H & R Block Premium 9965 San José Blyd JACKSONVILLE FL 32257 (904)292-2338

03-13-2012

58-2053275

American College of Poultry Veterinarians

INSTRUCTIONS FOR FILING 2011 FEDERAL FORM 990

.The trustee/officer representing the organization must sign the return. .Mail your return on or before 05-15-2012 to:

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027



H & R Block Premium 9965 San Jose Blvd JACKSONVILLE FL 32257 904-292-2338

03/13/2012

Invoice: CN00001

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American College of Poultry Veterinarians 12627 San Jose Blvd Jacksonville, FL 32223-8638

TEL: 904-425-5745

| FOR PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2011 EXEMP | T ORGANIZATION INFORMATION RETURN. |
|--|------------------------------------|
|--|------------------------------------|

Form 990 Schedule A Schedule-B



AMOUNT DUE,

\$525.00

| Form | 990 |
|------|-----|
| Form | 330 |

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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black

OMB No. 1545-0047

| 20 | | |
|----|--|--|
| ZU | | |

| | | of the Treasury | Iung benefit trust or private foundation) | ata roportina | n roquiron | aanta | Inspection |
|--|--------------------|--|--|---------------------------------------|-------------------|-------------|----------------------------------|
| - | | nue Service | ► The organization may have to use a copy of this return to satisfy st | , and ending | | nents. | |
| | eck if | | ar year, or tax year beginning , 2011, Name of organization American College of Poultry | | | war le | , 20 |
| 100 July 100 | licable | | Doing Business As | | 58-20 | | |
| | | change | 5 | | | | |
| - | me cha | | | Configuration of the protocol | E Teleph | | |
| - | ial retu | | | 202 | (904) | 425 | -5745 |
| Ter | minate | | City or town, state or country, and ZIP + 4 | | G Gross | | |
| - | | 252923 | acksonville FL 32223-8638 | | receip | | 72,461 |
| App | olicatio | on pending | | (a) Isthisag | | | H H |
| | | | | (b) Are all aff | | | Yes No |
| - | | | X 501(c)(3) 501(c)() | If "No," a | ttach a list. | (see ins | tructions) |
| - | | ~~~~ | | (C) Group ex | a officer and | - | |
| | | rganization: | Corporation Trust Association X Other > L Year of | formation: | 1992 | M St | ate of legal domicile: ${ m PA}$ |
| Par | 41 | Summary | | | | | |
| | 1 | | be the organization's mission or most significant activities: | | | | |
| Α | See | e attac | hment #1 | | | | |
| A G | | | | | | | |
| 10 | | | | | | | |
| | 2 | Check this b | ox if the organization discontinued its operations or disposed of matrix | nore than 25 | % of its n | et asse | ets. |
| ŤΝ | 3 | Number of v | oting members of the governing body (Part VI, line 1a) | | | 3 | 11 |
| - ANC | 4 | Number of in | dependent voting members of the governing body (Part VI, line 1b) | | | 4 | |
| sč | 5 | Total numbe | r of individuals employed in calendar year 2011 (Part V, line 2a) | | | 5 | |
| , E | 6 | Total numbe | r of volunteers (estimate if necessary) | | | 6 | 11 |
| œ | 7a | | ed business revenue from Part VIII, column (C), line 12 | | | 7a | |
| | b | | d business taxable income from Form 990-T, line 34 | | | 7b | 0 |
| | | | | | ior Year | | Current Year |
| REVENU | 8 | Contribution | s and grants (Part VIII, line 1h) | | 22,50 | 0 | 57,630 |
| ž | 9 | | vice revenue (Part VIII, line 2g) | | 13,67 | | 14,682 |
| N | 10 | | ncome (Part VIII, column (A), lines 3, 4, and 7d) | | 19 | | 149 |
| UE | 11 | | ie (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | - | 115 |
| E | 12 | | e add lines 8 through 11 (must equal Part VIII, column (A), line 12). | | 36,37 | 1 | 72 461 |
| | 13 | | imilar amounts paid (Part IX, column (A), lines 1-3) | | 50151 | . . | 72,461 |
| | 14 | | I to or for members (Part IX, column (A), line 4) | | | | |
| E | 15 | | er compensation, employee benefits (Part IX, column (A), lines 5-10) | | | | |
| EXPEN | | | fundraising fees (Part IX, column (A), line 11e) | CAC | | | |
| E N | | | sing expenses (Part IX, column (D), line 25) | • | | | |
| S | 10000 | | ses (Part IX, column (A), lines 11a-11d, 11f-24e) | - | 42 00 | | 40.050 |
| E S | 17 | | es. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 43,80 | | 40,058 |
| | 1.11 | | | | 43,80 | | 40,058 |
| N | 19 | nevenue les | s expenses. Subtract line 18 from line 12 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | -7,43 | | 32,403 |
| 2012 1 2 2 0 2 1 2 2 0 2 1 2 2 0 2 1 2 2 0 2 2 2 2 | - | Tatal sasts | | | g of Curren | _ | End of Year |
| ASFA | 20 | | (Part X, line 16) | | 74,77 | 7 | 104,339 |
| UCE | 21 | | s (Part X, line 26) | | | | |
| | | | fund balances. Subtract line 21 from line 20 | | 74,77 | 7 | 104,339 |
| Pari | | Signature | | | | | |
| Under p correct | penalti , and c | es of perjury, I d omplete. Declara | eclare that I have examined this return, including accompanying schedules and staten ation of preparer (other than officer) is based on all information of which preparer has | nents, and to the any knowledge | he bestofn ge. | ny knov | vledge and belief, it is true, |

| Sign Here | Signature of officer Bob Bevans-Kerr Type or print name and title | | Executive | Date Director |
|------------------|---|------------------------------|-----------|--------------------------------|
| Paid Preparer | Print/Type preparer's name Cheryl Roberts Firm's name ► H & R Bl | Preparer's signature | Date | Check if PTIN self-employed |
| Use Only | | 9965 San Jose Blvd Phone no. | | Phone no. |
| May the IRS d | JACKSONVILLE FL 32257 (904) 292-2 scuss this return with the preparer shown above? (see instructions) | | | (904) 292-2338 |
| For Paperwor | k Reduction Act Notice, see the se | parate instructions. | | Form 990 (2011) |

| ar | t III Statement of Program Service | | | | | | Page |
|--------|--|---------------------------------------|--------------------------|---------------------|----------------------|-------------------|---------|
| | Check if Schedule O contains a | response to any | question in this Part II | l | | | |
| 1 | Briefly describe the organization's missic | on: | | | | | <u></u> |
| | See attachment #2 | | | | | | |
| | | | | | | | |
| | | | | | | | |
| _ | P. L.I. | | 100 March 100 March 100 | 100-127 m | | | |
| 2 | Did the organization undertake any signi | ficant program se | ervices during the year | which were not list | sted on | _ | |
| | the prior Form 990 or 990-EZ? | | | | | Yes | Х |
| 3 | If "Yes," describe these new services on | | | | | | |
| , | Did the organization cease conducting, or services? | or make significal | nt changes in now it co | onducts, any progr | am | | - |
| | services? | odulo O | | | •••••• | Yes | Х |
| | | | | <u>.</u> | | | |
| | Describe the organization's program sen expenses. Section 501(c)(3) and 501(c)(- grants and allocations to others, the total | organizations | and section 4947(a)(1) | trusts are required | d to report the amou | ired by int of | |
| a | (Code:) (Expenses S | 5,932 | including grants of \$ | 3,300 |) (Revenue \$ | 5.962 | |
| | See attachment #3 | | | | | 5,502 | |
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| C | (Code:) (Expenses \$ | i i i i i i i i i i i i i i i i i i i | ncluding grants of \$ | |) (Revenue \$ | | |
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| - - | Other program services (Describe in Scho | dule O) | | | | | |
| | Other program services (Describe in Sche Expenses \$ in | edule O.) cluding grants of | ¢ |) (Revenue S | | | |

