N N
4	Compensation of current officers, directors,				
5	trustees, and key employees • • • • • • • • • • • • • • • • • •	111,746	22,349	89,397	
6	Compensation not included above, to disqualified			,,,,,,,	
6	persons (as defined under section 4958(f)(1)) and				
	persons (as defined under section 4938(i)(1)) and persons described in section 4958(c)(3)(B)				
-	Other salaries and wages • • • • • • • • • • • • • • • • • • •	148,017	37,004	111,013	
7		140,017	31,7001		
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions) · · · · · · · · · · · · · · · · · · ·			····	
9	Payroll taxes · · · · · · · · · · · · · · · · · · ·	12,238		12,238	
10	·	12,236		12,250	
11	Fees for services (non-employees)				
a	Management · · · · · · · · · · · · · · · · · · ·				
b	Legal	<u></u>			
С.	Accounting	-			
d	Lobbying · · · · · · · · · · · · · · · · · · ·			, , , , ,	
e	Professional fundraising services See Part IV, line 17 •		3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	, -	
f	Investment management fees - · · · · · · · · · · · · · · · · · ·		<u> </u>		
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology · · · · · · · · · · · · · · · · · · ·				
15	Royalties				
16	Occupancy · · · · · · · · · · · · · · · · · · ·				
17	Travel - · · · · · · · · · · · · · · · · · ·				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	100 005	100 605	!	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
19	Conferences, conventions, and meetings · · · · · ·	180,605	180,605	10,818	<u> </u>
20	Interest · · · · · · · · · · · · · · · · · · ·	10,818		10,616	
21	Payments to affiliates · · · · · · · · · · · · · · · · · · ·	0.300	 	9,328	
22	Depreciation, depletion, and amortization · · · · · ·	9,328		9,328	
23	Insurance - · · · · · · · · · · · · · · · · · ·		 ,	ļ , , , , , , , , , , , , , , , , , , ,	
24	Other expenses Itemize expenses not	The state of the state of			
	covered above (Expenses grouped together			10 1 1 2 2 A 1	
	and labeled miscellaneous may not exceed				1. 132 3 22 2.
	5% of total expenses shown on line 25 below)	10 505	7 7	70 505	A STATE OF THE
а	OFFICE EXPENSES	72,585		72,585	
b	ADMINISTRATIVE EXPENSES	42,736		42,736	
С	LEGISLATIVE	57,757	57,757		ļ
d	MN VET RESERVE CO	35,758	35,758		
е	PUBLIC RELATIONS	46,184	46,184	70.04	
f	All other expenses • • • • • • • • • • • • • • • • • •	127,642	54,397	73,245	
25	Total functional expenses. Add lines 1 through 24f · ·	855,414	434,054	421,360	0
26	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 · · · · · · · · · · · · · · · · · · ·	<u></u>	<u>L.</u>	<u> </u>	F 000 (2000)

