	000 T "		anination Dualma			Tay Da	4		OMB No 1545-0687
Form	990-T	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))							2018
Dono	tonant of the Transver	For calendar year 2018 or other tax			and ending		_	7	14 Ch. (40%)
	tment of the Treasury al Revenue Service	Do not enter SSN number	rs.gov/Form990T for instructs on this form as it may be						to Public Inspection for [3] Organizations Only
Δ	Check box if	Name of organization	(Check box if name change				D Employer ider		
BE	address changed xempt under section	1	ON OF AVIAN V				(Employees' tru		
	_ '	Print INC.							
F	408(e) 220(e)		suite no. If a P.O. box, see instructio	ns			11-26	510	82
F	408A 530(a)	1 ' '	LINDA AVENUE				E Unrelated bus		
-	529(a)	''	nce, country, and ZIP or foreign po	stal code			(See instruction		
		TEANECK			07666	5	51112	0	
	ook value of all assets end of year	F Group exemption numb	·	=		<u>- </u>			
a	•	G Check organization type		ation		01(c) trust	401(a) trust		Other trust
HE		organization's unrelated trade							
	See Statem	=	<u> </u>			., (55., 5			y one, complete
		one, describe the first in the bla	ank snace at the end of the	nrevio	nus sentei	nce complete	Parts Land II co	•	•
		ditional trade or business, ther		, provin	, , , , , , , , , , , , , , , , , , , ,	100, 00,,,,,,,,,,,,	, and rainain, or		•
		the corporation a subsidiary in		arent-s	ubsidiarv	controlled arc	oup?	<u> </u>	Yes X No
İ	"Yes," enter the name	and identifying number of the	parent corporation		,	J .			
	<u> </u>	·							
JT	he books are in care of					Telej	phone number 🕨	_20	1-446-2442
_Pa	rt I Unrelated	d Trade or Business Inc	come		(A)	Income	(B) Expenses		(C) Net
1a	Gross receipts or sale	·s							
b	Less returns and allow	vances	c Balance	1c					
2	Cost of goods sold (So	chedule A, line 7)		2			***************************************		
3	Gross profit Subtract	line 2 from line 1c		3					
4a	Capital gain net incom	ne (attach Schedule D)		4a					
b	Net gain (loss) (Form 479	7, Part II, line 17) (attach Form 479	7)	4b			······		
С	Capital loss deduction	for trusts		4c					
5	Income (loss) from partnership	and S corporation (attach statement)		5					
6	Rent income (Schedul	le C)		6					
7	Unrelated debt-finance	ed income (Schedule E)		7					
8	Interest, annuities, royaltie	es, and rents from controlled organ	zation (Schedule F)	8					
9	Investment income of a se	ection 501(c)(7), (9), or (17) organiz	ation (Schedule G)	9					
10	Exploited exempt activ	vity income (Schedule I)		10					
11	Advertising income (S	chedule J)		11		12,222	12,2	222	
12	Other income (See ins	structions, attach schedule)		12					
13	Total. Combine lines			13	<u> </u>	12,222	12,2		0
Pa	rt # Deductio	ns Not Taken Elsewhe	re (See instructions to ected with the unrelate	or limi ed bus	itations (siness ir	on deductions	ons)(Except t	or co	entributions,
14		ers, directors, and trustees (Se		, a , a , a	<u> </u>			14	
15	Salaries and wages							15	
16	Repairs and maintena	ince						16	
17	Bad debts							17	
18	Interest (attach sched	ule) (see instructions)	_					18	
19	Taxes and licenses	· · · · · · · · · · · · · · · · · · ·	RECEIVED					19	
20	()	See instructions for limitation rules)	VECTIATO	70				20	
21				8		21	.•		
22	Less depreciation clai	Form 4562) med on Schedule A and elseស្វី	there on return 1 2019	M		22a		22b	0
23	Depletion O			7‱]				23	
24	•	red compensation plans	OGDEN, UT]				24	
25	Employee benefit prog	L						25	
26	Excess exempt expen	_						26	
27	Excess readership cos	sts (Schedule J)						27	
28	Other deductions (atta				See	Statem	ent 2	28	
29	Total deductions. Ad							29	
30	(~	xable income before net opera	iting loss deduction Subtra	act line	29 from I	ine 13	Ĺ	30	
31	Deduction for net oper	rating loss arising in tax years	beginning on or after Janu	ary 1, 3	2018 (see	instructions)	L	31	
32		xable income Subtract line 31						32	
DAA		iction Act Notice, see instruc				-			Form 990-T (2018)

