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# Form 990

Department of the Treasury

## **Return of Organization Exempt From Income Tax**

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

2010

Open to Public Inspection

A For	the 201				Inspection		
_	ck if applic	AMERICAN VETERINARY MEDICAL ASSOCIATION	D Employer identification numbe				
_	ress chang	e Doing Business As		36-0731170			
	ne change			E Telephone	number		
_	al return nınated	Number and street (or P O box if mail is not delivered to street address) 1931 N MEACHAM ROAD NO 100	Room/suite	(847) 92	5-8070		
	ended retu lication pei	SCHAUMBURG. IL 601734360		<b>G</b> Gross recei	pts \$ 39,749,707		
, ,,,,,	ileation per	F Name and address of principal officer	H(a)		iliates? Yes No		
		DR W RON DEHAVEN	ii(a) istnisa	group return for am	lilates / Yes / No		
		1931 N MEACHAM ROAD NO 100 SCHAUMBURG,IL 601734360		," attach a lis	st (see instructions)		
I Tax	-exempt s	tatus	H(c) Group	exemption r	number 🟲		
J We	ebsite: 🕨	WWW AVMA ORG					
<b>K</b> Form	of organi	zation Corporation Trust Association Other ►	L Year of form	nation 1863	M State of legal domicile IL		
Pai	t I	Summary					
<u>9</u>		fly describe the organization's mission or most significant activities PROTECT AND PROMOTE PROFESSIONAL INTERESTS OF THE VETERIN	ARIAN				
Activities & Governance							
<u> </u>	<b>2</b> Che	ck this box দ if the organization discontinued its operations or disposed of	more than 25	5% of its net	assets		
ទី		nber of voting members of the governing body (Part VI, line 1a)		3	15		
<b>ა</b> ნ თ		nber of independent voting members of the governing body (Part VI, line 1b)		4	1!		
ĕ∣		al number of individuals employed in calendar year 2010 (Part V, line 2a)		5	15:		
<b>A</b>	<b>6</b> Tot	al number of volunteers (estimate if necessary)		6	600		
₹	<b>7a</b> Tot	al unrelated business revenue from Part VIII, column (C), line 12		7a	2,116,026		
	<b>b</b> Net	unrelated business taxable income from Form 990-T, line 34		7b	-156,128		
			Prior	Year	Current Year		
	<b>8</b> C	ontributions and grants (Part VIII, line 1h)		0	1,219,272		
Revenue	<b>9</b> P	rogram service revenue (Part VIII, line 2g)		24,232,326	23,532,198		
956	<b>10</b> I	ovestment income (Part VIII, column (A), lines 3, 4, and 7d)		68,654	994,225		
		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		894,821	788,555		
		otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 2)		25,195,801	26,534,250		
		rants and similar amounts paid (Part IX, column (A), lines 1-3)		131,000	121,000		
		enefits paid to or for members (Part IX, column (A), line 4)		0	,		
		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-					
\$		0)		12,887,602	12,488,694		
Expenses	<b>16a</b> P	rofessional fundraising fees (Part IX, column (A), line 11e)		0	C		
ਡੋ	b To	otal fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 0$					
	<b>17</b> 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	13,402,263	11,786,942			
		otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	26,420,865	24,396,636			
- 00	<b>19</b> R	evenue less expenses Subtract line 18 from line 12		-1,225,064	2,137,614		
Not Assets or Fund Balances			Beginning Ye	of Current ar	End of Year		
98.00 10.00	<b>20</b> T	otal assets (Part X, line 16)		42,541,888	49,066,396		
주를 유명	<b>21</b> T	otal liabilities (Part X, line 26)		19,357,967	22,823,507		
2ª	<b>22</b> N	et assets or fund balances Subtract line 21 from line 20	,	23,183,921	26,242,889		
Par	t II	Signature Block					
	edge and	s of perjury, I declare that I have examined this return, including accompanying sch belief, it is true, correct, and complete. Declaration of preparer (other than officer)					
		*****		1-05-05			
Sign	<u> </u>	Signature of officer	Dat	c			
Here		DR W RON DEHAVEN EXECUTIVE VICE PRESIDENT Type or print name and title					
	Prin	t/Tuno Proparat's sumaturo	T -	haalo ( )	T		
		parer's name LEGACY PROFESSIONALS LLP LEGACY PROFESSIONALS LLP	- 1	heck if self- mployed 🕨 🦵	PTIN		
Paid		n's name LEGACY PROFESSIONALS LLP		•	Firm's EIN		
Prepa	E	n's address 311 S WACKER DRIVE STE 4000			1		
Use C	niy	CHICAGO, IL 60606			Phone no (312) 368- 0500		
May t	he IDS d	Iscuss this return with the preparer shown above? (see instructions)			✓ Yes 「No		