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| Form 990 (2011) | | | of | Poultr | 58-2053275 |
|---------------------|-------------------|------|----|--------|------------|
| Part IV Checklist o | f Required Schedu | lles | | | |

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| | | | 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 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | X | |
| 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 | | Х |
| 4 | Section 501(c)(3) organizations. 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 | 4 | | Χ |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, | | | |
| | or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part IIIN/A | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| _ | complete Schedule D, Part III | 8 | | X |
| 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 | | <u>X</u> |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, | | | |
| | permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, | | | |
| _ | or X as applicable. | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule | | | |
| h | D, Part VI | 11a | | <u> </u> |
| ŭ | Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total | l i | | |
| ~ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI | 11b | | <u>X</u> |
| C | Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total | | | |
| ч | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | <u>X</u> |
| u | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | |
| <u>م</u> | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | _ <u>X</u> |
| f | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 11e | | <u>X</u> |
| 1 | the organization's separate of consolidated infancial statements for the fax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X, | | | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 11f | | Χ. |
| 124 | Schedule D. Parts XI. XII. and XIII | | | |
| ь | Schedule D, Parts XI, XII, and XIII | 12a | | <u>X</u> . |
| - | the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 12b | | X |
| .~ 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 13 | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, | 14a | | X |
| | business, investment, & program service activities outside the United States, or aggregate foreign investments | | | |
| | valued at \$100,00 or more? If "Yes," complete Schedule F, Parts I and IV. | 14b | | v |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization | 140 | | X |
| | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance | | | <u> </u> |
| | to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 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 (see instructions) | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VII. | + | | <u> </u> |
| | lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | х |
| 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 | | Х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| d | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? \dots N/A | 20b | | |



Form 990 (2011) American College of Poultr 58-2053275 Part IV Checklist of Required Schedules (continued)

