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Form

990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 06-01-2015, and ending 05-31-2016

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
MINNESOTA ASSOCIATION OF VETERINARY TECHNICIANS

Number and street (or P O box, if mail is not delivered to street address)
3132 Florida Avenue North

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
CRYSTAL, MN 554273026

D Employer identification number
41-1502841
E Telephone number
(763) 595-0551
F Group Exemption Number

G Accounting Method ☒ Cash ☐ Accrual Other (specify) _____

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

I Website: www.MAVT.net

J Tax-exempt status (check only one) ☐ 501(c)(3) ☒ 501(c)(6) (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 125,144

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)									
Check if the organization used Schedule O to respond to any question in this Part I									
Revenue	1	Contributions, gifts, grants, and similar amounts received						1	2,000
	2	Program service revenue including government fees and contracts						2	94,781
	3	Membership dues and assessments						3	28,205
	4	Investment income						4	158
	5a	Gross amount from sale of assets other than inventory				5a			
	b	Less cost or other basis and sales expenses				5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)						5c	
	6	Gaming and fundraising events							
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)				6a			
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)				6b			
	c	Less direct expenses from gaming and fundraising events				6c			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)						6d	
	7a	Gross sales of inventory, less returns and allowances				7a			
Expenses	b	Less cost of goods sold				7b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)						7c	
	8	Other revenue (describe in Schedule O)						8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8						9	125,144
	10	Grants and similar amounts paid (list in Schedule O)						10	
	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	1,359
	14	Occupancy, rent, utilities, and maintenance						14	1,874
	15	Printing, publications, postage, and shipping						15	589
	16	Other expenses (describe in Schedule O)						16	78,888
	17	Total expenses. Add lines 10 through 16						17	82,710
	Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)						18
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	314,436
20		Other changes in net assets or fund balances (explain in Schedule O)						20	
21		Net assets or fund balances at end of year. Combine lines 18 through 20						21	356,870

Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	313,148	22	355,898
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	1,288	24	972
25 Total assets	314,436	25	356,870
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . .	314,436	27	356,870

Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose?

To advance strengthen the education training of vet techs

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28
See Additional Data Table

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

29

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

30

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

31 Other program services (describe in Schedule O)

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

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

Check if the organization used Schedule O to respond to any question in this Part IV. ☐

[illegible]

Part VOther Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	No
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
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	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	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 tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b		
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	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ Thomas H Bonhiver CPA Telephone no ▶ (763) 595-0551 Located at ▶ 3132 Florida Av N Crystal, MN ZIP + 4 ▶ 554273026		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	42b	No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		
		46	No

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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 business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A ☐ Yes ☒ No

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.

Sign Here	<div>*****</div> <div>Signature of officer</div>		<div>2016-08-13</div> <div>Date</div>				
	<div>Deborah Stadsvold CVT Treasurer</div> <div>Type or print name and title</div>						
Paid Preparer Use Only	Prnt/Type preparer's name Thomas H Bonhiver		Preparer's signature		Date 2016-08-13	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Firm's name Thomas H Bonhiver CPA PLLC					Firm's EIN	
	Firm's address 3132 Flonda Avenue North Crystal, MN 554273026					Phone no (763) 595-0551	
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

Additional Data

Software ID: 15000290
Software Version: 15.3.0.0
EIN: 41-1502841
Name: MINNESOTA ASSOCIATION OF VETERINARY
TECHNICIANS

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 A monthly business meeting is held in varying locations in Minnesota open to all 878 active members (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		28a	
29 A Veterinary Technician Appreciation Day event with 3-4 hours of CE is held in October with locations throughout the state (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		29a	
30 Production of a monthly newsletter including veterinary medical tips and articles, continuing education opportunities, and job openings It is made available online and notices are emailed to the approximately 878 members (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		30a	
A two day statewide convention with 10 hours of CE is held once per year in February with approximately 680 members in attendance in 2016 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>			

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Darcy Mattson CVT President	003 00	0		
Sarah Lemm CVT President	002 00	0		
Sarah Lemm CVT Vice Pres	001 50	0		
Nickie Hanson CVT Secretary	000 75	0		
Rian Ashmore CVT Secretary	000 75	0		
Kristi Gorton CVT State Rep	000 75	0		
Meri Durand CVT State Rep	000 75	0		
Deborah Stadsvold CVT Treasurer	015 00	0		
Maureen Parks CVT Membership Website	003 50	0		
Kim Horne CVT Practice Act	001 00	0		
Kim Horne CVT Certification	002 00	0		
Kim Horne CVT Co-Convention Chair	001 00	0		
Lori Koehler CVT Co-Convention Chair	002 00	0		
Jessica Towley Co-Convention Chair	002 00	0		
Darcy Mattson CVT Past President	000 75	0		

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Kristi Gorton CVT President Elect	000 75	0		
Debi Ylitalo CVT Newsletter	001 50	0		
Kelly Noyes CVT Public Relations Education	000 75	0		
Danielle Korver CVT St Paul Area Rep	002 00	0		
Danielle Korver CVT Convention Committee	001 00	0		

TY 2015 Compensation Explanation

Name: MINNESOTA ASSOCIATION OF VETERINARY TECHNICIANS

EIN: 41-1502841

Software ID: 15000290

Software Version: 15.3.0.0

Person Name	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public
Inspection

Name of the organization MINNESOTA ASSOCIATION OF VETERINARY TECHNICIANS	Employer identification number 41-1502841
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990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part III, Line 31	A two day statewide convention with 10 hours of CE is held once per year in February with approximately 680 members in attendance in 2016 Grants and allocations 0, Program service expenses 0
Form 990-EZ, Part I, Line 16, Other Expenses	Travel 392
Form 990-EZ, Part I, Line 16, Other Expenses	Meals and entertainment 242
Form 990-EZ, Part I, Line 16, Other Expenses	Conferences, conventions, and meetings 65,243
Form 990-EZ, Part I, Line 16, Other Expenses	Depreciation 314
Form 990-EZ, Part I, Line 16, Other Expenses	Program Continuing Education Certification 5,665
Form 990-EZ, Part I, Line 16, Other Expenses	Program Membership 318
Form 990-EZ, Part I, Line 16, Other Expenses	Program Scholarship Program 1,000
Form 990-EZ, Part I, Line 16, Other Expenses	Bank Charges Credit Card Processing Charges Online Merchant Processing Charges 3,689
Form 990-EZ, Part I, Line 16, Other Expenses	Internet Services 2,025
Form 990-EZ, Part II, Line 24, Other Assets	Office Equipment Beginning of year 267, End of year 206
Form 990-EZ, Part II, Line 24, Other Assets	Computers Beginning of year 1,021, End of year 766