Par	t X	Balance Sheet			,
			(A)	}	(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing · · · · · · · · · · · · · · · · · · ·	250,210	1	36,888
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net · · · · · · · · · · · · · · · · · · ·		3	
	4	Accounts receivable, net	225	4	9,292
	5	Receivables from current and former officers, directors, trustees, key		3,77	
		employees, and highest compensated employees Complete Part II of		· .	· 特殊(1) 经主动
		Schedule L · · · · · · · · · · · · · · · · · ·		5	
	6	Receivables from other disqualified persons (as defined under section		1. 15	
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete	12 - 1 No.		
A S		Part II of Schedule L · · · · · · · · · · · · · · · · · ·		6	
s	7	Notes and loans receivable, net		7	
e t	8	Inventories for sale or use		8	-
s	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or	- (* - *, , , ,)	, `	7.
		other basis Complete Part VI of Schedule D · · · · · 10a 809, 407		٠ .	
	ь	Less: accumulated depreciation · · · · · · · · · 10b 220,788	403,540	10c	588,619
	11	Investments - publicly traded securities	545,214	11	728,069
	12	Investments - other securities See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		12	
	13	Investments - program-related See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		13	
	14	Intangible assets · · · · · · · · · · · · · · · · · · ·		14	
	15	Other assets See Part IV, line 11 · · · · · · · · · · · · · · · · · ·	7,860	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,207,049	16	1,362,868
	17	Accounts payable and accrued expenses	132,195	17	31,430
	18	Grants payable • • • • • • • • • • • • • • • • • • •		18	
L	19	Deferred revenue · · · · · · · · · · · · · · · · · · ·		19	
į	20	Tax-exempt bond liabilities • • • • • • • • • • • • • • • • • • •		20	
a b	21	Escrow or custodial account liability Complete Part IV of Schedule D · · · · · ·		21	
Ī	22	Payables to current and former officers, directors, trustees, key		-, ,	
i		employees, highest compensated employees, and disqualified		1	
t		persons Complete Part II of Schedule L		22	
i e	23	Secured mortgages and notes payable to unrelated third parties	251,309	23	237,200
s	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25 · · · · · · · · · · · · · · · · · ·	383,504	26	268,630
		Organizations that follow SFAS 117, check here ► X and	- 100		
ΝF		complete lines 27 through 29, and lines 33 and 34.		,	
e u	27	Unrestricted net assets	823,545	27	1,094,238
t n	28	Temporarily restricted net assets		28	
A	29	Permanently restricted net assets • • • • • • • • • • • • • • • • • • •		29	
s B		Organizations that do not follow SFAS 117, check here	THE TOTAL SOLE	22	4, 22, 22, 3, 4, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,
s a e l		and complete lines 30 through 34.	La Contraction of the	,	1 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
t a	30	Capital stock or trust principal, or current funds		30	
s n C	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
o e	32	Retained earnings, endowment, accumulated income, or other funds		32	
rs	33	Total net assets or fund balances • • • • • • • • • • • • • • • • • • •	823,545	33	1,094,238
	34	Total liabilities and net assets/fund balances · · · · · · · · · · · · · · · · · · ·	1,207,049	34	1,362,868
		EEA			Form 990 (2009)

Pa	rt XI Financial Statements and Reporting								
			Yes	No					
1	Accounting method used to prepare the Form 990 Cash X Accrual Other	, =	ا بر کرد تریم	- , 1					
	If the organization changed its methods of accounting from a prior year or checked "Other," explain in								
	Schedule O	- ; .	12.2	\$					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Х	<u></u>					
b	Were the organization's financial statements audited by an independent accountant?	2b		X					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of								
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х						
	If the organization changed either its oversight process or selection process during the tax year, explain in	,	, ,						
	Schedule O			``` <u>`</u>					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			, ,					
	issued on a consolidated basis, separate basis, or both		7.2	}					
	Separate basis Consolidated basis X Both consolidated and separate basis	`` ~		1 1					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			j					
	the Single Audit Act and OMB Circular A-133?	3a		Х					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the								
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b							
	EEA F								

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ ► See separate instructions.

OMB No 1545-0047 2009

Open to Public

Internal Revenue Service Inspection 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 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organization	s Complete Part III				
	ame of organization			E	mployer identification number	_
M.	INNESOTA VETERINARY MEDICAL A	ASSOCIATION		4	11-6039977	
Pa	rt I-A Complete if the organ	ization is exempt under sect	ion 501(c) or i	s a section 52	7 organization.	
1	Provide a description of the organization	's direct and indirect political campaign	activities in Part IV			
2	Political expenditures · · ·)	▶ \$	
3	Volunteer hours					
					·	
Pa	rt I-B Complete if the organ	ization is exempt under sect	ion 501(c)(3).			
1	Enter the amount of any excise tax incur				\$	
2	Enter the amount of any excise tax incur	red by organization managers under se	ction 4955 • • •)	\$	
3	If the organization incurred a section 495	55 tax, did it file Form 4720 for this year	?		· · · · · Yes	No
4a	Was a correction made?				· · · · · _ Yes _	No
b	If "Yes," describe in Part IV					
Pa	rt I-C Complete if the organ	ization is exempt under sect	ion 501(c), ex	cept section 5	01(c)(3).	
1	Enter the amount directly expended by the	ne filing organization for section 527 ex	empt function			
	activities • • • • • • • • • • • • • • • • • • •			• • • • • • • • •	\$	
2	Enter the amount of the filing organizatio					
	527 exempt function activities • • • • •		• • • • • • • • •	• • • • • • • • •	\$	
3	Total exempt function expenditures Add					
	line 17b • • • • • • • • • • • • • • • • • • •					
4	Did the filing organization file Form 1120	-POL for this year?		• • • • • • • •	· · · · · · · · Yes	No
5	State the names, addresses and employ	er identification number (EIN) of all sec	tion 527 political o	rganizations to whi	ch payments	
	were made For each organization listed,					
	contributions received that were promptl				rate segregated	
	fund or a political action committee (PAC) If additional space is needed, provide	e information in Pa	rt IV		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid filing organization funds If none, ente	on's contributions received ar	nd ÷

