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Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2008**Department of the Treasury  
Internal Revenue Service

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 \$1,000,000 and total assets less than \$2,500,000 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.

**Open to Public Inspection****A** For the 2008 calendar year, or tax year beginning 7/01, 2008, and ending 6/30, 2009**B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☒ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** **AMERICAN VETERINARY CHIROPRACTIC ASSOCIATION**  
442154 E. 140 ROAD  
BLUEJACKET, OK 74333

**D** Employer identification number

36-4403990

**E** Telephone number

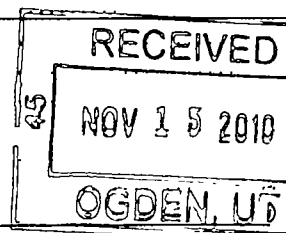
918-784-2643

**F** Group Exemption Number

• 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.ANIMALCHIROPRACTIC.ORG**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**J** Organization type (check only one) — ☒ 501(c) ( 6 ) (insert no) ☐ 4947(a)(1) or ☐ 527**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 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ► \$ 174,737.**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	785.	
	2	Program service revenue including government fees and contracts	2		
	3	Membership dues and assessments	3	95,850.	
	4	Investment income	4	463.	
	5a	Gross amount from sale of assets other than inventory	5c		
	5b	Less: cost or other basis and sales expenses			
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)			
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>			
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	61,333.	
6b	Less: direct expenses other than fundraising expenses	6b	24,449.		
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	36,884.		
7a	Gross sales of inventory, less returns and allowances	7a	5,764.	7c	
7b	Less: cost of goods sold	7b	2,350.		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	3,414.		
8	Other revenue (describe ► <u>SEE STATEMENT 2</u> )	8	10,542.		
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	147,938.		
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10		
	11	Benefits paid to or for members	11		
	12	Salaries, other compensation, and employee benefits	12	42,040.	
	13	Professional fees and other payments to independent contractors	13	19,503.	
	14	Occupancy, rent, utilities, and maintenance	14	3,000.	
	15	Printing, publications, postage, and shipping	15	8,626.	
	16	Other expenses (describe ► <u>SEE STATEMENT 3</u> )	16	57,731.	
	17	<b>Total expenses</b> (add lines 10 through 16)	17	130,900.	
NET ASSETS OR FUND BALANCES	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	17,038.	
	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	38,370.	
	20	Other changes in net assets or fund balances (attach explanation)	20		
	21	<b>Net assets or fund balances at end of year</b> (Combine lines 18 through 20)	21	55,408.	

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 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	37,119.	86,600.
23	Land and buildings		
24	Other assets (describe ► <u>SEE STATEMENT 4</u> )	3,850.	5,813.
25	<b>Total assets</b>	40,969.	92,413.
26	<b>Total liabilities</b> (describe ► <u>SEE STATEMENT 5</u> )	2,599.	37,005.
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	38,370.	55,408.

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

Form 990-EZ (2008)

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**Part V Other Information** (Note the statement requirement in General Instruction V.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
<b>35</b> 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 your reason for not reporting the income on Form 990-T		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float: right;">▶ <b>37a</b> 0.</span>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> 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 unpaid at the start of the period covered by this return?		X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved <span style="float: right;"><b>38b</b> N/A</span>		
<b>39</b> 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <span style="float: right;"><b>39a</b> N/A</span>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <span style="float: right;"><b>39b</b> N/A</span>		
<b>40a</b> 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ <u>N/A</u> , section 4912 ▶ <u>N/A</u> , section 4955 ▶ <u>N/A</u>		
<b>b</b> 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I <span style="float: right;"><b>40b</b></span>		
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float: right;">▶ 0.</span>		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization <span style="float: right;">▶ 0.</span>		
<b>e</b> 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 <span style="float: right;"><b>40e</b></span>		X
<b>41</b> List the states with which a copy of this return is filed ▶ <u>NONE</u>		

**42a** The books are in care of ▶ LESLIE MEANS Telephone no ▶ 918-784-2231  
 Located at ▶ BLUEJACKET, OK ZIP + 4 ▶ 74333

**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**  
 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 a 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**  
 If 'Yes,' enter the name of the foreign country ▶ \_\_\_\_\_

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here ▶ ☐ N/A  
 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**

**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**

**Part VI** **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 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
- 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If 'Yes,' was the related organization(s) a section 527 organization?

