



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2008

Open to Public Inspection

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)

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

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

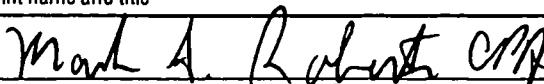
<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Association of American Veterinary Medical Colleges		D Employer identification number 36-6144553	
	Doing Business As		E Telephone number 202-373-9195	
	Number and street (or P.O. box if mail is not delivered to street address) 1101 Vermont Ave. NW, #301		Room/suite	
	City or town, state or country, and ZIP + 4 Washington, DC 20005-3521		G Gross receipts \$ 3,496,132.	
	F Name and address of principal officer: Dr. James Fox Bldg 16, Rm 825C, MIT, 77 Mass. Ave., Cambri		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
J Website: ► aavmc.org		If "No," attach a list. (see instructions)		
K Type of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation: 1997 M State of legal domicile: DC		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ASSOCIATION OF AMERICAN VETERINARY MEDICAL COLLEGES (AAVMC), IN FULFILLING ONE OF ITS SIX	E1-149	
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	FEB 09 2010	
	3 Number of voting members of the governing body (Part VI, line 1a)	3	60
	4 Number of independent voting members of the governing body (Part VI, line 1b)	0	60
	5 Total number of employees (Part V, line 2a)	5	12
	6 Total number of volunteers (estimate if necessary)	6	0
7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		506,484.	883,813.
9 Program service revenue (Part VIII, line 2g)		2,586,743.	2,532,221.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		76,035.	33,778.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		17,589.	46,320.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,186,851.	3,496,132.
		Prior Year	Current Year
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,215,603.	1,408,940.
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25) ► 16,544.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1,711,388.	1,255,352.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,926,991.	2,664,292.
19 Revenue less expenses. Subtract line 18 from line 12		259,860.	831,840.
		Beginning of Year	End of Year
20 Total assets (Part X, line 16)		2,207,909.	3,036,820.
21 Total liabilities (Part X, line 26)		787,470.	784,541.
22 Net assets or fund balances. Subtract line 21 from line 20		1,420,439.	2,252,279.

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	Signature of officer		
	Gerhardt Schuring, Treasurer		
Type or print name and title		Date 01/29/10	

Paid Preparer's Use Only	Preparer's signature ► 	Date 01/20/10	Check if self-employed <input checked="" type="checkbox"/> X	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 Roberts & Associates 1776 K Street NW, #800 Washington, DC 20006	EIN ►	Phone no. ► 202-293-1088	

May the IRS discuss this return with the preparer shown above? (see instructions)

832001 12-18-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

See Schedule O for Organization Mission Statement Continuation

Association of American Veterinary
Medical Colleges

Form 990 (2008) .

36-6144553 Page 2

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: See Schedule O for Continuation

AAVMC PROVIDES LEADERSHIP FOR AND PROMOTES EXCELLENCE IN ACADEMIC VETERINARY MEDICINE TO PREPARE THE VETERINARY WORKFORCE WITH THE SCIENTIFIC KNOWLEDGE AND SKILLS REQUIRED TO MEET SOCIETAL NEEDS THROUGH THE PROTECTION OF ANIMAL HEALTH, THE RELIEF OF ANIMAL

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

See Schedule O for Continuation(s)

4a (Code:) (Expenses \$ 330,206. including grants of \$) (Revenue \$ 2,177,340.)
VETERINARY MEDICAL COLLEGE APPLICATION SERVICE (VMCAS) - THE AAVMC'S VETERINARY MEDICAL COLLEGE APPLICATION SERVICE IS THE CENTRAL DISTRIBUTION, COLLECTION, AND PROCESSING SERVICE FOR APPLICATIONS TO VETERINARY MEDICAL COLLEGES. DURING THIS APPLICATION PERIOD, VMCAS COLLECTED 23,570 APPLICATIONS AND 21,162 EVALUATIONS FROM 6,206 APPLICANTS, AND DISTRIBUTED THESE FILES TO 33 SCHOOLS OF VETERINARY MEDICINE.