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| 21 Did the organization report more trans 50,00 or grams and other assistance to any government or organization in the United States on Part X, United | | | | Yes | No |
|--|-----|--|------|---|------------|
| 2 but the organization report information in a 5,000 efginanzia and other assistance to individuals in the United States on Part K, confined Schedule I, Part I and III III III III IIII IIII IIII II | 21 | and a second to port more than out of grants and prote assistance to any deveryment or expansion to a | | | |
| 20 bit is organization takener is a priority in, section A, time 3, 4, or 3 about compensation of the organization real former offices, director, trustees, exer supposes, and highest compensation of the organization representation of the organization takener at a section of the sectin the sectin sectin of the section of the section of the section o | 22 | . Do the organization report more than \$5,000 of grants and other assistance to individuale in the United States on Ductive | | | X |
| complex Schedule J 23 X 24 Did the organization have a tax-exampt bond issue with an custanding principal encurt of more than \$100,000 as of the least (w) of the year, tak was issued after December 31, 2002? If 'Yes,'' answer lines 24b through 24d and complete 24a X 25 Did the organization and tak was issued after December 31, 2002? If 'Yes,'' answer lines 24b through 24d and complete 24a X 24 Did the organization invest any proceed of tax-exampt bonds beyond a temporary period exception? M/A 24 Did the organization and that an accore account other than a refunding escrew at any time during the year to delesse any tax-exampt bonds? M/A 24 Did the organization act is an 'on behalt of lessuer for bonds outstanding at any time during the year'. M/A 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization ergage in an excess benchle it ansection bords? M/A 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or discutalified person to a prove a grant celectron runtes or officer, director, trustee, level weight complete Schedule L, Part I. 25b X 27 Did the organization provide a grant celectron committee momber, or to a 5% controlled endby or family member of a unrent or former officer, director, trustee, or key employee? If 'Yes,'' complete Schedule L, Part V. 28a X 28 Was the organization a party to | 23 | Did the organization answer "Yes" to Part VI. Section A line 3. 4 or 5 about componentian of the | 22 | | X |
| 24 Dick the organization have a tax-axempt 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", of out line 25. 24a X 24 Dick the organization have a tax-axempt bond issue with an outstanding principal amount of more than \$100,000 as of the organization mathematic an excerct accord to the second of the organization mathematic and excerct accord to the second of the organization mathematic accord at tax tax tax the during the year to delease any tax-axempt bonds? Y/A 24 Dick the organization mathematic accord accord the than a refunding second a tary time during the year to delease any tax-axempt bonds? N/A Zed 25 Section 501(Q3) and Store 11" (Section To bonds outstanding at any time during the year? N/A Zed 24 Dick the organization access at "on behat of lissue for bonds outstanding at any time during the year? N/A Zed 25 Section St(Q3) and Store 11" (Section To bonds outstanding at any time during the year? N/A Zed 26 Is the organization access at the segaed in an excess bonefit transaction with a diquatilied person in a pro'rear. N/A Zed 27 Was a loan to or by a current or former officer, director, trustee, key amployee, biothy complete Schedule L, Part II. Zed X 28 Was the organization access tran | | current and former officers, directors, trustees, key employees, and highest compensated employees a kinker in | | | |
| The less day to the year, that was issued after December 31, 20021 ""Year," answer line 24b through 24d and complete Schedule K. ("No." go to line 25 Did the organization invest any proceeds of tax-overing bonds beyond a temporary particle exception? | | complete Schedule J | | | |
| be last, day 0 in equal, intell was soluted after December 31, 2002 II "Yes," answer lines 24b through 24d and complete Schedule K. "No.", approaches of tax-exempt bonds beyond a temporary pariod exception? N/A b Did the organization finitiation an escrow account other than a returning escrow at any time during the year to celease any tax-exempt bonds? N/A d Did the organization finitiation an escrow account other than a returning escrow at any time during the year to celease any tax-exempt bonds? N/A d Did the organization finitiation an escrow account other than a returning escrow at any time during the year to celease any tax-exempt bonds? N/A d Did the organization acties as in "on behalf of issuer for bonds outstanding at any time during the year." N/A d Bis the organization and account of the organization any project for the segn and that the 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 90 or 390-EZ? If "Yes," 25b d Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, builtantiation or employee thereof, a grant selection committee momber or to accellation to any or any to a builtantiate contributor or employee thereof, a grant selection complete Schedule L, Part II 26a X 27 Vid the organization any or to sense transaction with ore of the following parise (see Schedule L, Part IV instructions for applicable filling thresholds, confillers, and exceptions?) 27 X 28 Was the organization | 24 | a big the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 oc of | | | _X_ |
| bit the organization involution and service any proceeds of tax-exempt bonds beyond a temporary pariod exception? M/A c Did the organization maintain an escrow account other than a retunding escrow at any time during the year to defease any tax-exempt bonds? N/A d Did the organization maintain an escrow account other than a retunding escrow at any time during the year to defease any tax-exempt bonds? N/A d Did the organization act as an "on behalf of laster for bonds outstanding at any time during the year? N/A d executing the year? A d execution construction or the resistance to an diffice, difficator, trustee, or anothor, diffice any organizat | | the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| bit is organization mutatian in proceeds of ax-semity: bonds exemption: | | Schedule K. If "No," go to line 25 | 240 | | v |
| a bit the organization accurate of the second account other than a refunding secrew at any time during the year to defease any tax-second ot as an "on behalf of" issue for bonds outstanding at any time during the year? N/A 244 244 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualitied person that the transaction has not been reported on any of the organization's pior Forms 90 or 930–272 ff "Yes," 25a X 26a X 25a X 25a X 27 Did the organization aware that it engaged in an excess benefit transaction with a disqualitied person that be not set on enginatation's tary set organization's pior Forms 90 or 930–272 ff "Yes," 25b X 28 Was a lean to or by a current or former officer, director, trustee, key employee, highly compensatic engloyee, or disqualitied person ontraining as of the one of the organization's tary employee, substantial contributor or employee thereof, a grant selection committee member, or to a 25% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. 26 X 27 Did the organization a party to a business transaction with one of the organization's tary employee, substantial controllator or employee thereof, a grant selection, continue, or key employee? If "Yes," complete Schedule L, Part IV. 26a X 28 Was the organization caverent or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. | | > big the organization investignt proceeds of tax-exempt bonds beyond a temporary period exception? | | + — | <u> </u> |
| any diversemptions? N/A 24c 21 Mode organization act as an "on behalt of" issuer for bonds outgranding at any time during the year? N/A 24d 22a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage 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 690 or 930–E27 II "Yes," complete Schedule 1, Part I 25a X 26 Was a ban to or by a current or former officer, director, trustee, key employee, highly compensated employee, or discualified person outstanding as of the end of the organization's tax year? II "Yes," complete Schedule 1, Part II 26 X 27 Did the organization approve thered, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? II "Yes," complete Schedule 1, Part II. 26 X 27 Did the organization approve thered, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? II "Yes," complete Schedule 1, Part IV. 26 X 28 A surrent or former officer, director, trustee, or key employee? II "Yes," complete Schedule 1, Part IV. 26a X 29 Did the organization receive comtributions of at, historicat contributions? II "Yes," complete Schedule 1, Part IV. 26a X 29 Did the organization receive contributions of at, historicat resevers, oro | Ċ | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defense | 240 | <u> </u> | |
| 2 Du the organization action dental of "issuer for bonds outsanding at any time during the year? | | any tax-exempt bonds? | 240 | | |
| 25.3 Section Sur (Gy) and SUr(Gy) and Surfactions. Did the organization engage in an excess benefit transaction with a disqualified person 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 target of prior Section 227 If "Yes," 25a X 26 Was at lean to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person or by a current or former officer, director, trustee, key employee, tighly compensated employee, or disqualified person or ther assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. 26 X 27 Was the organization reported as party to a buschess transaction with one of the following parties (see Schedule L, Part II. 27 X 28 Was the organization receive on their existence, or key employee? If "Yes," complete Schedule L, Part IV. 28a X 29 Did the organization receive contributions of a period bothy of the organization receive contributions? If "Yes," complete Schedule L, Part IV. 28a X 29 Did the organization receive contributions of ant, historial trassections? If "Yes," complete Schedule L, Part IV. 28a X 29 Did the organization receive contributions of ant, historid trassecures, or other similar assets, or qualified conserval on | c | The the organization act as an "on benalt of" issuer for bonds outstanding at any time during the year? | | <u>+ </u> | |
| b is the organization avant but it enganization's 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 980 or 300–522 if "Yes," complete Schedule L, Part I 25a X 26 Was alon 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 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. 27 X 28 Was the organization are papiloable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive contributions of an, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV. 28a X 29 Did the organization receive contributions of an, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 X 30 Did the organization receive contributions of an, thistorical treasures, or other similar assets, or qualified conservation contributons? If "Yes," complete | 25; | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess bonofit transaction with | 2.74 | <u>+</u> | |
| and that the transaction with a disgualitied person in a prior year, complete Schedule L, Part I 255 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disgualitied person outstanding as of the end of the organization's tay year? If "Yes," complete Schedule L, Part II 26 27 Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part II 26 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part II 27 29 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. 28 29 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28 29 Did the organization foce/we more than 252,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV. 28 29 Did the organization foce/we more than 252,000 in non-cash contributions? If "Yes," complete Schedule M. 29 30 X 29 X 31 Did the organization soll, exchange, dispose of, or transfer more than 252% of its net assets? If "Yes," complete 30 X 32 Did the organization related on any tax-excempt or taxable ently? If "Yes," complete Schedule N, Part I 31 32 X <td></td> <td>disquailled person during the year? It "Yes," complete Schedule L. Part I</td> <td>25a</td> <td></td> <td>x</td> | | disquailled person during the year? It "Yes," complete Schedule L. Part I | 25a | | x |
| and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," 25 X 26 Was a loan to or by a current or former officer, director, fustee, key employee, highly compansated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, tustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 28 Was the organization is for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28a X 29 Did the organization receive contributions of any hot be an assiston receive contributions? If "Yes," complete Schedule L, Part IV. 28b X 30 Did the organization receive contributions of ant, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 30 X 31 Did the organization sel, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 31 X 32 Did the organization well, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 32 X 33 Did the organ | b | is the organization aware that it engaged in an excess benefit transaction with a discuslified person in a prior year | | | -* |
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| bit the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b 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," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 35b X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? 38 X | | iii, iv, and v, line 1 | 34 | | v |
| b bid 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," complete Schedule R, Part V, line 2 | 35a | bid the organization have a controlled entity within the meaning of section 512(b)(13)? | | | |
| within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? 38 X | b | Du the organization receive any payment from or engage in any transaction with a controlled entity | | | <u></u> |
| Section Str(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | x |
| organization? If "Yes," complete Schedule R, Part V, line 2 N/A 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? 38 X | 30 | Section Sur(c)(S) organizations. Did the organization make any transfers to an exempt non-charitable related | | + | |
| and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| Note. All Form 990 filers are required to complete Schedule O 38 X | 57 | bid the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| Note. All Form 990 filers are required to complete Schedule O | 38 | Did the organization complete Schedule Q and provide on the state of the organization complete Schedule R, Part VI | 37 | | х |
| JVA 11 9904 TWF 980 Copyright Forms (Software Only) = 2011 TW | | Note. All Form 990 filers are required to complete Schedule C | | | |
| | JVA | 11 9904 TWF 990 Capyright Forms (Software Only) - 2011 TV/ | 38 | X | |