Sched	ule C (Form 990 or 990-EZ) 2009 MINNESOTA VE	TERINARY MEDIC	CAL ASSOCIATIO	N	41-603	9977 Page 2
Pai	t II-A Complete if the organizati	on is exempt u	nder section 50	1(c)(3) and filed	Form 5768 (ele	ection
	under section 501(h)).					. <u></u>
	heck if the filing organization belongs					
ВС	Check ► I If the filing organization checked			ply	γ	
		bying Expenditures			(a) Filing	(b) Affiliated
	(The term "expenditures" i				organization's totals	group totals
1a	Total lobbying expenditures to influence public	· · · · · · · · · · · · · · · · · · ·		• • • • • • • • •		
b	Total lobbying expenditures to influence a legis			• • • • • • • • •		
C	Total lobbying expenditures (add lines 1a and	1b) • • • • • • •				
ď	Other exempt purpose expenditures · · · ·					·
е	Total exempt purpose expenditures (add lines			• • • • • • • •		
f	Lobbying nontaxable amount Enter the amount	it from the following t	able in both			
_	columns	·····				
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000		nontaxable amount	is:		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000		, ,
_	Over \$1,000,000 but not over \$1,500,000		10% of the excess			
F	Over \$1,500,000 but not over \$17,000,000		5% of the excess o			
Ì	Over \$17,000,000	\$1,000,000	· · · · · · · · · · · · · · · · · · ·		-1. 1 m m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m	
g	Grassroots nontaxable amount (enter 25% of li			• • • • • • • •	<u> </u>	<u> </u>
h	Subtract line 1g from line 1a If zero or less, en					
i	Subtract line 1f from line 1c If zero or less, enti-					
j	If there is an amount other than zero on either I		the organization file	Form 4720 reporting		
•	section 4911 tax for this year?	· ·	-			☐Yes ☐ No
	(Some organizations that columns belo	w. See the instructi	(h) election do not hons for lines 2a thro	pave to complete all cough 2f on page 4.)	of the five	
	Lobb	ying Expenditures I	During 4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))	The second of	The state of the s	Children The strain of the str		
f	Grassroots lobbying expenditures					
			EE	Α	Schedule C (Fo	rm 990 or 990-EZ) 2009

Page 3

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)). (b) (a) Yes No Amount 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 Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? С Mailings to members, legislators, or the public? d Publications, or published or broadcast statements? е f Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? • • • • • • • g Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? • • • • • • • h i i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? • • • • • • 2a If "Yes," enter the amount of any tax incurred under section 4912 b If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? - · · · · 1 Х Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Х Did the organization agree to carryover lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes. 328,010 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a 53,339 а 2b h 2c 53,339 ¢ 62,322 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 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 4 (8,983)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 11 Also, complete this part for any additional information

SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, lire 6, 7, 8, 9, 10, 11, o 12.

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Name	of the organization	Employer identification number
MIN	NESOTA VETERINARY MEDICAL ASSOCIATION	41~6039977
Pa	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 · · · · · · · ·	
5	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? $\cdots \cdots$	· · · · · · · · · · · · · · · · · · ·
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be	
	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other	
	purpose conferring impermissible private benefit?	
	t II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part	V, line 7
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e g , recreation or pleasure)	•
	Protection of natural habitat Preservation of a certified his	storic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	nservation
	easement on the last day of the tax year	
		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements • • • • • • • • • • • • • • • • • • •	2b
C	Number of conservation easements on a certified historic structure included in (a) · · · · · · · · · · · · · · · · · · ·	2c
d	Number of conservation easements included in (c) acquired after 8/17/06 · · · · · · · · · · · · · · · · · · ·	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	ization during
4	the tax year	
4 5	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	· · · · · · · · · · · · · Yes · · No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the	L
•	Stail and volunteer hours devoted to monitoring, inspecting, and emorcing conscivation casements during the	o you
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the ye	ar
•	>\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	· · · · · · · · · · · · · Yes · · No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense state	ement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	
	the organization's accounting for conservation easements	
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Oth	er 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	e 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, to report in its revenue statement and balance she	et 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 · · · · · · · · · · · · · · · · · ·	
2	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	
а	Revenues included in Form 990, Part VIII, line 1 · · · · · · · · · · · · · · · · · ·	••••
b	Assets included in Form 990, Part X · · · · · · · · · · · · · · · · · ·	· · · · · • \$

