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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

**2009**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 \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**Open to Public Inspection****A** For the 2009 calendar year, or tax year beginning 7/01, 2009, and ending 6/30, 2010**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, QK 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** Tax-exempt status (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 Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 217,200.**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	1,385.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	96,643.
	4	Investment income	4	241.
	5a	Gross amount from sale of assets other than inventory		
	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)	5c	
	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	103,112.
	6b	Less: direct expenses other than fundraising expenses	6b	45,784.
EXPENSES	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	57,328.
	7a	Gross sales of inventory, less returns and allowances	7a	11,734.
	7b	Less: cost of goods sold	7b	3,994.
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	7,740.
	8	Other revenue (describe ▶ <u>SEE STATEMENT 1</u> )	8	4,085.
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	167,422.
	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	68,772.
	13	Professional fees and other payments to independent contractors	13	14,874.
ASSETS	14	Occupancy, rent, utilities, and maintenance	14	4,227.
	15	Printing, publications, postage, and shipping	15	10,695.
	16	Other expenses (describe ▶ <u>SEE STATEMENT 2</u> )	16	38,820.
	17	<b>Total expenses.</b> Add lines 10 through 16	17	137,388.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	30,034.
	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	55,408.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	85,442.

**Part II** Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	86,600.	121,086.
23 Land and buildings		
24 Other assets (describe ▶ <u>SEE STATEMENT 3</u> )	5,813.	5,814.
25 <b>Total assets</b>	92,413.	126,900.
26 <b>Total liabilities</b> (describe ▶ <u>SEE STATEMENT 4</u> )	37,005.	41,458.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	55,408.	85,442.

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

Form 990-EZ (2009)

**Part III Statement of Program Service Accomplishments** (See the instructions.)**Expenses**What is the organization's primary exempt purpose? **SEE STATEMENT 5**

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others.)

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, or other relevant information for each program title.

**28** SEE STATEMENT 6

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

**28 a****29**

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

**29 a****30**

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

**30 a****31** Other program services (attach schedule)

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

**31 a****32** Total program service expenses (add lines 28a through 31a)**32****Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
JACQUELINE DOVAL, DC 404 WESTHEIMER RD HOUSTON, TX 77006	SECRETARY/TREAS 5.00	0.	0.	0.
LEO ROSENBERG, DC 4202 DUNDAS STREET W TORONTO, ONTARIO M8X 1Y6 CANADA	PRESIDENT 10.00	0.	0.	0.
JAMES ISRAELSEN, DVM 1702 N 800 E NORTH LOGAN, UT 84341	PRESIDENT ELECT 5.00	0.	0.	0.
KEVIN KELLER, DVM 883 MULHOLLAND DRIVE PARKSVILLE, BC V9P 1Z5 BRITISH COLUMBIA	MEMBER 1.00	0.	0.	0.
KIMBERLY NEFF, DVM 4415 EVANDALE WAY CUMMING, GA 30040	MEMBER 1.00	0.	0.	0.
LESLIE MEANS 442154 E 140 ROAD BLUEJACKET, OK 74333	EXECUTIVE DIREC 40.00	40,800.	0.	0.
MICHAEL WELKER, DC 2210 HARRISON AVENUE BUTTE, MT 59701	MEMBER 1.00	0.	0.	0.
RANDY LINN, CPA 2435 KIMBERLY ROAD BETTENDORF, IA 52722	CFO 1.00	0.	0.	0.
LARRY ALLEN, DC PO BOX 332 AGUANGA, CA 92536	ACCC CHAIR 5.00	0.	0.	0.
GENE GIGGLEMAN, DVM 2105 BRENTCOVE DRIVE GRAPEVINE, TX 76051	PAST PRESIDENT 5.00	0.	0.	0.

**Part V Other Information** (Note the statement requirements in the instrs for Part 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? 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 why the organization did not report the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0.		
<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 outstanding at the end of the period covered by this return?		X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved <b>38b</b> N/A		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b> N/A		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b> N/A		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under. section 4911 <b>N/A</b> ; section 4912 <b>N/A</b> ; section 4955 <b>N/A</b>		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I <b>40b</b>		
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>0.</b>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <b>0.</b>		
<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 <b>40e</b>		X
<b>41</b> List the states with which a copy of this return is filed <b>NONE</b>		

**42a** The organization's books are in care of **LESLIE MEANS** Telephone no **918-784-2231**  
 Located at **442154 E 140 ROAD BLUE JACKET 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)?  
 If 'Yes,' enter the name of the foreign country

	Yes	No
<b>42b</b>		X
<b>42c</b>		X

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.?  
 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 and enter the amount of tax-exempt interest received or accrued during the tax year

**43** ☐ N/A  
☐ N/A

**44** Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	Yes	No
<b>44</b>		X
<b>45</b>		X

**45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

**Part VI** Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
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.	46	
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	
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.'

