

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

2008

Open to Public Inspection

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

- Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 01-01-2008, and ending 12-31-2008

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

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

C Name of organization
American College of Forensic Examiners INC
Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
2750 E Sunshine
City or town, state or country, and ZIP + 4
Springfield, MO 65804

D Employer identification number
43-1602599
E Telephone number
(417) 881-3818
F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify):

I Website: www.acfei.com

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one) 501(c)(6) (insert no) 4947(a)(1) or 527

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ \$ 421,821

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	
1	Contributions, gifts, grants, and similar amounts received
2	Program service revenue including government fees and contracts 7,607
3	Membership dues and assessments 409,476
4	Investment income 665
5a	Gross amount from sale of assets other than inventory 5a
b	Less cost or other basis and sales expenses 5b
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) 5c
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>
a	Gross revenue (not including \$ of contributions reported on line 1) 6a
b	Less direct expenses other than fundraising expenses 6b
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c
7a	Gross sales of inventory, less returns and allowances 7a
b	Less cost of goods sold 7b
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c
8	Other revenue (describe) 8 4,073
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) 9 421,821
Expenses	
10	Grants and similar amounts paid (attach schedule) 10
11	Benefits paid to or for members 11
12	Salaries, other compensation, and employee benefits 12 3,700
13	Professional fees and other payments to independent contractors 13 9,710
14	Occupancy, rent, utilities, and maintenance 14 12,369
15	Printing, publications, postage, and shipping 15 132,161
16	Other expenses (describe) 16 311,205
17	Total expenses (add lines 10 through 16) 17 469,145
Net Assets	
18	Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -47,324
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 506,316
20	Other changes in net assets or fund balances (attach explanation) 20
21	Net assets or fund balances at end of year (combine lines 18 through 20) 21 458,992

Part II Balance Sheets—If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	92,733	22 102,427
23	Land and buildings		23
24	Other assets (describe)	452,622	24 404,817
25	Total assets	545,355	25 507,244
26	Total liabilities (describe)	39,039	26 48,252
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	506,316	27 458,992

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? THE AMERICAN COLLEGE OF FORENSIC EXAMINERS INSTITUTE (ACFEI) IS AN INDEPENDENT, SCIENTIFIC, AND PROFESSIONAL ASSOCIATION REPRESENTING FORENSIC EXAMINERS WORLDWIDE WE ACTIVELY PROMOTE THE DISSEMINATION OF FORENSIC INFORMATION AND THE CONTINUED ADVANCEMENT OF FORENSIC EXAMINATION AND CONSULTATION ACROSS THE MANY PROFESSIONAL FIELDS OF MEMBERSHIP WE HAVE ELEVATED STANDARDS THROUGH EDUCATION, CERTIFICATION, BASIC AND ADVANCED TRAINING AS WELL AS DIPLOMATE AND FELLOW STATUS			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28 COORDINATED THE ACCREDITATION PROCESS FOR VARIOUS DISCIPLINES (Grants \$ 0)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
29 (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (attach schedule) (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(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	(e) Expense account and other allowances
ROBERT O'BLOCK 3686 E KINGSWOOD DRIVE SPRINGFIELD, MO 65809	PRESIDENT/DIRECTOR 40 00	0	0	0
SUMMER O'BLOCK 3423 GLENHAVEN SPRINGFIELD, MO 65809	TREASURER/DIRECTOR 20 00	2,500	0	0
JUDY MILANO HENCEY 1511 NORTH MAIN STREET PITTSBURGH, KS 66762	SECRETARY/DIRECTOR 1 00	1,200	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		No
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		No
35 <i>If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T</i>			
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	Yes	
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	Yes	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? <i>If "Yes," complete applicable parts of Schedule N</i>	36		No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a _____ 0			
b Did the organization file Form 1120-POL for this year?	37b		
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39 <i>501(c)(7) organizations.</i> Enter			
a Initiation fees and capital contributions included on line 9	39a		
b Gross receipts, included on line 9, for public use of club facilities	39b		
40a <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____			
b <i>Section 501(c)(3) and (4) organizations.</i> 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? <i>If "Yes," complete Schedule L, Part I.</i>	40b		
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> _____ 0			
d Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____ 0			
e <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e		No
41 List the states with which a copy of this return is filed <input type="checkbox"/> _____			
42a The books are in care of <input type="checkbox"/> BONNIE NICHOLS Telephone no <input type="checkbox"/> (417) 881-3818 2750 E SUNSHINE Located at <input type="checkbox"/> SPRINGFIELD, MO ZIP + 4 <input type="checkbox"/> 65804			
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 <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____	42c		No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43 _____			
44 Did the organization maintain any donor advised funds? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ.</i>	44		No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ.</i>	45		No

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and

complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
49b If "Yes," was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

Total number of other independent contractors receiving over \$100,000

Under penalties of perjury, I declare that I have examined this return, including any schedules or attachments, and the information therein is true, correct, and complete. Declaration of preparer (other than officer) if one is shown on this return.

Please Sign Here

Signature of officer

ROBERT O'BLOCK PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: KATHY HILLENBURG Date: _____

Firm's name (or yours if self-employed), address, and ZIP + 4:
THE WHITLOCK COMPANY LLP
3271 E BATTLEFIELD SUITE 300
SPRINGFIELD, MO 65804

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

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2008

Attachment Sequence No 67

See separate instructions. Attach to your tax return.

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows for Section 179 election details, including maximum amount, total cost, and dollar limitation.

Table with 13 rows for listed property details, including description, cost, and elected cost.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

Table with 4 rows for special depreciation allowance and other depreciation details.

Part III MACRS Depreciation (Do not include listed property.)

Section A

Table with 2 rows for MACRS deductions for assets placed in service in tax years beginning before 2008.

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

Table with 7 columns: Classification of property, Month and year placed in service, Basis for depreciation, Recovery period, Convention, Method, Depreciation deduction.

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

Table with 3 rows for alternative depreciation system details, including class life and recovery period.

Part IV Summary (See instructions)

Table with 3 rows for summary of depreciation, including listed property and total amounts.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A-Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 main columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows 30-36.

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

Table with 2 columns: Question, Yes/No. Rows 37-41.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Rows 42-44.

TY 2008 Other Assets Schedule

Name: American College of Forensic Examiners INC

EIN: 43-1602599

Description	Beginning of Year Amount	End of Year Amount
NOTE RECEIVABLE	197,683	162,334
TRADEMARK-NET	157	69
Other Depreciable Assets	254,782	242,414

TY 2008 Other Expenses Schedule**Name:** American College of Forensic Examiners INC**EIN:** 43-1602599

Description	Amount
ADVERTISING	3,085
TELEPHONE	20,609
TRAVEL	2,586
AMORTIZATION	88
CONTRACT LABOR	600
BANK CHARGES	361
RESEARCH AND INFORMATION	640
DUES AND SUBSCRIPTIONS	4,250
OTHER TAXES	767
MANAGEMENT FEES	257,814
OFFICE EXPENSE	247
DESIGN AND ART EXPENSE	200
WEB EXPENSES	18,805
COST OF PRODUCTS SOLD	600
CREDIT CARD FEES	553

TY 2008 Other Liabilities Schedule

Name: American College of Forensic Examiners INC

EIN: 43-1602599

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE	39,039	48,252

TY 2008 Other Revenues Schedule**Name:** American College of Forensic Examiners INC**EIN:** 43-1602599

Description	Amount
ROYALTIES	2,132
OTHER INCOME	1,941

**TY 2008 Transfers Personal Benefits
Contracts Declaration**

Name: American College of Forensic Examiners INC

EIN: 43-1602599

Declaration: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.