	1990-T (2018) ASSOCIATION OF AVIAN VETERINARIA	NS 11-26510	82		Page 2
Pa	rt lit: Total Unrelated Business Taxable income				
33	Total of unrelated business taxable income computed from all unrelated trades or t	ousinesses (see			
	instructions)			33	
34	Amounts paid for disallowed fringes			34	
35	Deductions for net operating loss arising in tax years beginning before January 1, 2	2018 (see		li	
	instructions)			35	
36	Total of unrelated business taxable income before specific deduction. Subtract line	35 from the sum			
	of lines 33 and 34			36	0
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37	1,000
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is great	eater than line 36.			
	enter the smaller of zero or line 36			38	0
∜₽â	milV. Tax Computation				
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		•	39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax of	on		200	
	the amount on line 38 from.	rm 1041)	•	40	
41	Proxy tax. See instructions		•	41	_
42	Alternative minimum tax (trusts only)			42	
43	Tax on Noncompliant Facility Income. See instructions	•		43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	0
"Pa	if V Tax and Payments				
45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a		K24	
b	Other credits (see instructions)	45b			
С	General business credit. Attach Form 3800 (see instructions)	45c		7699 -	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d			
е	Total credits. Add lines 45a through 45d			45e	
46	Subtract line 45e from line 44			46	
47	Other laxes	(att. sch.)		47	
48	Total tax. Add lines 46 and 47 (see instructions)	(2.2.2.7)	•	48	0
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) I	ine 2		49	
50a	Payments. A 2017 overpayment credited to 2018	50a			
ь	2018 estimated tax payments	50b			
c	Tax deposited with Form 8868	50c			
d	Foreign organizations Tax paid or withheld at source (see instructions)	50d		1 894 -	
e	Backup withholding (see instructions)	50e			
f	Credit for small employer health insurance premiums (attach Form 8941)	50f			
		301			
9	Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total	▶ 50g			
51	Form 4136 Other Total Dayments. Add lines 50a through 50g	50g		51	
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	•	▶ 177	52	
52 53		•		53	0
54	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			54	
	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amou Enter the amount of line 54 you want. Credited to 2019 estimated tax ▶		iumdad b	55	
<u>55</u>	it VI) Statements Regarding Certain Activities and Other Info		unded >	1 22	
	At any time during the 2018 calendar year, did the organization have an interest in				Yes No
56	over a financial account (bank, securities, or other) in a foreign country? If "YES," t	the organization may have	to file		LEON LEON SE
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "YES," enter				
	here ▶	•		••	X
57	During the tax year, did the organization receive a distribution from, or was it the gr	rantor of, or transferor to,	a foreign t	rust?	. X
58	If "YES," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year	\$			
	Under penalties/0] peruny, I declare that I have examined this return, including accompanying schedules and sta		dodge and hel	inf sten	
0 :.		eparer has any knowledge.	meuye anu uei	iei, il is	May the IRS discuss this return
Sig				1	with the preparer shown below (see instructions)?
He	re / ///// EXECUTIVE	DIRECTOR			Yes X No
	Signature of officer Date Title		Date	<u> </u>	7 1
	Print/Type preparer's name Preparer's signature	,	_	Check	ا" ك
Paid			06/13/1		
•	parer Firm's name > The Forde Firm LLC	· · · · · · · · · · · · · · · · · · ·	Firm	's EIN	82-4388106
use	Only 5150 Belfort Rd. Bldg 300 Firm's address > Jacksonville, FL 32256			K	04-725-5832
	Firm's address > Jacksonville, FL 32256		Pho	ne no	Form 990-T-(2018)
					1 OHH UUU-1 (2010)

