

Return of Organization Exempt From Income Tax

2007

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

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

For the 2007 calendar year, or tax year beginning and ending

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

C Name of organization: **AMERICAN COLLEGE OF FORENSIC EXAMINERS, INC.**

D Employer identification number: **43-1602599**

Number and street (or P.O. box if mail is not delivered to street address): **2750 E. SUNSHINE**

Room/suite:

E Telephone number: **417-881-3818**

City or town, state or country, and ZIP + 4: **SPRINGFIELD, MO 65804**

F Accounting method: Cash, Accrual

G Website: **N/A**

J Organization type: 501(c) (6) (insert no) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

H and **I** are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates: **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

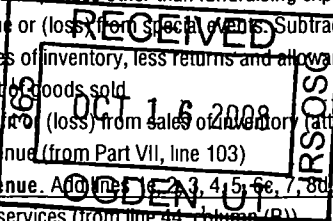
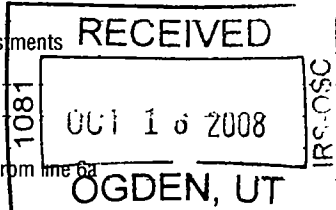
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number: **N/A**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: **510,842.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances				
Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Contributions to donor advised funds	1a		
	b Direct public support (not included on line 1a)	1b		
	c Indirect public support (not included on line 1a)	1c		
	d Government contributions (grants) (not included on line 1a)	1d		
	e Total (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)	1e	0.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	15,562.	
	3 Membership dues and assessments	3	490,469.	
	4 Interest on savings and temporary cash investments	4	2,002.	
	5 Dividends and interest from securities	5		
Revenue	6 a Gross rents	6a		
	b Less: rental expenses	6b		
	c Net rental income or (loss). Subtract line 6b from line 6a	6c		
	7 Other investment income (describe _____)	7		
	8 a Gross amount from sales of assets other than inventory	(A) Securities	8a	
		(B) Other	8b	
			8c	
	d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d		
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a		
b Less: direct expenses other than fundraising expenses	9b			
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
10 a Gross sales of inventory, less returns and allowances	10a			
	b Less: cost of goods sold	10b		
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
11 Other revenue (from Part VII, line 103)	11	2,809.		
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	510,842.		
Expenses	13 Program services (from line 44, column (B))	13		
	14 Management and general (from line 44, column (C))	14		
	15 Fundraising (from line 44, column (D))	15		
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses. Add lines 16 and 44, column (A)	17	549,173.	
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	<38,331.>	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	544,647.	
	20 Other changes in net assets or fund balances (attach explanation)	20	0.	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	506,316.	



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**AMERICAN COLLEGE OF FORENSIC EXAMINERS,
INC.**

Form 990 (2007)

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0.</u> noncash \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>0.</u> noncash \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	4,400.			
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c				
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27				
29 Payroll taxes				
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees	4,649.			
33 Supplies	14,107.			
34 Telephone	21,102.			
35 Postage and shipping	27,214.			
36 Occupancy				
37 Equipment rental and maintenance				
38 Printing and publications	78,675.			
39 Travel	1,225.			
40 Conferences, conventions, and meetings	1,476.			
41 Interest				
42 Depreciation, depletion, etc (attach schedule)	13,018.			
43 Other expenses not covered above (itemize):				
a _____				
b _____				
c _____				
d _____				
e _____				
f _____				
g SEE STATEMENT 1	383,307.			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	549,173.			

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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12-27-07

Form 990 (2007)

AMERICAN COLLEGE OF FORENSIC EXAMINERS, INC.

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Part III Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 2</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
b <u>COORDINATED THE ACCREDITATION PROCESS FOR VARIOUS DISCIPLINES</u> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	

Form 990 (2007)