Form 990 (2011)

| | 90 (2011) American College of Poultr 58-2053275 | | Page 5 |
|--------|--|------|----------|
| Part | | | |
| | Check if Schedule O contains a response to any question in this Part V | •••• | |
| | | | Yes No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | | |
| | gaming (gambling) winnings to prize winners? | 1c | X |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? N/A | 2b | |
| - | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O \dots N/A | Зb | |
| 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 account)? | 4a | X |
| b | If "Yes," enter the name of the foreign country: > | | |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? \dots N/A | 5c | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization | | |
| | solicit any contributions that were not tax deductible? | 6a | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | |
| | gifts were not tax deductible? | 6b | |
| 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 | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? \dots N/A | 7b | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | |
| | required to file Form 8282? | 7c | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?, | 7g | X |
| | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098+C? | 7h | X |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. | | |
| | Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess | | |
| | business holdings at any time during the year? | 8 | X |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | X |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | X |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12, 10a | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a L | Gross income from members or shareholders | | |
| ь | Gross income from other sources (Do not net amounts due or paid to other sources | | |
| 12a | against amounts due or received from them.). | | |
| b | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | <u> </u> |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | X |
| | Enter the amount of reserves the organization is required to maintain by the states in which | | |
| | | | |
| с | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | <u></u> |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0 N/A | 14a | X |
| | A A A A A A A A A A A A A A A A A A A | 14b | |

| | к к. | | | | | |
|---------|---|---------|----------------------|---------|---|---------|
| Form 9 | 90 (2011) American College of Poultr 58-2053275 | | •A ₩ | | Pa | age 6 |
| Part | | ugh 7b | below, and for a "I | vo" res | ponse | to |
| | line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sch | edule (| D. See instructions. | | | |
| | Check if Schedule O contains a response to any question in this Part VI | | | | | |
| Section | on A. Governing Body and Management | | | | | |
| | | | 4 | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 11 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar | | | | | |
| | committee, explain in Schedule O. | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relati | onship | with any other | | | |
| | officer, director, trustee, or key employee? | | | 2 | | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or un | der the | direct supervision | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person | ? | | 3 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior F | orm 99 | 0 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization | 's ass | ets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | | | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elec | | | | | |
| | more members of the governing body? | 1/12 | | 7a | | х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) memi | | | | | |
| | or persons other than the governing body? | • | | 7b | | х |
| 8 | Did the organization contemporaneously document the meetings held or written actions under | | | | | |
| | by the following: | | | | | |
| а | The governing body? | | | 8a | 22000000 | x |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | | X |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot b | | | | | |
| 5 | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | 9 | | x |
| Secti | on B. Policies (This Section B requests information about policies not required by the Interr | | | | | Δ |
| | | | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | 10a | and the second | X |
| | If "Yes," did the organization have written policies and procedures governing the activities of su | | | iou | | <u></u> |
| | affiliates, and branches to ensure their operations are consistent with the organization's exemption | | 2427030223424 | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing | | | 11a | | x |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | the for | | | | Δ |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | X | |
| b | And a second s | | ud aive | 120 | Λ | |
| - | rise to conflicts? | | <u> </u> | 12b | x | |
| с | Did the organization regularly and consistently monitor and enforce compliance with the policy? | | | 120 | _ A | |
| | describe in Schedule O how this is done | | | 120 | v | |
| 13 | Did the organization have a written whistleblower policy? | | | 12c | X | v |
| 14 | Did the organization have a written document retention and destruction policy? | | | 13 | | X |
| 15 | Did the process for determining compensation of the following persons include a review and ap | | | 14 | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberal | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | | | v |
| b | Other officers or key employees of the organization | | | 15a | | X |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions). | | | 15b | | • |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arr | angem | ent | × | | |
| 000,80 | with a taxable entity during the year? | | | 16a | | x |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to e | valuate | | 104 | | |
| | its participation in joint venture arrangements under applicable federal tax law, and taken steps | | | | | |
| | the organization's exempt status with respect to such arrangements? | | | 16b | 000000000000000000000000000000000000000 | |
| Section | on C. Disclosure | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed \blacktriangleright FL | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and | 990-T | (Section 501(c)(3)s | only) | | |
| | available for public inspection. Indicate how you made these available. Check all that apply. | | | 200 | | |
| | Own website Another's website X Upon request | | | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing docume | nts, co | nflict of interest | | | |
| | policy, and financial statements available to the public during the tax year. | | | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the boo | oks an | d records of the | | | |
| | organization: ► See attachment #4 | | | | | |

| Section A. | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees | |
|---------------|--|--------|
| | Check if Schedule O contains a response to any question in this Part VII | X |
| | and Independent Contractors | 53 |
| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, | |
| Form 990 (201 | | Page / |

.....

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.

• 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, if any. 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 neither the organization nor any related organizations compensated any current officer, director, or trustee.

| (A) | (B) | (C) Position (do not check more than one | | | | | | (D) | (E) | (F) |
|-----------------------------|--|--|--------------------|---------------------------------|---|--|--------|--|--|--|
| Name and Title | Average hours per | | (do not box, un | check less pe | more th rson is | an one both an | | Reportable | Reportable | Estimated |
| | week (describe hours for related organiza- tions in Schedule O) | - ND - V - DD A | TRUSTEE NSTITEE | O F F I C E R | K E E M Y P L O Y E E | H C E I O M G M P H P L E E O Y T S E A E T E D | FORMER | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| Danny Magee | | | | | | | | 6 | | |
| | 1.00 | | | | | | Х | 0 | 0 | 0 |
| Eric Jensen | | | | 37 | | | | | | |
| | 2.00 | | | Х | | | | 0 | 0 | 0 |
| Karen Burns Grogan | | | | v | | | | | | |
| | 2.00 | | | х | | | | 3,500 | p | 0 |
| Hector Cervantes | 1 00 | x | | | | | | 0 | 0 | |
| Board Member AAAP Rep | 1.00 | Λ | | | | | | 0 | 0 | μ |
| Doug Grieve Board Member | 1.00 | x | | | | | | 0 | 0 | |
| Suzanne Dougherty | 1.00 | A | | | | | | U U | U | ^o |
| Board Member | 1.00 | х | | | | | | 0 | 0 | 0 |
| Babek Sanie | 1.00 | л | | | | | | U U | Ň | |
| Board Member | 1.00 | x | | | | | | 0 | 0 | 0 |
| Eric Gingerich | 1.00 | | | | | | | ĭ | 0 | C . |
| Board Member | 1.00 | х | | | | | | 0 | 0 | 0 |
| James Barton | 1.00 | | | | | | | Ŭ | Č | Č |
| Board Member AAAP | | | | | | | | | | |
| Rep | 1.00 | х | | | | | | 0 | 0 | o |
| Jean Sander | | | | | | | | | | |
| Board Member ABVS | | | | | | | | | | |
| Rep | 1.00 | х | | | | | | 0 | 0 | 0 |
| Andrea Sinclair Zedek | | | | | | | | | | |
| Board Member | 1.00 | х | | | | | | 0 | 0 | 0 |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 9 | | | | | | | | | | |

| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | Pan | | Lcan C | | - | | _ | | | -2053275 | | | P | age |
|---|------------|--------------------------------|-----------------------|------------|---------------------|---------|----------|-------------|---------------|----------------------------|---------------------|------------|---------|-------|
| Name and title Average week the construction is a series interval and end to be the bours for traded version is a series interval and end to be the bours for traded version is a series interval and end to be the bours for traded version is a series interval and end to be the organization (W-2/1089-MISC) Reportable compensation from the organization (W-2/1089-MISC) Reportable to be the organization (W-2/1089-MISC) Reportable tob to be the org | illine and | | | 3, Truste | ees, K | | | es, and | Highe | | | | (5) | _ |
| Incurs per veck (describe organization organization organization organization organization organization organization (W-2/1099-MISC) and organization (W-2/1099-MISC) and organization (W-2/1099-MISC) and organization organization organization organization organization organization organization (W-2/1099-MISC) and organization organization organization organization organization organization organization organization (W-2/1099-MISC) and organization organization organization organization organization organization organization organization (W-2/1099-MISC) 1b Sub-total b b b b b b b compensation organization (W-2/1099-MISC) compensation organization organization organization organization organization organization (W-2/1099-MISC) compensation organization (W-2/1099-MISC) compensation organization organization organization organization organization (W-2/1099-MISC) compensation organization (W-2/1099-MISC) compensation organization orga | | | 21.02 | | | Pos | ition | | | 2896 B 10000 | | E | | a |
| the Sub-total > 0 <t< th=""><th></th><th>Name and the</th><th>Contraction of the</th><th></th><th>box, un</th><th>less pe</th><th>rson is</th><th>both an</th><th></th><th>1 BMC room 1</th><th>1.53</th><th>1000</th><th></th><th></th></t<> | | Name and the | Contraction of the | | box, un | less pe | rson is | both an | | 1 BMC room 1 | 1.53 | 1000 | | |
| Indust of organization organization Bors in A Schedule L n I = 5 b = 0 b | | | week | ITD | LT | 1 | | HCE | F | Summer and | | | | |
| tors in N = 0 0 if the in N = | | | | | SU | F | | GMD | | the | organizations | com | pensat | tion |
| tors in N = 0 0 if the in N = | | | and the second second | VTC | 117 | ç | L O | EEO | E | A COLOR OF COLORS TRUE WAY | (W-2/1099-MISC) | 5000 L | | |
| Schedule C K c c organizations O) O C c </th <th></th> <th></th> <th>-</th> <th>DEO</th> <th>ΥĒ</th> <th>Ř</th> <th>Ĕ</th> <th>TSE</th> <th>n</th> <th>(W-2/1099-MISC)</th> <th></th> <th></th> <th></th> <th></th> | | | - | DEO | ΥĒ | Ř | Ĕ | TSE | n | (W-2/1099-MISC) | | | | |
| 1b Sub-total 3500 0 0 c Total form continuation sheets to Part VII, Section A 3500 0 0 c Total form continuation sheets to Part VII, Section A 3500 0 0 c Total form continuation sheets to Part VII, Section A 3500 0 0 c Total form continuation sheets to Part VII, Section A > 3500 0 0 d Total add lines to and to) >>>>>>>>>>>>>>>>>>>>>>>>>>>>>> | | | tions in Schedule | A 0 | 0N | | - | | | | | 1 22042220 | | |
| c Total from continuation sheets to Part VII, Section A | _ | | | - | Ê | | | õ | | | | l | anzatio | /110 |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | 16 | Sub-total | | | | | | | | 3500 | 0 | 0 | | |
| d Total (add lines 1b and 1c) ▶ 3500 0 0 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ Yes 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 3 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | | | | | | | | | | 5500 | 0 | U | | |
| 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization b 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | | | 1964 | | | | | 06 5 2 | 3500 | 0 | 0 | | |
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | 2 | Total number of individuals | | | | | | | | | \$100,000 of report | able cor | npensa | atior |
| Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | from the organization > | | | | | | | | | | | Vac | N |
| For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 3 | Did the organization list any | former of | ficer, dir | ector, | or trus | stee, ke | ey emplo | yee, o | or highest compensa | ted employee | | 100 | |
| organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | | on line 1a? If "Yes," complet | te Schedul | e J for s | uch in | dividu | al | | | - | | 3 | | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | 4 | For any individual listed on I | line 1a, is t | he sum | of repo | ortable | e comp | pensation | and | other compensation | from the | | | |
| services rendered to the organization? If "Yes," complete Schedule J for such person 5 services rendered to the organization? If "Yes," complete Schedule J for such person 5 ection B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) | | | | | | | | | | | | 4 | | X |
| ection B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) | | | | | | | | | | | | | | |
| 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) | 5 | | | If "Yes, | comp | plete S | schedu | ile J for s | such p | person | | 5 | | X |
| compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) | | | | st comp | ensate | d inde | nonde | ant contr | actors | that received more | than \$100 000 of | | | |
| (A) (B) (C) | ectio | Complete this table for your | | | | | | | | | | s tax ve | ar. | |
| | ectio | | inization. P | | ALL STORE CONSTRUCT | | | | 1 | 3-32 C | | | 12210 | |
| | ectio | | L COMPANYING | | | | | | | Description of se | | | | n |
| | ectio | compensation from the orga | (A) | address | i | | | | | Description of se | ervices | Comp | ensatio | |
| | ectio | compensation from the orga | (A) | address | 3 | | | | | Description of se | ervices | Comp | ensatio | |
| | ectio | compensation from the orga | (A) | address | 3 | | | | | Description of se | Prvices | Compe | ensatio | |
| | ectio | compensation from the orga | (A) | address | <u>}</u> | | | | | | | Compo | ensatio | |

| Form 990 | (2011) |
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American College of Poultr 58-2053275

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| Pan | *11 | Statement of Revenue | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|-------------------------|--------|--|----------------------|-------------|--|-----------------------------|--|---|---|
| c G O | 1a | Federated campaigns | | 1a | | | | | |
| OEHI | | Membership dues | 2017 DAMESTICS PROVE | 1b | 56,935 | | | | |
| NTETSR | | Fundraising events | | 1c | | | | | |
| Ras | | Related organizations | | 1d | | | | | |
| R G S I R I B A M | | Government grants (contributio | THE PARTY OF CASE | 1e | | | | | |
| UN ! | | | | | | | | | |
| T T A S R | f | All other contributions, gifts, gr similar amounts not included a | | 1f | 695 | | | | |
| OAA | | | 320 | \$ | 095 | | | | |
| O A A N NM S D T | | Noncash contributions included in lin | | | | 57,630 | | | |
| S | n | Total. Add lines 1a-1f | | | THERE IS AN ADDRESS OF | 57,030 | | | |
| P R | | Wessleich en Tregene | | - | Business Code | 5 0K0 | | | |
| OS I | | Workshop Income | | | | 5,962 | | | |
| GE | | Examination Fee | | | | 4,000 | | | |
| RRR | | Workshop Contri | | ns | | 3,300 | | | |
| MIV | d | Exam Eligibilit | У | | | 1,420 | | | |
| CE | е | | | | | | | | |
| ĽÜ | f | All other program service reve | | _ | | | | | |
| E | g | Total. Add lines 2a-2f | | | | 14,682 | | | |
| | 3 | Investment income (including | dividends, | interes | t, and | | | | |
| | | other similar amounts) | | | | 149 | | | |
| | 4 | Income from investment of tax | -exempt b | ond pro | oceeds 🕨 | | | | |
| | 5 | Royalties | | | | | | | |
| | | | (i) Real | | (ii) Personal | | | | |
| | 6a | Gross Rents | | | |] | | | |
| | b | Less: rental expenses | | | | | | | |
| | с | Rental income or (loss) | | | | | | | |
| | d | Net rental income or (loss) | | | | | | | |
| | | ~~~~ | (i) Securiti | | (ii) Other | | | | |
| | 7a | Gross amount from sales | | | | 1 | | | |
| | | of assets other than inventory | | | | | | | |
| | h | Less: cost or other basis | | | | | | | |
| | | and sales expenses | | | | | | | |
| 0 | ~ | Gain or (loss) | | | | | | | |
| т | | Net gain or (loss) | | l | × | | | | |
| H | | Gross income from fundraising | | Г | | | | | |
| E R | oa | events (not including \$ | 4 | | | | | | |
| n | | of contributions reported on lin | 101 0 | | | | | | |
| R | | | | | | | | | |
| Е | 100 | See Part IV, line 18 | | | | 4 | | | |
| v | | Less: direct expenses | | | | | | | |
| E N | | Net income or (loss) from func | | | | | | | |
| Ü | 9a | Gross income from gaming ac | | | | | | | |
| E | | Part IV, line 19 | | 2 2 July 1 | | | | | |
| | | Less: direct expenses | | | | | | | |
| | | Net income or (loss) from gam | ing activiti | les Γ | | | | | |
| | TUa | Gross sales of inventory, less | | | | | | | |
| | h | returns and allowances Less: cost of goods sold | | _ | | { | | | |
| | | | | | | | 1 | | |
| | C | Net income or (loss) from sale Miscellaneous Reven | | <u>lory</u> | Business Code | | | | |
| | 11a | wiscellaneous Reveni | ue | — | Business Code | 1 | | | 1 |
| | b | | | - | | | | | |
| | | <u></u> | | — - | | | | | |
| | c d | All other revenue | | | | | | | |
| | d | Total. Add lines 11a-11d | | | 1 | | | | |
| | | Total revenue. See instruction | | | | 72.461 | | | |