Par	t VI Investments - Land, Buildings,	and Equipment.	See Form 990, Part X, I	ine 10	
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land			1.77 1.77 1.77	
b	Buildings		646,980	71,374	575,606
С	Leasehold improvements				
	Equipment		162,427	149,414	13,013
е	Other • • • • • • • • • • • • • • • • • • •				
Total	. Add lines 1a through 1e (Column (d) must equal For	rm 990, Part X, columi	n (B), line 10(c)) • •		588,619

YIV the intended uses of the organization's endowment funds

Part VII	Investments - Other Securities	See Form 990, Part X, line 12		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
Financial deri	vatives · · · · · · · · · · · · · · · · · · ·	• • • •		
Closely-held	equity interests	• • •		
Other				
				_
Total (Column	(b) must equal Form 990, Part X col. (B) line 12)	>		
Part VIII	Investments - Program Relate	d. See Form 990, Part X, line 13		
	(a) Description of investment type	(b) Book value	(c) Method of valuation	
			Cost or end-of-year market value	
	-			
	(b) must equal Form 990, Part X col. (B) line 13.)	<u> </u>	the second second second in the second	-
Part IX	Other Assets. See Form 990, Part	(, line 15		
		(a) Description	(b) Book value	
		·		
	· · · · · · · · · · · · · · · · · · ·			
				_
Tatal (Calum	nn (b) must equal Form 990, Part X, col (B)	ine 15 \		
Part X	Other Liabilities. See Form 990, Pa	I	1	
<u>1</u>	(a) Description of liability	(b) Amount		·
Federal incor	ne taxes		- The first of the second of t	ž_
				ger G
				_ = _
				a. S
				-
				: 2 <u>.</u>
				``,~
				. ·
				. `
Total (Column	(b) must equal Form 990, Part X col. (B) line 25.)	>	The property of the state of th	

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Sched	ule D (Form 990) 2009 MINNESOTA VETERINARY MEDICAL ASSOCIATION	41-6039977	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25) · · · · · · · · · · · · · · · · · · ·	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses · · · · · · · · · · · · · · · · · ·	6	
7	Prior period adjustments · · · · · · · · · · · · · · · · · · ·	7	
8	Other (Describe in Part XIV) · · · · · · · · · · · · · · · · · ·	8	
9	Total adjustments (net) Add lines 4 through 8 · · · · · · · · · · · · · · · · · ·	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	_ 10	
Pa	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return	
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		
а	Net unrealized gains on investments	- 1	
þ	Donated services and use of facilities · · · · · · · · · · · 2b	<u> </u>	
C	Recoveries of prior year grants · · · · · · · · · · · · · · · · · · ·		
d	Other (Describe in Part XIV) · · · · · · · · · · · · · · · · · ·		
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · 4a	4.77	
b	Other (Describe in Part XIV) · · · · · · · · · · · · · · · · · ·		
С	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	<u>-</u>
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	-26-	
а	Prior year adjustments	⊣ .÷Ĩ: l	
b	Other losses · · · · · · · · · · · · · · · · · ·	- :`:	
C	Other (Describe in Part XIV)		
d	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·		
e 2	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	····
3	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.4	
4	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · 4a	,	
a h	Other (Describe in Part XIV) · · · · · · · · · · · · · · · · · · ·		
	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
		<u> </u>	
Com	† XIV Supplemental Information Diete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b		·
	2b, Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete	•	
	art to provide any additional information		
	•		
_			

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

OMB No 1545-0047 2009

Open to Public

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990.