**AMERICAN COLLEGE OF FORENSIC EXAMINERS,
INC.**

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Part IV Balance Sheets (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	7,484.	45	20,166.
	46 Savings and temporary cash investments	70,639.	46	72,567.
	47 a Accounts receivable			
	b Less: allowance for doubtful accounts		47c	
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable	197,683.		
	b Less: allowance for doubtful accounts		51c	197,683.
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 a Investments - publicly-traded securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments - other securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
55 a Investments - land, buildings, and equipment basis				
b Less: accumulated depreciation		55c		
56 Investments - other		56		
57 a Land, buildings, and equipment, basis	731,098.			
b Less: accumulated depreciation STMT 3	476,316.	267,801.	57c	254,782.
58 Other assets, including program-related investments (describe ▶ TRADEMARK - NET)		245.	58	157.
59 Total assets (must equal line 74). Add lines 45 through 58		546,191.	59	545,355.
Liabilities	60 Accounts payable and accrued expenses	1,544.	60	39,039.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ▶ _____)		65	
66 Total liabilities. Add lines 60 through 65		1,544.	66	39,039.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	544,647.	67	506,316.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		544,647.	73	506,316.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		546,191.	74	545,355.

Form 990 (2007)

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a Total revenue, gains, and other support per audited financial statements		a	N/A
b Amounts included on line a but not on Part I, line 12:			
1 Net unrealized gains on investments	b1		
2 Donated services and use of facilities	b2		
3 Recoveries of prior year grants	b3		
4 Other (specify) _____	b4		
Add lines b1 through b4		b	
c Subtract line b from line a		c	
d Amounts included on Part I, line 12, but not on line a :			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify) _____	d2		
Add lines d1 and d2		d	
e Total revenue (Part I, line 12) Add lines c and d		e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a Total expenses and losses per audited financial statements		a	N/A
b Amounts included on line a but not on Part I, line 17:			
1 Donated services and use of facilities	b1		
2 Prior year adjustments reported on Part I, line 20	b2		
3 Losses reported on Part I, line 20	b3		
4 Other (specify) _____	b4		
Add lines b1 through b4		b	
c Subtract line b from line a		c	
d Amounts included on Part I, line 17, but not on line a :			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify) _____	d2		
Add lines d1 and d2		d	
e Total expenses (Part I, line 17) Add lines c and d		e	

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
ROBERT L O'BLOCK 3686 E KINGSWOOD DRIVE SPRINGFIELD, MO 65809	PRESIDENT/DIRECTOR 40.00	1,500.	0.	0.
SUMMER O'BLOCK 3423 GLENHAVEN SPRINGFIELD, MO 65809	TRESURER/DIRECTOR 20.00	2,500.	0.	0.
JUDY MILANO HENCEY 1511 NORTH MAIN STREET PITTSBURGH, KS 66762	SECRETARY/DIRECTOR 1.00	400.	0.	0.

**AMERICAN COLLEGE OF FORENSIC EXAMINERS,
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Part VI Other Information <i>(continued)</i>		Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82b		
	N/A		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
	N/A		
85 a 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85a		X
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b		X
c Dues, assessments, and similar amounts from members	85c		
	490,469.		
d Section 162(e) lobbying and political expenditures	85d		
	0.		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
	0.		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
	0.		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
	N/A		
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
	N/A		
86 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12	86a		
	N/A		
b Gross receipts, included on line 12, for public use of club facilities	86b		
	N/A		
87 501(c)(12) organizations Enter: a Gross income from members or shareholders	87a		
	N/A		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		
	N/A		
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		X
89 a 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 ▶ <u>N/A</u> ; section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>			
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		
	N/A		
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>0.</u>			
d Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ <u>0.</u>			
e <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f <i>All organizations.</i> Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g <i>For supporting organizations and sponsoring organizations maintaining donor advised funds.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
90 a List the states with which a copy of this return is filed ▶ <u>NONE</u>			
b Number of employees employed in the pay period that includes March 12, 2007	90b		<u>0</u>
91 a The books are in care of ▶ <u>BONNIE NICHOLS</u> Telephone no. ▶ <u>417-881-3818</u> Located at ▶ <u>2750 E SUNSHINE, SPRINGFIELD, MO</u> ZIP + 4 ▶ <u>65804</u>			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ <u>N/A</u>	91b		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

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**AMERICAN COLLEGE OF FORENSIC EXAMINERS,
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Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a PERIODICAL INCOME	511120	15,562.			
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					490,469.
95 Interest on savings and temporary cash investments			14	2,002.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a ROYALTIES					2,713.
b OTHER INCOME					96.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		15,562.		2,002.	493,278.
105 Total (add line 104, columns (B), (D), and (E))					510,842.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
103A	MISCELLANEOUS INCOME INCIDENTAL TO OPERATING THE ASSOCIATION