4b (Code:) (Expenses \$ 94,815. including grants of \$) (Revenue \$ 32,000.)
JOURNAL OF VETERINARY MEDICAL EDUCATION (JVME) - THE JOURNAL OF VETERINARY MEDICAL EDUCATION IS AN INTERNATIONAL, PEER-REVIEWED JOURNAL THAT PUBLISHES ORIGINAL ARTICLES ON ALL TOPICS RELATED TO VETERINARY MEDICAL EDUCATION. JVME IS THE OFFICIAL PUBLICATION OF THE AAVMC. IT IS THE SOLE JOURNAL IN THE WORLD DEVOTED EXCLUSIVELY AND COMPREHENSIVELY TO THE VETERINARY EDUCATION AND IS PUBLISHED QUARTERLY IN PRINT AND ONLINE (WWW.JVMEONLINE.ORG). IN 2009 EACH ISSUE OF JVME WAS DISTRIBUTED TO 3,400 VETERINARY FACULTY AND ADMINISTRATORS OF AAVMC MEMBER VETERINARY MEDICAL EDUCATION INSTITUTIONS INCLUDING EVERY VETERINARY MEDICAL COLLEGE IN THE U.S. AND CANADA AS WELL AS LEADING COLLEGES IN AUSTRALIA, IRELAND, MEXICO, NEW ZEALAND, THE UNITED KINGDOM AND SEVERAL CARIBBEAN NATIONS. ALL OTHER VETERINARY EDUCATIONAL

4c (Code:) (Expenses \$ 144,150. including grants of \$) (Revenue \$ 123,103.)
AAVMC CONFERENCES, MEETINGS AND SYMPOSIA - THE AAVMC ANNUALLY HOSTS A RANGE OF MEETINGS, SYMPOSIUMS AND CONFERENCES FOR ITS CONSTITUENTS AND STAKEHOLDERS. DURING FY 09 THE AAVMC HOSTED A TOTAL OF SIX MAJOR EVENTS INCLUDING THE ANNUAL SUMMER MEETING, DEAN'S CONFERENCE, ANNUAL MARCH MEETING, BIENNIAL IVERSON BELL SYMPOSIUM AND TWO MEDICAL CAREER FAIRS. THE PROGRAMMING COVERED DURING THESE EVENTS INCLUDED AMONG OTHER TOPICS, DIVERSITY, THE FUTURE OF VETERINARY MEDICINE, AAVMC'S STRATEGIC PLAN, COMMITTEE MEETINGS AND RECRUITING.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 1,651,552. including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ 2,220,723. (Must equal Part IX, Line 25, column (B).)

**Association of American Veterinary
Medical Colleges**

Form 990 (2008)

36-6144553 Page 3

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
If "Yes," complete Schedule A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors?
- 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*
- 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*
- 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*
- 6 Did the organization maintain any donor advised funds or any accounts where 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*
- 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*
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*
- 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*
- 10 Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*
- 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?
If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
- 12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*
- 13 Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*
- 14a Did the organization maintain an office, employees, or agents outside of the U.S.?
 - b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? *If "Yes," complete Schedule F, Part I*
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*
- 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*
- 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*
- 19 Did the organization report more than \$15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*
- 20 Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*
- 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*
- 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*
- 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*
- 24a Did the organization have a tax-exempt 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 questions 24b-24d and complete Schedule K.*
If "No," go to question 25
 - b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
 - c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?
 - d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?
- 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*
 - b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*
- 26 Was a loan 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*
- 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*

	Yes	No
1	X	
2	X	
3		X
4	X	
5		
6		X
7		X
8		X
9		X
10		X
11	X	
12	X	
13		X
14a		X
14b		X
15		X
16	X	
17		X
18		X
19		X
20		X
21		X
22		X
23	X	
24a		X
24b		
24c		
24d		
25a		X
25b		X
26		X
27		X

Form 990 (2008)

**Association of American Veterinary
Medical Colleges**

Form 990 (2008)

36-6144553 Page 4

Part IV Checklist of Required Schedules (continued)

28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:

- a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV
- b Have a family member who had a direct or indirect business relationship with the organization?
If "Yes," complete Schedule L, Part IV
- c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations?
If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

34 Was the organization related to any tax-exempt or taxable entity?
If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?
If "Yes," complete Schedule R, Part V, line 2

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

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

	Yes	No
28a		X
28b		X
28c		X
29		X
30		X
31		X
32		X
33		X
34		X
35		X
36		X
37		X

Form 990 (2008)

**Association of American Veterinary
Medical Colleges**

Form 990 (2008)

36-6144553 Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	0
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c 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	12
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)</i>	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
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 the instructions for exceptions and 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 question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a 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).	7a	X
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7b	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	0
d If "Yes," indicate the number of Forms 8282 filed during the year		
e Did the organization, during the year, 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 For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	X
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	9a	
a Did the organization make any taxable distributions under section 4966?	9b	
b Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter: N/A	10a	
a Initiation fees and capital contributions included on Part VIII, line 12	10b	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11 Section 501(c)(12) organizations. Enter: N/A	11a	
a Gross income from members or shareholders	11b	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	12b