Inspection Employer identification number Name of the organization 41-6039977 MINNESOTA VETERINARY MEDICAL ASSOCIATION 01. Members or stockholder classes and rights (Part VI, line 6) MEMBERS. 02. Member election for additional members (Part VI, line 7a) ANNUAL ELECTION 03. Governing body meeting documentation (Part VI, line 8a) BOARD MINUTES AT MEETINGS 04. Form 990 governing body review (Part VI, line 11) BOARD AND ASSOCIATION DIRECTOR REVIEW 990 05. Conflict of interest policy compliance (Part VI, line 12c) ANNUAL DISCLOSURE TO THE PRESIDENT OF THE BOARD OF DIRECTORS ON A FORM LISTING INTERESTS THAT COULD GIVE RISE TO A CONFLICT OF INTERESTS. DETERMINATION BY THE PRESIDENT AND THE BOARD OF DIRECTORS WHAT ACTION NEED BE TAKEN FOR EACH INTEREST DISCLOSED. 06. CEO, executive director, top management comp (Part VI, line 15a) COMPENSATION APPROVAL OVERSEEN AND DECIDED BY BOARD OF DIRECTORS FOLLOWING COMPARABILTY STUDIES AND NEGOTIATION WITH EXECUTIVE DIRECTOR AND OTHER TOP MANAGEMENT POSITIONS. 07. Governing documents, etc, available to public (Part VI, line 19) NO OTHER DOCUMENTS 08. General explanation attachment

Schedule O (Form 990) 2009								Page 2
Name of the organization							Employer identification number	
MINNESOTA VETERINARY MEDICAL ASSO	CIATION					_	41-6039977	
•								
PUBLIC RELATIONS, BROCHURES, STAT	E FAIR,	DIRECTORY,	MN	VET .	RESERVE,	SEMINARS.		
							_ .	
							· · ·	
							··- <u>-</u>	
								
					*******		<u> </u>	
								
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	 .							
								
		· · · · · · · · · · · · · · · · · · ·						

Schedule O (Form 990) 2009

EEA

Statement of Program Service Accomplishments

2009

01

Name(s) as shown on return

MINNESOTA VETERINARY MEDICAL ASSOCIATION

Your Social Security Number

41-6039977

FORM 990, PART III(D)

PROGRAM SERVICE CODE

PROGRAM SERVICE EXPENSES

\$112743

GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE

\$0

PROGRAM SERVICES REVENUE

\$0

EXPLANATION

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

990	Overflow Statement	2009 Page 1		
Name(s) as shown on return		FEIN		
MINNESOTA VI	ETERINARY MEDICAL ASSOCIATION	41-6039977		

FORM 990 PART IX LINE 24F(B) - OTHER EXPENSES

Description		Amount		
SUPPORTING CONTRIBUTIONS		\$	24,500	
SCHOLARSHIPS			2,500	
PRINTING AND PUBS			18,044	
OTHER			640	
MVRC			1,264	
COMMITTEES			7,449	
	Total:	\$	54,397	

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

Description		Amount	
STAFF SERVICES		\$	21,500
BUILDING EXPENSES			43,461
POSTAGE AND SUPPLIES			1,005
OTHER OFFICE EXPENSES			7,279
	Total:	\$	73,245

Form **8868**

Application for Extension of Time to File an **Exempt Organization Return**

(Rev April 2009) OMB No 1545-1709 Department of the Treasury File a separate application for each return. Internal Revenue Service 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 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 Employer identification number Type or Name of Exempt Organization 41-6039977 print MINNESOTA VETERINARY MEDICAL ASSOCIATION Frie by the Number, street, and room or suite no. If a P.O. box, see instructions due date for 101 BRIDGEPOINT WAY filing your return See City, town or post office, state, and ZIP code. For a foreign address, see instructions instructions SOUTH SAINT PAUL, MN 55075 Check type of return to be filed (file a separate application for each return) Form 4720 X Form 990 Form 990-T (corporation) Form 990-T (sec 401(a) or 408(a) trust) Form 990-BL Form 5227 Form 990-T (trust other than above) Form 6069 Form 990-EZ Form 8870 Form 1041-A Form 990-PF The books are in the care of DANIEL TJORNEHOJ 101 BRIDGEPOINT WAY, MN 55075 FAX No ▶ 651-645-7539 Telephone No ▶ 651-645-7533

	until 03-15, 20 11, to file the exempt organization return for the organization named above. The extension is				
	for the organization's return for				
	calendar year 20 or				
	▼ tax year beginning 08-01 , 20 09, and ending 07-31	_, 20_1	<u>.0</u>		
2	If this tax year is for less than 12 months, check reason	unting p	eriod		
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	\$		
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	\$		
С	Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,	3,33			
	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment	5			
	System) See instructions	3с	\$		

03-15 . 20 11, to file the exempt organization return for the organization named above. The extension is

 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)

for the whole group, check this box - ▶ ☐ If it is for part of the group, check this box ▶ ☐ and attach

I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time

a list with the names and EINs of all members the extension will cover

If this is