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer 

Date 10/2/08

ROBERT O'BLOCK, PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature 
Firm's name (or yours if self-employed), address, and ZIP + 4

WHITLOCK, SELIM & KEEHN
3271 E BATTLEFIELD, SUITE
SPRINGFIELD, MO 65804

Date 1/1 Check if self-employed Preparer's SSN or PTIN (See Gen Inst X)

FORM 990	OTHER EXPENSES			STATEMENT	1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
BANK CHARGES	462.				
TAXES AND LICENSES	1,759.				
AMORTIZATION	88.				
CREDIT CARD FEES	650.				
REFERENCE MATERIALS	212.				
DUES AND SUBSCRIPTIONS	4,400.				
ADVERTISING	1,533.				
MANAGEMENT FEES	361,207.				
INSURANCE	12,996.				
TOTAL TO FM 990, LN 43	383,307.				

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	2
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EXPLANATION

TO PROVIDE CERTIFICATION AND CONTINUING EDUCATION FOR MEMBERS, AND TO KEEP MEMBERS ABREAST OF CURRENT DEVELOPMENTS

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT			STATEMENT	3
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE		
BUILDING AND EQUIPMENT	731,098.	476,316.	254,782.		
TOTAL TO FORM 990, PART IV, LN 57	731,098.	476,316.	254,782.		

FORM 990	IDENTIFICATION OF RELATED ORGANIZATIONS PART VI, LINE 80B	STATEMENT	4
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NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
AMERICAN COLLEGE OF FORENSIC EXAMINERS INSTITUTE OF FORENSIC SCIENCE, INC.		X
AMERICAN PSYCHOTHERAPY ASSOCIATION, INC.		X
AMERICAN ASSOCIATION OF INTEGRATIVE MEDICINE, INC.		X
MANAGEMENT EXECUTIVES, INC		X

FORM 990

EXPLANATION OF RELATIONSHIP
PART V-A, LINE 75B

STATEMENT 5

INDIVIDUAL'S NAME

TITLE OR ROLE

ROBERT O'BLOCK

PRESIDENT

INDIVIDUAL'S NAME

TITLE OR ROLE

SUMMER O'BLOCK

DIRECTOR

EXPLANATION OF RELATIONSHIP

DAUGHTER

INDIVIDUAL'S NAME

TITLE OR ROLE

ROBERT O'BLOCK

PRESIDENT

INDIVIDUAL'S NAME

TITLE OR ROLE

STEPHANIE O'BLOCK

DIRECTOR

EXPLANATION OF RELATIONSHIP

DAUGHTER

FORM 990

PART V-A OFFICER COMPENSATION FROM
RELATED ORGANIZATIONS

STATEMENT 6

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
ROBERT O'BLOCK	345,000.		
<u>NAME OF RELATED ORGANIZATION</u>		<u>EMPLOYER ID NUMBER</u>	
MANAGEMENT EXECUTIVES, INC.		20-2077694	
<u>RELATIONSHIP BETWEEN ORGANIZATIONS</u>			
MANAGEMENT COMPANY			
<u>COMPENSATION DESCRIPTION</u>			
WAGES			

<u>OFFICER'S NAME</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BENEFIT PLAN CONTRIBUTION</u>	<u>EXPENSE ACCOUNT</u>
SUMMER O'BLOCK	59,447.		
<u>NAME OF RELATED ORGANIZATION</u>		<u>EMPLOYER ID NUMBER</u>	
MANAGEMENT EXECUTIVES, INC.		20-2077694	
<u>RELATIONSHIP BETWEEN ORGANIZATIONS</u>			
MANAGEMENT COMPANY			
<u>COMPENSATION DESCRIPTION</u>			
WAGES			

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy		
Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization AMERICAN COLLEGE OF FORENSIC EXAMINERS, INC.	Employer identification number 43-1602599
	Number, street, and room or suite no. If a P.O. box, see instructions 2750 E. SUNSHINE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SPRINGFIELD, MO 65804	

Check type of return to be filed (File a separate application for each return)

- Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **BONNIE NICHOLS**
Telephone No **417-881-3818** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2008**
- 5 For calendar year **2007**, or other tax year beginning _____, and ending _____
- 6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
- 7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO COMPLETE AN ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **CPA** Title **CPA** Date