11 9909

Form 990 (2011) Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). Check if Schedule O contains a response to any question in this Part IX (A) Total expenses (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and 1 organizations in the United States. See Part IV, line 21... Grants and other assistance to individuals in 2 the United States, See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States, See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disgualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits Payroll taxes 10 Fees for services (non-employees); 11 12,086 а Management 12,086 h Legal Accounting 586 с 586 d Lobbying е Professional fundraising services. See Part IV, line 17... f Investment management fees Other a Advertising and promotion 12 13 Office expenses 511 511 Information technology 14 15 Royalties 16 Occupancy 17 Travel 144 144 18 Payments of travel or entertainment expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings 5,108 19 5,108 20 Interest 21 Payments to affiliates Depreciation, depletion, and amortization 22 23 5,851 Insurance 5,851 24 Other expenses, Itemize expenses not covered above, (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount. list line 24e expenses on Schedule O.) Workshop а 5,932 5,932 Honorarium b 3,500 3,500 Online Presence С 2,742 2,742 Bank/Credit Card Fees d 1,540 1.540 All other expenses е 2,058 500 1,558

40,058

6,432

33,626

25 Total functional expenses. Add lines 1 through 24e
 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)

| Form | 990 | (2011) |
|------|-----|--------|
| Par | t X | |

| | | | | (A) | | (B) |
|-----------------------|--------------|---|--|-------------------|----------|-------------|
| | | | | Beginning of year | | End of year |
| | 1 | Cash non-interest-bearing | were and the were and the time are the | 5,784 | 1 | 23,281 |
| | 2 | Savings and temporary cash investments | | 68,993 | 2 | 81,058 |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | | 4 | |
| | 5 | Receivables from current and former officers, direct | tors, trustees, key | | | |
| | | employees, and highest compensated employees. | Complete Part II of | | | |
| | | Schedule L | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined und | | | | |
| | | described in section 4958(c)(3)(B), and contributing employer | | | | |
| A S S E T | | of section 501 (c)(9) voluntary employees' beneficiary organiz | | | 6 | |
| s | 7 | Notes and loans receivable, net | 17. 17. 17. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19 | | 7 | |
| E | 8 | Inventories for sale or use | | | 8 | |
| T S | 9 | Prepaid expenses and deferred charges | | | 9 | |
| Ŭ | | Land, buildings, and equipment: cost or other | I I | | - | |
| | Iva | basis. Complete Part VI of Schedule D. | 10a | | | |
| | h | Conserved and an entry ready provided and an approximately reading to | 10b | | 10c | |
| | | Investments publicly traded securities | 1207-078 | | 11 | |
| | | Investments other securities. See Part IV, line 1 | | | 12 | |
| | | Investments program-related. See Part IV, line | | | 12 | |
| | 1000.000 | | | | 14 | |
| | | Intangible assets Other assets. See Part IV, line 11 | | | | |
| | | Total assets. Add lines 1 through 15 (must equal | | 74,777 | 15 | 104 220 |
| | | Accounts payable and accrued expenses | | /4,/// | 16 | 104,339 |
| | | | | | 17 18 | |
| 0.05 | 1223 | Grants payable | | | 6.00 | |
| L | 19 | Deferred revenue | | | 19 | |
| Â | | Tax-exempt bond liabilities | | | 20 | |
| В | 1 | Escrow or custodial account liability. Complete Par | | | 21 | |
| Ĺ. | 22 | Payables to current and former officers, directors, | | | | |
| Ļ | | employees, highest compensated employees, and | | | | |
| T | | persons. Complete Part II of Schedule L | | | 22 | |
| Ē | | Secured mortgages and notes payable to unrelate | A STATUS STREET LOT BE SERVED HAS CHEENWORD | | 23 | |
| S | | Unsecured notes and loans payable to unrelated t | | | 24 | |
| | 25 | Other liabilities (including federal income tax, paya | a caller and an and an addition of the | | | |
| | | and other liabilities not included on lines 17-24). C | 5 T 1 | | 25 | - |
| | 26 | Total liabilities. Add lines 17 through 25 | | 0 | 26 | 0 |
| | | Organizations that follow SFAS 117, check here | | | | |
| ΝF | | complete lines 27 through 29, and lines 33 and | | | | |
| FUND | | Unrestricted net assets | | | 27 | |
| ТND | | Temporarily restricted net assets | | 28 | | |
| | 29 | Permanently restricted net assets | | | 29 | |
| A B A B A L A | | Organizations that do not follow SFAS 117, che | ck here 🕨 🗌 | | | |
| ĔĻ | Direction of | and complete lines 30 through 34. | | | | |
| EANSC | | Capital stock or trust principal, or current funds | | | 30 | |
| ° C | | Paid-in or capital surplus, or land, building, or equ | | | 31 | |
| O E R S | | Retained earnings, endowment, accumulated inco | | | 32 | |
| 7 .0 | 33 | Total net assets or fund balances | | | 33 | |
| | 34 | Total liabilities and net assets/fund balances | | 0 | 34 | 0 |

11 99011 TWF 990 Copyright Forms (Software Only) - 2011 TW

JVA

Form 990 (2011)

| Form | 990 (2011) | | Pag | e 12 |
|----------|---|---------|-----------------|---------------------------------------|
| Par | TX Reconciliation of Net Assets | | | |
| | Check if Schedule O contains a response to any question in this Part XI | | | |
| - | | | | · · · · · · · · · · · · · · · · · · · |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) 1 | 72, | 461 | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) 2 | 40, | 058 | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 3 | 32, | 403 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | | | |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | | | |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, | | | |
| - | column (B)) | | | |
| Pa | t XII Financial Statements and Reporting | | | _ |
| . | Check if Schedule O contains a response to any question in this Part XII | <u></u> | <u></u> | |
| | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: X Cash Cash Cash Control Accrual Conter | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain | | | |
| | in Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | X |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | | X |
| с | If "Yes" to lines 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? N/A | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | | |
| | Schedule O. | | | |
| 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 separate basis, consolidated basis, or both: | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | |
| | the Single Audit Act and OMB Circular A-133? | За | | X. |
| 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 \dots N/A | 3b | | |
| AVL | 11 99012 TWF 990 Copyright Forms (Software Only) - 2011 TW | Form S |) 90 | (2011) |

r .

· ·

| SCHE | EDUL | E A | |
|-------|--------|------|------|
| (Form | 990 or | 990- | -EZ) |

170(b)(1)(A)(iv). (Complete Part II.)