Form 990 (2008)

**Association of American Veterinary
Medical Colleges**

Form 990 (2008)

36-6144553 Page 6

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Line	Description	Yes	No
1a	Enter the number of voting members of the governing body	60	
1b	Enter the number of voting members that are independent	60	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	X	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	X	
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9a	9a Does the organization have local chapters, branches, or affiliates?	X	
9b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990		
11	11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	X	

Section B. Policies

Line	Description	Yes	No
12a	12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
13	13 Does the organization have a written whistleblower policy?	X	
14	14 Does the organization have a written document retention and destruction policy?	X	
15	15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	a The organization's CEO, Executive Director, or top management official?		
b	b Other officers or key employees of the organization?		
16a	Describe the process in Schedule O (see instructions)		
16a	16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		
b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ►DC
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
	<input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► _____ TIRA EVARSON - AAVMC - 202-371-9195 1101 Vermont Ave. NW, #301, Washington, DC 20005

**Association of American Veterinary
Medical Colleges**

Form 990 (2008)

36-6144553 Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter **0** in columns (D), (E), and (F) if no compensation was paid.

• 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 the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
DR. HERB WHITELEY <u>MEMBER AT LARGE</u>		X					0.	0.	0.
Dr. James Fox <u>PRESIDENT</u>		X					0.	0.	0.
Dr. Timothy Boosinger <u>PAST PRESIDENT</u>		X					0.	0.	0.
Dr. Willie Reed <u>Secretary</u>		X					0.	0.	0.
Dr. Gerhardt Schurig <u>Treasurer</u>		X					0.	0.	0.
Dr. Warwick Arden <u>PRESIDENT ELECT</u>		X					0.	0.	0.
Dr. Jean Sirois <u>Member at Large</u>		X					0.	0.	0.
Dr. Marguerite Pappaioan <u>Exec. Director/Treasurer</u>	40.00	X					198,010.	0.	0.
Dr. John Thomson <u>Member at Large</u>		X					0.	0.	0.
Dr. M. Christine Zink <u>Member at Large</u>		X					0.	0.	0.
DR. DOUGLAS FREEMAN <u>MEMBER AT LARGE</u>		X					0.	0.	0.
GRANT MIDDLETON, JR <u>MEMBER AT LARGE</u>		X					0.	0.	0.
John Roane <u>Employee</u>	40.00		X				134,095.	0.	0.
Harry Chaddock <u>EMPLOYEE</u>	40.00		X				161,006.	0.	0.
Ted Mashima <u>Employee</u>	40.00		X				102,515.	0.	0.

Association of American Veterinary
Medical Colleges

Form 990 (2008)

36-6144553 Page 8

Page 8

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

1b Total

595,626.

0.

0.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization

4

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

	Yes	No
3		X

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.

4	X	
---	---	--

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person.

5	X
---	---

Section 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. **NONE**

NONE

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ► 0

0

Form 990 (2008)

**Association of American Veterinary
Medical Colleges**

Form 990 (2008)

36-6144553 Page 9

Page 9

Part VIII 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
Contributions, gifts, grants and other similar amounts					
1 a Federated campaigns	1a				
b Membership dues	1b	691,000.			
c Fundraising events	1c				
d Related organizations	1d				
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f	192,813.			
g Noncash contributions included in lines 1a-1f \$					
h Total. Add lines 1a-1f		883,813.			
►					
Program Service Revenue		Business Code			
2 a VMCAS FEES		541900	2,121,340.	2,121,340.	
b CONSORTIUM		900099	344,250.	344,250.	
c MEMBERSHIP FEES		900099	66,000.	66,000.	
d JVME INCOME		511120	631.	631.	
e					
f All other program service revenue					
g Total. Add lines 2a-2f		2,532,221.			
►					
3 Investment income (including dividends, interest, and other similar amounts)			33,149.		33,149.
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6 a Gross Rents	(i) Real	(ii) Personal			
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)					
7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less: cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss)			629.		629.
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
b Less: direct expenses	b				
c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities See Part IV, line 19	a				
b Less: direct expenses	b				
c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11 a OTHER INCOME	900099	46,320.	46,320.		
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		46,320.			
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 8c, 10c, and 11e		3,496,132.	2,578,541.	0.	33,778.
►					