Schedule A - Cost of Goods Sold. Enter method of inventory valuation >			CIATION OF				11-2	651082	· · ·	Р	age 3
2 Purchases 2	<u>Sct</u>	redule A – Cost of Go	ods Sold. Enter	metho	od of inventor	/ valuation ▶					
a Cost of labor 4a Addooral sec 263A costs (states schedule) 4b properly produced or acquired for resale) apply 5 Total. Add lines 1 through 4b 5 properly and Personal Property Leased With Real Property) (see instructions) 1 Sexiption of poperly (1) N/A 2) 3 Affant received or accrused (a) From personal property (if the perceived or first for personal property (if the person	1	Inventory at beginning of y	rear 1	,	6	inventory at end of	year	L	6		
Additional sec 283A costs (at a label checkule)	2	Purchases	2		7	Cost of goods sole	d. Subtra	ıct			
All S Determined property S No	3	Cost of labor	3			ine 6 from line 5 E	nter here	and			
b Other costs (states shoulded) 5 Total. Add lines 1 through 4b 5 Total. Add lines 1 through	4 a	Additional sec 263A costs				n Part I, line 2		L	7		
Stream senseable) Stream Trough 4b S Stream		(attach schedule)	4a		8	Do the rules of sect	ion 263A	(with respect to		Yes	No
Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1 Description of property (a) From personal property (if the personal property (if the processing property (if the personal property if the personal property (if the personal property accessed 50% or if the rent is based on profit or income) (b) From real and personal property accessed 50% or if the rent is based on profit or income) (c) Total income. Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (i) Part I, Part I, line 7, column (i) Part I, line 7, column (ii) Part I, line 7, column (ii) Part I, line 7, column (iii) Part I, line 7, column (iiii) Part I, line 7, column (iiii) Part I, line 7, column (iiiii) Part I, line	b		4b			property produced o	or acquire	ed for resale) apply			
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See instructions 1 Description of property				roper				With Real Proper	ty)		
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Property (attach schedule) (attach schedule) by column 5 (attach schedule) (1 '		ns
(2)			, ,		by c	column 5	`	oolahii 2 x oolahii o	3(a) and	3(6))	
(2) % (3) % (4) % Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B)	(1)					9	, a				
(3) (4) Enter here and on page 1, Part I, line 7, column (A) Totals Enter here and on page 1, Part I, line 7, column (B)						9/	,				
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Totals Part I, line 7, column (A) Part I, line 7, column (B)	<u>/</u>	· ·	J					here and on page 1.	Enter here and	on pag	je 1,
									Part I, line 7,	column	(B)
	Tota	nls				•	1				
			ictions included in c	olumn 8		•		<u> </u>			

Form 000 T (2018)	ASSOCTATION	OF	MATVA	VETERINARIANS	11-2651082
-orm 990-1 (2018)	WOOOCTWITON	OF	VA TWA	A D T D V T INVV T VINO	11-2031002

Schedule F - Interest, Annu	ities, Royalt	ies, and Ren	ts Fron	n Controll	ed Org	aniza	tions	(see instruc	tions)	
		•		ot Controlled						
Name of controlled organization	ıdeı	2 Employer ntification number		related income se instructions)		4 Total of specified payments made		5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5
(1) N/A										
(2)						_				
(3)						-				
(4)										-
Nonexempt Controlled Organiza	tions			•						
Tronoxempt Controlled Organiza	10110									
7. Taxable Income	I	Net unrelated income oss) (see instructions)	- 1	9. Total of specific payments made		ıncl	uđed in th	umn 9 that is e controlling gross income		Deductions directly inected with income in column 10
(1)				· · · · · · · · · · · · · · · · · · ·						
(2)										
(3)		<u>-</u> .								
(4)	1									<u> </u>
			•			Ente	er here an	s 5 and 10 d on page 1, column (A)	Ente	dd columns 6 and 11 er here and on page 1, rt I, line 8, column (B)
Totals					<u> </u>				L	
Schedule G – Investment In	come of a S	ection 501(c)(7), (9)	, or (17) O	rganiz	ation	(see ır	nstructions)		
1. Description of income		2. Amount of II	ncome	directly	ductions connected schedule)			4 Set-asides		5 Total deductions and set-asides (cot 3 plus cot 4)
31/3				<u> </u>			•	· .		<u> </u>
(1) N/A										· · · · · · · · · · · · · · · · · · ·
(2)									-	
(3)			<u> </u>							
(4)	_					, 1				
Totals	•	Enter here and o Part I, line 9, co					,			Iter here and on page 1, art I, line 9, column (B)
Schedule I - Exploited Exer	npt Activity	Income, Oth	er Thar	n Advertisi	ing Inc	ome_	(see in	structions)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expendirection	nses ly d with on of ed	4 Net income (from unrelated or business (co 2 minus columi if a gain, compcols 5 throug	loss) trade lumn n 3) oute	5 Gros from ac	ss income ctivity that unrelated ss income	6 Exp attribut colu	enses lable to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) N/A										
(2)										
(3)					1					
(4)										
Totals •	Enter here and o page 1, Part I, line 10, col (A)	n Enter here page 1, P	art I,		•			-	<u>-</u>	Enter here and on page 1, Part II, line 26
Schedule J – Advertising In	come (see in	structions)								
Part I Income From P			Consc	olidated B	asis					
1 Name of periodical	2. Gross advertising income	3 Dire advertising	ct	4. Advertisir gain or (loss) (2 minus col 3 a gain, compi cols 5 throug	ng (col) If ute		culation	6 Rea	dership sts	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) JOURNAL OF AVIAN MEI	12,2	22 1:	2,222	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
(2)					Γ					
(3)					Γ					
(4)					「					
				.,						
Totals (carry to Part II, line (5))	12,2	22 12	2,222	_						Farm 990 T (2016