Public Charity Status and Public Support

| (Form 990 or 990-EZ) | | uppoir | 0011 | | | |
|--|---|----------------------------|----------------------------|--|--|--|
| | Complete if the organization is a section 501(c)(3) organization 4947(a)(1) nonexempt charitable trust. | tion or a section | 2011 Open to Public | | | |
| Department of the Treasury Internal Revenue Service | | | | | | |
| Name of the organization | 1 | Employer id | lentification number | | | |
| American Coll | ege of Poultry Veterinarians | 58-2053 | 3275 | | | |
| Part Reason | for Public Charity Status (All organizations must complete this p | art.) See instructions, | | | | |
| The organization is not a | private foundation because it is: (For lines 1 through 11, check only one | box.) | | | | |
| 1 A church, conve | ntion of churches, or association of churches described in section 170(| b)(1)(A)(i). | | | | |
| 2 A school describ | ed in section 170(b)(1)(A)(II). (Attach Schedule E.) | | | | | |
| 3 A hospital or a c | poperative hospital service organization described in section 170(b)(1) | (A)(III). | | | | |
| 4 A medical resear | ch organization operated in conjunction with a hospital described in se | ction 170(b)(1)(A)(III). E | Enter the hospital's name, | | | |
| city, and state: | | | | | | |
| L - | operated for the benefit of a college or university owned or operated by (Complete Part II.) | a governmental unit de | scribed in section | | | |

OMB No. 1545-0047

- A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6
- An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 7 section 170(b)(1)(A)(vi). (Complete Part II.)
- A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8

X An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions---subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

| d |
|------------------------|
| e disqualified |
| s described in section |
| |
| |

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

| g | Since August 17, 2006, has the organization accepted any gift or contribution from any of the |
|---|---|
| | following persons? |
| | (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) |

| · · · | | | 1 | |
|-------|--|----------|-------|--|
| | and (iii) below, the governing body of the supported organization? | 11g(l) | X | |
| (1 | II) A family member of a person described in (i) above? | 11g(ii) | X | |
| (1 | III) A 35% controlled entity of a person described in (i) or (ii) above? | 11g(iil) | X | |
| _ | | | | |

| h | Provide the foll | owing information abo | ut the supported organ | nization(s). | |
|---|------------------|-----------------------|------------------------|--------------|--|
| | | | | | |

| (I) Name of supported organization | (II) EIN | (III) Type of organization (described on lines 1–9 above or IRC section (see Instructions)) | in col. (I) II | | organizatio | | organizatio | | (vII) Amount of support |
|------------------------------------|----------|--|----------------|----|-------------|----|-------------|----|-------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | - |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | 1 | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Yes No

Schedule A (Form 990 or 990-EZ) 2011 American College of Poultr 58-2053275

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| | tion A. Public Support | | r | 1 | | | | | |
|------------|--|---|-----------------|---------------------------------------|--------------------|---------|-----------|------------|------|
| Cal | endar year (or fiscal year beginning in) 🕨 | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) | 2011 | (f) Total | 1 |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | 20,965 | 22,500 | 57,630 | 0 | 101,095 | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | 13,036 | 13,871 | 14,83 | 1 | 41,738 | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | 34,001 | 36,371 | 72,46 | 1 | 142,833 | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | | | |
| С | Add lines 7a and 7b | | | | | | | | |
| 8 | Public support (Subtract line 7c from line 6.) | | | | | | | 142,833 | |
| | tion B. Total Support | | | 1 | | | | | |
| | endar year (or fiscal year beginning in) 🕨 | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) | 2011 | (f) Tota | 1 |
| 9 | Amounts from line 6 | | | 34,001 | 36,371 | 72,46 | 1 | 142,833 | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | 448 | 194 | 149 | | 791 | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | 440 | 194 | 149 | | /91 | |
| с | Add lines 10a and 10b | | | 448 | 194 | 149 | | 791 | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | 34,449 | 36,565 | 72,610 | 1 | 143,624 | |
| 14 | First five years. If the Form 990 is for the or organization, check this box and stop here | - | | | x year as a sectio | | | | ►Г |
| Sec | tion C. Computation of Public Sup | | | | | | | | |
| 15 | Public support percentage for 2011 (line 8, c | | | | | 15 | | 99.45 | % |
| 16 | Public support percentage from 2010 Sched | ule A, Part III, lin | e 15 | | | 16 | | | % |
| STATES - | tion D. Computation of Investment | | | | | 1 1 | | <u> </u> | |
| 17 | Investment income percentage for 2011 (line | | | | | 17 | | 0.55 | % |
| 18 | Investment income percentage from 2010 Sc 22 1/2 % pumpet tests2011 If the access | | | | | 18 | | | % |
| 19a | 33 1/3 % support tests 2011. If the organ not more than 33 1/3 %, check this box and | | | | | | | | |
| b | 33 1/3 % support tests 2010. If the organ | nization did not c | heck a box on l | ine 14 or line 19 | a, and line 16 is | more th | an 33 1/3 | 3 %, and | ► X |
| 20 | line 18 is not more than 33 1/3 %, check this | | | | | | | | ► L |
| JVA | Private foundation. If the organization did n 11 990A3 TWF 990 Copyright Forms (S | OI CHECK a DOX (Software Only) - 20 | | I I I I I I I I I I I I I I I I I I I | | | | or 990-EZ) | 2011 |
| 0.00000000 | sop ingit of the | 20 | | | Concuu | | | | 2011 |

| Schedule B |
|--------------------|
| (Form 990, 990-EZ, |
| 000_DE\ |

Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, Form 990-EZ, or Form 990-PF.

2011

Department of the Treasury Name of the organization

Employer identification number

| American College | of Poultry Veterinarians | 58-2053275 |
|--------------------------------|---|------------|
| Organization type (check one): | | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | $\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| | 527 political organization | |
| Form 990-PF | 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | \int 501(c)(3) taxable private foundation | |

Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

 $\overline{\mathrm{X}}$ For a section 501(c)(3) organization filing Form 990 or 990–EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year > \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

11 990B1 JVA TWF 990 Copyright Forms (Software Only) - 2011 TW

| Schedule B (Form 990, 990-EZ, or 990-PF) (2011)American College of Poultr 58 |
|--|
|--|

Name of organization

American College of Poultry Veterinarians

.

.....

-2 Employer identification number 58-2053275

e

Part Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| _1 | • | \$ | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| · | | \$\$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| · | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution,) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| · | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZiP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |

Page 2

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

÷

3

Name of organization

Page of of Part II

Employer identification number

58-2053275

.

.

American College of Poultry Veterinarians

| Part II | Noncash Property (see instructions) | | |
|---------------------------|--|--|----------------------|
| a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | N/A | ss | |
| a) No. from Part I | (b) Description of noncash property given | (C) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

| SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service | | mplete to prov | al Information to Form Ide Information for responses to 990-EZ or to provide any additio Attach to Form 990 or 990-E | specific questic mal information | ons on | OMB No. 1545-0047 2011 Open to Public Inspection |
|--|---------|----------------|---|-------------------------------------|---------------|--|
| Name of the organization | | | | | Employer Iden | ntification number |
| American Coll | ege of | Poultry | Veterinarians | | 58-20532 | 75 |
| American Coll | ege of | Poultry | Veterinarians has | s a writt | ten | |
| conflict of i | nterest | policy | requiring officer | rs to dis | sclose | |
| annually any | interes | sts that | could possiblly g | give rise | e to | |
| | | | arly and constant | | | |
| | | | the written polic | | | |
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| | | | and its financial | | | |

available to the public for public inspection upon request.