**Association of American Veterinary
Medical Colleges**

Form 990 (2008)

36-6144553 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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	595,626.	536,063.	59,563.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	532,012.	478,811.	53,201.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	110,119.	99,107.	11,012.	
9 Other employee benefits	95,003.	85,503.	9,500.	
10 Payroll taxes	76,180.	68,562.	7,618.	
11 Fees for services (non-employees):				
a Management				
b Legal	36,107.		36,107.	
c Accounting	7,250.		7,250.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	45,955.	12,867.	16,544.	16,544.
14 Information technology	65,812.	55,940.	9,872.	
15 Royalties				
16 Occupancy	173,747.	149,422.	24,325.	
17 Travel	135,947.	135,947.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	172,118.	172,118.		
20 Interest	15.		15.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	50,781.		50,781.	
23 Insurance	13,915.		13,915.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>Temporary Help</u>	209,656.	159,339.	50,317.	
b <u>Consulting</u>	81,402.	81,402.		
c <u>JVME</u>	69,714.	69,714.		
d <u>Credit Card Fees</u>	55,946.		55,946.	
e <u>Special Projects</u>	55,826.	55,826.		
f All other expenses	81,161.	60,102.	21,059.	
25 Total functional expenses. Add lines 1 through 24f	2,664,292.	2,220,723.	427,025.	16,544.
26 Joint Costs. Check here ► <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Association of American Veterinary
Medical Colleges**

Form 990 (2008)

36-6144553 Page 11

Part X | Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	89,408.	1	692,075.
	2 Savings and temporary cash investments	1,667,931.	2	1,681,232.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	298,698.	4	378,286.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	116,614.	9	49,615.
	10a Land, buildings, and equipment: cost basis	10a 661,062.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 425,450.	35,258.	10c 235,612.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
	16 Total assets. Add lines 1 through 15 (must equal line 34)	2,207,909.	16	3,036,820.
Liabilities	17 Accounts payable and accrued expenses	50,423.	17	4,234.
	18 Grants payable		18	
	19 Deferred revenue	705,339.	19	742,990.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	31,708.	25	37,317.
	26 Total liabilities. Add lines 17 through 25	787,470.	26	784,541.
Net Assets or Fund Balances	27 Unrestricted net assets	1,263,992.	27	1,796,413.
	28 Temporarily restricted net assets	156,447.	28	455,866.
	29 Permanently restricted net assets		29	
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,420,439.	33	2,252,279.
	34 Total liabilities and net assets/fund balances	2,207,909.	34	3,036,820.

Part XI | Financial Statements and Reporting

1 Accounting method used to prepare the Form 990. Cash Accrual Other

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

 b Were the organization's financial statements audited by an independent accountant?

 c 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?

3a 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?

 b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c		X
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008
**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization	Association of American Veterinary Medical Colleges	Employer identification number	36-6144553
--------------------------	---	--------------------------------	------------

Part I **Reason for Public Charity Status** (All organizations must complete this part) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization)

1	<input type="checkbox"/> A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	<input type="checkbox"/> A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input type="checkbox"/> A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H)
4	<input type="checkbox"/> A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
5	<input type="checkbox"/> An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6	<input type="checkbox"/> A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	<input type="checkbox"/> An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8	<input type="checkbox"/> A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9	<input type="checkbox"/> An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 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 the Part III.)
10	<input type="checkbox"/> An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
11	<input checked="" type="checkbox"/> An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 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.

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

LHA For Privacy Act and Paperwork Reduction Act Notice: see the Instructions for Form 990.

Schedule A (Form 880 or 880-EZ) 2008

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	► <input type="checkbox"/>	

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)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Association of American Veterinary

Schedule C (Form 990 or 990-EZ) 2008 **Medical Colleges**

36-6144553 Page 2

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

A Check ► if the filing organization belongs to an affiliated group.

B Check ► if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	25,000.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	75,000.													
c	Total lobbying expenditures (add lines 1a and 1b)	100,000.													
d	Other exempt purpose expenditures	2,564,292.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	2,664,292.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	283,215.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</td> <td style="width: 50%;">The lobbying nontaxable amount is:</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	70,804.													
h	Subtract line 1g from line 1a. Enter -0- if line g is more than line a	0.													
i	Subtract line 1f from line 1c. Enter -0- if line f is more than line c	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount				283,215.	283,215.
b Lobbying ceiling amount (150% of line 2a, column(e))					424,823.
c Total lobbying expenditures				100,000.	100,000.
d Grassroots non-taxable amount				70,804.	70,804.
e Grassroots ceiling amount (150% of line 2d, column (e))					106,206.
f Grassroots lobbying expenditures				25,000.	25,000.