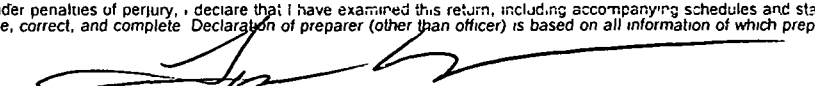

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
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f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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
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d Total number of other independent contractors each receiving over \$100,000 ▶

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		Date <span style="float: right;">5-12-11</span>	
	LESLIE MEANS Type or print name and title		EXECUTIVE DIRECTOR	
<b>Paid Preparer's Use Only</b>	Preparer's signature	 RANDY L LINN	Date	5-9-11
	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 <input type="checkbox"/> 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 (2009)



**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.

REVENUE		(a) Event #1 ANNUAL CONFERE (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))
	<b>1</b> Gross receipts	102,032.			102,032.
	<b>2</b> Less: Charitable contributions				
	<b>3</b> Gross income (line 1 minus line 2)	102,032.			102,032.
DIRECT EXPENSES	<b>4</b> Cash prizes				
	<b>5</b> Noncash prizes				
	<b>6</b> Rent/facility costs				
	<b>7</b> Food and beverages				
	<b>8</b> Entertainment				
	<b>9</b> Other direct expenses	45,784.			45,784.
	<b>10</b> Direct expense summary Add lines 4- through 9 in column (d)				45,784.
	<b>11</b> Net income summary Combine lines 3, column (d) and line 10				56,248.

**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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
	<b>1</b> Gross revenue				
DIRECT EXPENSES	<b>2</b> Cash prizes				
	<b>3</b> Non-cash prizes				
	<b>4</b> Rent/facility costs				
	<b>5</b> Other direct expenses				
	<b>6</b> 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	
	<b>7</b> Direct expense summary Add lines 2 through 5 in column (d)				
	<b>8</b> Net gaming income summary Combine lines 1, column (d) and line 7				

**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**10a** 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
<b>9a</b>		
<b>10a</b>		
<b>11</b>		
<b>12</b>		

**13** Indicate the percentage of gaming activity operated in**a** The organization's facility**13a** \_\_\_\_\_ %**b** An outside facility**13b** \_\_\_\_\_ %**14** Enter 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?**15a****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 of the third party:

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?**17a****b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ \_\_\_\_\_



2009

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

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**STATEMENT 1**  
**FORM 990-EZ, PART I, LINE 8**  
**OTHER REVENUE**

MISC INCOME		\$	4,085.
	TOTAL	\$	<u>4,085.</u>

**STATEMENT 2**  
**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

ADVERTISING AND PROMOTION	\$	779.
BANK & CREDIT CARD FEES		3,223.
CONFERENCES, CONVENTIONS, AND MEETINGS		785.
DONATIONS		500.
EXAM COSTS		5,169.
FACILITY EXP		90.
INSURANCE		3,849.
MEALS & TRAVEL		14,936.
MEMBERSHIP		1,645.
OFFICE EXPENSES		3,924.
PERMITS & LICENSES		10.
TELEPHONE		3,910.
	TOTAL	\$ <u>38,820.</u>

**STATEMENT 3**  
**FORM 990-EZ, PART II, LINE 24**  
**OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
INVENTORIES	\$ 4,130.	\$ 4,130.
PREPAID EXPENSES AND DEFERRED CHARGES	1,683.	1,684.
TOTAL	\$ <u>5,813.</u>	\$ <u>5,814.</u>

**STATEMENT 4**  
**FORM 990-EZ, PART II, LINE 26**  
**TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 7,035.	\$ 2,620.
DEFERRED REVENUE	29,970.	38,838.
TOTAL	\$ <u>37,005.</u>	\$ <u>41,458.</u>

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**FEDERAL STATEMENTS**  
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**STATEMENT 5**  
**FORM 990-EZ, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

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

**STATEMENT 6**  
**FORM 990-EZ, PART III, LINE 28**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

ORGANIZATION IS A PROFESSIONAL MEMBERSHIP GROUP PROMOTING ANIMAL CHIROPRACTIC TO PROFESSIONALS AND THE PUBLIC, AND ACTING AS THE CERTIFYING AGENCY FOR DOCTORS WHO HAVE UNDERGONE POST-GRADUATE ANIMAL CHIROPRACTIC TRAINING.