Form 990-T (2018) ASSOCIATION OF AVIAN VETERINARIANS 11-2651082

01111 330-1	(2010) 11000011111011 01 111 11111 11111111	
Part II	Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in co	lumns
	2 through 7 on a line-by-line basis)	

1 Name of periodical	2. Gross advertising	3 Direct	4 Advertising gain or (loss) (col 2 minus col 3) If	5 Circulation	6. Readership	7 Excess readership costs (column 6 minus column 5, but
, , , , , , , , , , , , , , , , , , , ,	ıncome	advertising costs	a gain, compute cots 5 through 7	income	costs	not more than column 4)
(1) N/A						
(2)						
(3)						
(4)						
Totals from Part I	▶ 12,222	12,222				
	Enter here and on	Enter here and on				Enter here and
	page 1, Part I,	page 1, Part I,				on page 1,
	line 11, col (A)	line 11, col (B)				Part II, tine 27
Totals, Part II (lines 1-5)	▶ 12,222	12,222				

Schedule K – Compensation of Office	, Directors, and Trustees (see instructions)

1 Name	2 Title	3. Percent of time devoted to business	4 Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

Form **990-T** (2018)

AVIANVETS ASSOCIATION OF AVIAN VETERINARIANS
6/6/2019 1:58 PM
11-2651082 Federal Statements

FYE: 12/31/2018

Des	crii	ntın	n
	VI 1	ρ u \circ	

ADVERTISING REVENUE FROM PROFESSIONAL JOURNAL AND MEMBER NEWLETTER

Statement 2 - Form 990-T, Part II, Line 28 - Other Deductions

	Description	<u>Am</u>	Amount			
PRINTING MAILING		\$				
Total		\$	0			

Net Operating Loss Carryover Worksheet for Pre-2018 Losses

Form 990-T

For calendar year 2018, or tax year beginning

Name

ASSOCIATION OF AVIAN VETERINARIANS

INC.

Employer Identification Number 11-2651082

	Prior Year			Current Year	
Preceding Taxable Year	Adj. To NOL Inc/(Loss) After Adj.	NOL Utilized (Income Offset)	Carryovers to Current Year	Income Offset By Prior Carryover	Next Year Carryover
20th 12/30/98					
19th 12/30/99					
18th 12/31/00				-	
17th 12/31/01					
16th 12/31/02					
15th 12/31/03					
14th 12/31/04					
13th 12/31/05					
12th 12/31/06					
11th 12/31/07					
10th 12/31/08					
9th 12/31/09					
8th 12/31/10					
7th 12/31/11					
6th 12/31/12					¥
5th 12/31/13					
4th 12/31/14	396				
3rd 12/31/15					
2nd 12/31/16	-77,346		77,346		77,346
1st 12/31/17			· · · · · · · · · · · · · · · · · · ·		
NOL carryover available to current year			77,346		····
Current year	o		·	-1,000	
NOL carryover available to next year					77,346