Schedule C (Form 990 or 990-EZ) 2008

Association of American Veterinary
Medical Colleges

Schedule C (Form 990 or 990-EZ) 2008

36-6144553 Page 3

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X	
i Other activities? If "Yes," describe in Part IV		X	
j Total lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Part II-B, Line 1(i), Other Lobbying Activities:

The organization lobbied members of Congress on issues relating to veterinary medical education.

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization **Association of American Veterinary
Medical Colleges** Employer identification number **36-6144553**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
 Protection of natural habitat Preservation of certified historic structure
 Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

a Total number of conservation easements
b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____
(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____
b Assets included in Form 990, Part X ► \$ _____

**Association of American Veterinary
Medical Colleges**

Schedule D (Form 990) 2008

36-6144553 Page 2

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition
- b Scholarly research
- c Preservation for future generations

- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization

by:

- (i) unrelated organizations
- (ii) related organizations

Yes	No
3a(i)	
3a(ii)	
3b	

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		661,062.	425,450.	235,612.

Total, Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c)) ► 235,612.

Schedule D (Form 990) 2008

Association of American Veterinary Medical Colleges

Schedule D (Form 990) 2008

36-6144553 Page 3

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other _____		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ►		

Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ►

Part VIII Investments - Program Related. See Form 990, Part X, line 13

Total (Col (b) should equal Form 990, Part X, col (B) line 13.) ►

Part IX Other Assets. See Form 990, Part X, line 15.

Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)

Part X Other Liabilities. See Form 990 Part X, line 25

(a) Description of liability	(b) Amount
Federal income taxes	
PAYROLL TAXES PAYABLE	20,225.
RETIREMENT PLAN CONT. PAYABLE	17,092.

Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)

37 317

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

**Association of American Veterinary
Medical Colleges**

Schedule D (Form 990) 2008

36-6144553 Page 4

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,496,132.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,664,292.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	831,840.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	0.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	831,840.

Part XII | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	3,496,132.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	3,496,132.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	3,496,132.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,664,292.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,664,292.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	2,664,292.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.

SCHEDULE J.
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Association of American Veterinary Medical Colleges	Employer identification number
		36-6144553

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply

<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

a Receive a severance payment or change of control payment?
 b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 c Participate in, or receive payment from, an equity-based compensation arrangement?
 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

	Yes	No
1b		
2		
4a	X	
4b	X	
4c	X	
5a	X	
5b	X	
6a	X	
6b	X	
7	X	
8	X	

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

Association of American Veterinary
Medical Colleges

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).
Do not list any individuals that are not listed on Form 990, Part VI

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

36-6144553

Page 2

(A) Name	(B) Breakdown of W2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Dr. Marquerite Pappaiaon	(i) 198,010.	0.	0.	0.	0.	198,010.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
Harry Chaddock	(i) 161,006.	0.	0.	0.	0.	161,006.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				
	(iii) 0.	0.	0.				
	(i) 0.	0.	0.				
	(ii) 0.	0.	0.				

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008Open to Public
Inspection

Name of the organization	Association of American Veterinary Medical Colleges	Employer identification number 36-6144553
--------------------------	--	--

Form 990, Part I, Line 1, Description of Organization Mission:

STRATEGIC GOALS OF "LEADING EFFORTS TO REVIEW, EVALUATE AND IMPROVE VETERINARY MEDICAL EDUCATION IN ORDER TO PREPARE GRADUATES WITH THE COMPETENCIES NEEDED TO ADDDRESS SOCIETAL NEEDS," IS LOOKING TO THE FUTURE OF VETERINARY MEDICAL EDUCATION AND ENSURING THAT THE PROFESSION IS POSITIONED TO MEET SOCIETAL NEEDS BY TAKING A LEADERSHIP ROLE IN SERVING AS A CATALYST AND CONVENER BY ORGANIZING AND LAUNCHING THE NORTH AMERICAN VETERINARY MEDICAL EDUCATIONAL CONSORTIUM(NAVMEC).
NAVMEC IN A 12 MONTH PERIIOD, WILL HOLD A SERIES OF NATIONAL DISCUSSIONS ON SEVERAL IMPORTANT QUESTIONS THAT WILL RESULT IN A REPORT WHICDH LAYS OUT A ROADMAP FOR EDUCATION, ACCREDITATION, AND LICENSING/TESTING WITHOUT BEING PRESCRIPTIVE. MAJOR DISCUSSION ITEMS INCLUDE: 1)MEETING SOCIETAL NEEDS AND GRADUATE COMPETENCIES, 2)EDUCATIONAL MODELS TO PREPARE GRADUATES AND 3)ESSENTIAL PRINCIPLES FOR COLLEGES, ACCREDATION AND LICENSURE