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990 PRIMARY EXEMPT PURPOSE

| Attachment | 1: | Form | 990 | Page | 1, | Part | Ι |
|------------|----|------|-----|------|----|------|---|
|------------|----|------|-----|------|----|------|---|

| Open to Public | | | |
|--------------------|--|--------------|---------------------------|
| Inspection | For calendar year 2011 or tax period beginning | , and ending | • |
| Name of Organizati | on | Emplo | yer Identification Number |
| American (| ollege of Poultry Veterinarians | 58-2 | 053275 |

Primary Purpose

Mission Statement To further educational and scientific progress in the field of poultry veterinary medicine. To promote the development of poultry veterinary medicine as a science. To improve and strengthen the instruction in poultry veterinary medicine. To establish publication, testing and continuing education requirements for the certification of poultry veterinarians to enhance the quality of poultry veterinary medicine and to provide an incentive for research, publication, improvement of residency and other educational programs, and continuing education in the field of poultry veterinary medicine. To provide guidance on the quality of and desirable levels of pre- and post-professional training, experience and continuing education for potential and current students and specialists in poultry veterinary medicine.

990 PRIMARY EXEMPT PURPOSE

| Attachmer | nt 2: Form 990 Page 2, Part III | | |
|------------------------------|--|--------------|----------------------------|
| Open to Public | | | |
| Inspection | For calendar year 2011 or tax period beginning | , and ending | • |
| Name of Organiza American | ^{ation} College of Poultry Veterinarians | | oyer Identification Number |
| | Primary Purpose | | |
| Mission S | Statement To further educational and | | |

field of poultry veterinary medicine. To promote the development of poultry veterinary medicine as a science. To improve and strengthen the instruction in poultry veterinary medicine. To establish publication, testing and continuing education requirements for the certification of poultry veterinarians to enhance the quality of poultry veterinary medicine and to provide an incentive for research, publication, improvement of residency and other educational programs, and continuing education in the field of poultry veterinary medicine. To provide guidance on the quality of and desirable levels of pre- and post-professional training, experience and continuing education for potential and current students and specialists in poultry veterinary medicine.

990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

| | : 3: page 1 - | 990 Page 2 | , Part III | | | |
|--------------------|--|-----------------------|---------------------------|--------------|---------------------|-----------|
| Open to Public | | | | | | |
| Inspection | For calendar year 2011, o | r tax period beginnin | ng | , and ending | | • |
| Name of Organizati | on J-JJf D | י דַעַרַ עַרָּ | | | ployer Identificati | on Number |
| | College of Pou | | inarians | 58 | -2053275 | |
| Code; | nt of Program Service Acc Expenses: | 5,932 | including Grants of: | 3,300 | Devenues | E OCO |
| Coue, | | | empt Purpose Achievements | | Revenue: | 5,962 |
| None | | | | | | |
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990 BOOKS ARE IN CARE OF

| Attachment 4: Form 990 Page 6, Part VI, Section C, Line 20 |
|--|
| Open to Public |
| Inspection For calendar year 2011 or tax period beginning , and ending |
| Name of Organization Employer Identification Number |
| American College of Poultry Veterinarians 58-2053275 |
| Part VI – Line 20 |
| ndividual NameGrogan or Business Name: |
| Street Address |
| U,S. Address: Zip code <u>30019</u> City DaculaState <u>GA</u> |
| or Foreign Address |
| City |
| Province or State |
| Country |
| Postal code |
| Phone Number |
| Fax Number |

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990 PAGE 10, OTHER EXPENSES

| Attachment 5: Form 990 Page 10, Line 24 - Other Expenses | | | | | |
|---|---------------|--|----------------|-----------------|--|
| Open to Public | | | P. | | |
| Inspection For calendar year 2011 or tax per Name of Organization | iod beginning | , and en | | · | |
| American College of Poultry | ns | Employer Identification Number 58 - 2053275 | | | |
| | | (B) Program | (C) Management | | |
| Other Expenses | (A) Total | Services | and General | (D) Fundraising | |
| Office Lease and Utilities | 1,403 | | 1,403 | | |
| Contributions/Support | 500 | 500 | | | |
| Postage | 82 | | 82 | | |
| Copy Expense | 73 | | 73 | | |
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| Total: | 2,058 | 500 | 1,558 | | |

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| 2011 | DETAIL | STATEMENTS | |
|------|--------|------------|--|
|------|--------|------------|--|

American College of Poultry Ve 58-2053275

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Page 1

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| STATEMENT #1 - Membership dues (990-EO PG 9 Line 1b) | | |
|--|----------------------------|----------|
| 2011 Dues 2012 Dues Past Dues | 28,369 14,000 14,566 | |
| TOTAL CARRIED TO 990-EO PG 9 Line 1b | • • • | 56,935 |
| STATEMENT #2 - All other contributions etc. (990-E0 PG 9 | Tipo lf | <u> </u> |
| STATEMENT #2 MET CONCEPTIBATIONS CCC. (550 Ho 19 5 | nine it |) |
| Contributions | 695 |) |
| Contributions | 695 | 695 |
| Contributions TOTAL CARRIED TO 990-EO PG 9 Line 1f | 695 | |
| | 695 | |

| ASSETS | 2010 |
|------------------------|-------------|
| Checking Account | \$5,784.14 |
| Money Market Acct | \$68,993.42 |
| Total Assets | \$74,777.56 |
| Liabilities | \$0.00 |
| FUND BALANCE | |
| Beginning Fund Balance | \$84,068.06 |
| Current Earnings | -\$9,290.50 |
| Total Fund Balance | \$74,777.56 |

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| Income Sources | 2011 Year End Results |
|------------------------|-----------------------|
| 2012 Dues | \$14,000.00 |
| 2011 Dues | \$28,369.23 |
| Contributions | \$694.88 |
| Educational Materials | \$0.00 |
| Exam Eligibility Fees | \$1,420.00 |
| Examination Fees | \$4,000.00 |
| Money Market Interest | \$149.03 |
| Past Dues | \$14,565.77 |
| Workshop Contributions | \$3,300.00 |
| Workshop Income | \$5,962.45 |
| TOTAL INCOME | \$72,461.36 |

| Expense Sources | 2011 Year End Results |
|--------------------------|-----------------------|
| Accounting/Legal Fees | \$586.25 |
| Annual Meeting | \$5,108.33 |
| Bank/Credit Card Fees | \$1,539.62 |
| Board Meeting | 608.45 |
| Contributions/Support | \$500.00 |
| Copy Expense | \$73.00 |
| Exam Preparation | \$0.00 |
| Honorarium | \$3,500.00 |
| Insurance | \$5,851.25 |
| Management Fees | \$12,086.25 |
| Miscellaneous | \$0.00 |
| Office Lease & Utilities | \$1,403.00 |
| Office Supplies | \$511.40 |
| Online Presence | \$2,741.70 |
| Postage | \$81.89 |
| Travel | \$144.12 |
| Workshop | \$5,932.36 |
| TOTAL EXPENSES | \$40,667.62 |

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ACPV 2011-2012 Board of Governors

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ALEX J. BERMUDEZ, ABVS Alternate 1608 Jesse Lane Columbia, MO 65203 Phone: (573) 882-6811 Email: bermudeza@missouri.edu

BOB BEVANS-KERR, Exec Dir JANECE BEVANS-KERR, Dir Member Svcs The American College of Poultry Veterinarians 12627 San Jose Blvd., Suite 202 Jacksonville, FL 32223-8638 Phone: (904) 425-5735 Email: support@acpv.org