	Yes	No
46		
47		
48		
49a		
49b		

- 50 Complete this table for the 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'

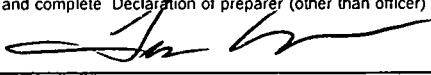
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000				

- 51 Complete this table for the 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
Total number of other independent contractors receiving over \$100,000		


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**

Signature of officer:  Date: 11-9-10

Type or print name and title: LESLIE MEANS EXECUTIVE DIRECTOR

**Paid Preparer's Use Only**

Preparer's signature:  Date: 8-1-10

Firm's name (or yours if self-employed), address, and ZIP + 4: HUCKFELDT & SMITH, P.L.C.  
2435 KIMBERLY ROAD, SUITE 290N  
BETTENDORF, IA 52722-3533

Check if self-employed: ☐ Preparer's Identifying Number (See instructions): N/A

EIN: N/A Phone no: (563) 355-5330

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA

Form 990-EZ (2008)

Department of the Treasury  
Internal Revenue Service

► Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

2008

**Open to Public Inspection**

Employer identification number  
36-4403990

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- ☐ Solicitation of non-government grants
- ☐ Solicitation of government grants
- ☐ Special fundraising events

☐ Yes    ☐ No

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col.(i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>						

[illegible]

**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		ANNUAL CONFERE (event type)	(event type)	(total number)	(Add col. (a) through col. (c))
<b>REVENUE</b>	1 Gross receipts	59,201.			59,201.
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	59,201.			59,201.
<b>DIRECT EXPENSES</b>	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	24,449.			24,449.
	8 Direct expense summary Add lines 4- through 7 in column (d)				24,449.
	9 Net income summary Combine lines 3 and 8 in column (d)				34,752.

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col. (a) through col. (c))
<b>REVENUE</b>	1 Gross revenue				
<b>DIRECT EXPENSES</b>	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' Explain

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' Explain

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

YES NO

9a

10a

11

12

**13** Indicate the percentage of gaming activity operated in**a** The organization's facility**b** An outside facility

<b>13a</b>	%
<b>13b</b>	%

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15a** Does the organization have a contact with a third party from whom the organization receives gaming revenue?**b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_.**c** If 'Yes,' enter name and address

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided. ▶ \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year. ▶ \$ \_\_\_\_\_

	YES	NO
<b>13a</b>		
<b>13b</b>		
<b>14</b>		
<b>15a</b>		
<b>16</b>		
<b>17a</b>		



2008

**FEDERAL STATEMENTS**  
**AMERICAN VETERINARY CHIROPRACTIC**  
**ASSOCIATION**

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**EXPLANATION OF AMENDED RETURN**

RECORD ACCRUAL OF OFFICER BONUS AND RECLASS A PAID LIABILITY.

**STATEMENT 2**  
**FORM 990-EZ, PART I, LINE 8**  
**OTHER REVENUE**

MISC INCOME		\$	10,542.
	TOTAL	\$	<u>10,542.</u>

**STATEMENT 3**  
**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

ADVERTISING AND PROMOTION	\$	719.
BANK & CREDIT CARD FEES		3,508.
CONFERENCES, CONVENTIONS, AND MEETINGS		9,796.
DONATIONS		900.
DUES AND SUBSCRIPTIONS		1,727.
FACILITY EXP		216.
INFORMATION TECHNOLOGY		598.
INSURANCE		1,135.
MEALS & ENTERTAINMENT		22,983.
MISCELLANEOUS		30.
OFFICE EXPENSES		5,703.
PERMITS & LICENSES		10.
SOFTWARE		74.
TELEPHONE		3,189.
TRAVEL		7,143.
	TOTAL	\$ <u>57,731.</u>

**STATEMENT 4**  
**FORM 990-EZ, PART II, LINE 24**  
**OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
INVENTORIES	\$ 3,700.	\$ 4,130.
PREPAID EXPENSES AND DEFERRED CHARGES	0.	1,683.
PREPAID PAYROLL TAXES	150.	0.
	TOTAL \$ <u>3,850.</u>	\$ <u>5,813.</u>

**STATEMENT 5**  
**FORM 990-EZ, PART II, LINE 26**  
**TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 2,599.	\$ 7,035.
DEFERRED REVENUE	0.	29,970.
	TOTAL \$ <u>2,599.</u>	\$ <u>37,005.</u>

2008

**FEDERAL STATEMENTS**  
**AMERICAN VETERINARY CHIROPRACTIC**  
**ASSOCIATION**

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**STATEMENT 6**  
**FORM 990-EZ, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

PROVIDE EDUCATIONAL, SOCIAL & PROFESSIONAL SERVICES TO THE ANIMAL CHIROPRACTIC  
COMMUNITY.