Form 990, Part III, Line 1, Description of Organization Mission:

SUFFERING, THE CONSERVATION OF ANIMAL RESOURCES, THE PROMOTION OF PUBLIC HEALTH AND THE ADVANCEMENT OF MEDICAL KNOWLEDGE.

Form 990, Part III, Line 4b, Program Service Accomplishments

INSTITUTIONS AND INDIVIDUALS HAVE ACCESS TO JVME BY SUBSCRIPTION. AAVMC PROVIDES GRATIS ACCESS TO THE ONLINE VERSION OF JVME TO VETERINARY MEDICAL INSTITUTIONS IN DEVELOPING COUNTRIES.

Form 990, Part III, Line 4d, Other Program Services:

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
832211
12-18-08

Schedule O (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization	Association of American Veterinary Medical Colleges	Employer identification number 36-6144553
--------------------------	--	--

VARIOUS SPECIAL PROJECTS PROMOTING AND IMPROVING EDUCATION IN THE FIELD

OF VETERINARY MEDICINE

Expenses \$ 1651552. including grants of \$ 0. Revenue \$ 0.

General Educ. support for member institutions

Form 990, Part VI, Section A, line 10: COPIES OF THE 990 WERE DISTRIBUTED
TO ALL BOARD MEMBERS PRIOR TO THE FILING OF THE RETURN.

Form 990, Part VI, Section B, Line 12c: THE AAVMC BOARD OF DIRECTORS HAS
APPROVED A CONFLICT OF INTEREST POLICY, THE IMPLEMENTATION OF WHICH IS IN
PROCESS. FULL IMPLEMENTATION OF THE POLICY WILL BE IN EFFECT JANUARY 1,
2010.

Form 990, Part VI, Section B, Line 15: COMPENSATION FOR THE ORGANIZATIONS
EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES IS DETERMINED BY THE BOARD OF
DIRECTORS AND IS REVIEWED ANNUALLY. VARIOUS DATA, TOOLS AND RESEARCH ARE
USED BY THE BOARD TO DETERMINE FAIR COMPENSATION.

Form 990, Part VI, Section C, Line 18: THE ORGANIZATION'S 990 IS AVAILABLE
FOR INSPECTION UPON REQUEST AND THE 990 IS DISPLAYED ON AAVMC'S WEBSITE AND
IS AVAILABLE ON "GUIDESTAR" AS WELL.

Form 990, Part VI, Section C, Line 19: GOVERNING DOCUMENTS, CONFLICT OF
INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC
UPON REQUEST. THESE DOCUMENTS ARE POSTED ON THE ORGANIZATIONS WEBSITE AS

SCHEDULE O

(Form 990)

**Department of the Treasury
Internal Revenue Service**

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

Association of American Veterinary
Medical Colleges

Employer identification number
36-6144553

WELL.

4562

Department of the Treasury
Internal Revenue Service (99)Depreciation and Amortization
(Including Information on Listed Property)

990

OMB No 1545-0172

2008

Attachment
Sequence No 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

Association of American Veterinary
Medical Colleges

Form 990 Page 10

36-6144553

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.

1 Maximum amount See the instructions for a higher limit for certain businesses	1	250,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	800,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 if zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

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)

14 Special depreciation for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	50,153.

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

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2008	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

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

20a Class life					S/L
b 12-year			12 yrs.		S/L
c 40-year	/		40 yrs	MM	S/L

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	50,153.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Association of American Veterinary
Medical Colleges**

Form 4562 (2008)

36-6144553 Page 2

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

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	----------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use

25

26 Property used more than 50% in a qualified business use:

	%						
	%						
	%						

27 Property used 50% or less in a qualified business use:

	%			S/L -			
	%			S/L -			
	%			S/L -			

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1

28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

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

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle						
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

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.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	---------------------------------	---------------------------	---------------------	--	-----------------------------------

42 Amortization of costs that begins during your 2008 tax year

43 Amortization of costs that began before your 2008 tax year

43 628.

44 Total. Add amounts in column (f). See the instructions for where to report

44 628.