1 01111	990 (2010)				Page Z
Par		ent of Program Service A chedule O contains a response	Accomplishments to any question in this Part III		୮
1	Briefly describe	the organization's mission			
TO I	MPROVE ANIMAL	AND HUMAN HEALTH AND A	ADVANCE THE VETERINARY MED	DICAL PROFESSION	
2			rogram services during the year wh		
	·	O or 990-EZ? these new services on Schedu			Yes ✓ No
3	services?		significant changes in how it condu	cts, any program	Yes 🔽 No
	If "Yes," describe	these changes on Schedule O			
4	Section 501(c)(3	and 501(c)(4) organizations	each of the organization's three larg and section 4947(a)(1) trusts are r venue, if any, for each program serv	required to report the amount	
 4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	ENACTMENT AND E	NFORCEMENT OF UNIFORM LAWS ANI	OF THE VETERINARIAN TO INCREASE THE S D REGULATIONS RELATIVE TO VETERINARY OF ANIMAL WELFARE TO PROMOTE GOOD	PRACTICE AND THE CONTROL OF A	
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
					_
4d		services (Describe in Schedule		\/Payanua #	1
	(Expenses \$		grants of \$	) (Revenue \$	)
4e	Total program s	ervice expenses►\$			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🚭 🔒 .	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	Yes	
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or 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	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(II)$ ? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV $\cdot$	14b		No
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 U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
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 U S ? If "Yes," complete Schedule F, Parts III and IV $\cdot$	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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 lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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 $I$	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
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	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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	33		No
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	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes Vo			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Form 990 (	2010)
Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
E	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
_	1a 258			
· E	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c	Yes	
	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this			
r	eturn			
I	f at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
ľ	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Old the organization have unrelated business gross income of \$1,000 or more during the			
•	/ear <sup>?</sup>	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b	Yes	
c	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  • • • • • •	4a		No
	f "Yes," enter the name of the foreign country 🕨			
9	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
V	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N c
	Old any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b		
1	in restorme sa or su, and the organization me Form 6000-17	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	Yes	
	f "Yes," did the organization include with every solicitation an express statement that such contributions or gifts vere not tax deductible?	6b	Yes	
	Organizations that may receive deductible contributions under section 170(c).			
	Old the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	f "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Old the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to ile Form 8282?	7c		
	f "Yes," indicate the number of Forms 8282 filed during the year			
	<u> </u>			
	Old the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7e		
	Old the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	f the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	_		
	required?	7g		
	f the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	-		
	Old the organization make any taxable distributions under section 4966?	9a		
	Old the organization make a distribution to a donor, donor advisor, or related person?	9b		
5	Section 501(c)(7) organizations. Enter			
Ι	nitiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
а	against amounts due or received from them)			
5	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	f "Yes," enter the amount of tax-exempt interest received or accrued during the			
•	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	s the organization licensed to issue qualified health plans in more than one state?			
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states			
	n which the organization is licensed to issue qualified health plans			
E	Enter the amount of reserves on hand			
-		1/1~		NI -
	Old the organization receive any payments for indoor tanning services during the tax year?	14a		Νo

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
-4	year			
b	Enter the number of voting members included in line 1a, above, who are independent			
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?	2		Νo
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?	3		Νο
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, 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	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal			
KE	evenue Code.)		Yes	No
102	Does the organization have local chapters, branches, or affiliates?	10a	Yes	140
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	100	163	
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		Νo
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
h	Describe in Schedule O the process, if any, used by the organization to review this Form 990	IIa	162	
	Describe in Schedule of the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	4.6		NI -
1.	taxable entity during the year?	16a		No
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		
Se	ection C. Disclosure	_00		
17	List the States with which a copy of this Form 990 is required to be filed			
	Section 6104 requires an organization to make its Form 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			

Own website 🔽 Another's website 🔽 Upon request

(847) 925-8070

- 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 See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 AVMA BUSINESS DIVISION 1931 N MEACHAM RD SCHAUMBURG, IL 601734360

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

Check if Schedule O contains a response to any question in this Part VII . . . . . . . . . . . . . .

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

<b>(A)</b> Name and Title	(B) Average hours	Posi t	tion ( that a	(che	l <b>I</b>		( <b>D</b> ) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Former est compensionse oyee Officer Ituitional Trust director		from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations			
(1) LARRY KORNEGAY PRESIDENT	35 00	х		х			54,558	0	0
(2) RENE CARLSON PRESIDENT ELECT	20 00	х		х			25,049	0	0
(3) JAN STROTHER VICE PRESIDENT	20 00	х		х			0	0	0
(4) GARY BROWN VICE PRESIDENT - PAST	20 00	х		х			2,900	0	0
(5) BRET D MARSH TREASURER	15 00	х		х			199	0	0
(6) LARRY CORRY IMMEDIATE PAST PRESIDENT	20 00	х		х			37,095	0	0
(7) JAMES COOK IMMEDIATE PAST PRESIDENT - PAST	20 00	х		х			5,639	0	0
(8) JOHN BROOKS EXECUTIVE BOARD CHAIR	15 00	х		х			2,765	0	0
(9) THEODORE COHN EXECUTIVE BOARD VICE CHAIR	10 00	х		х			944	0	0
(10) DOUGLAS ASPROS IMMEDIATE PAST EXC BOARD VICE CHAIR	10 00	х		х			628	0	0
(11) JOHN DE JONG EXEC BOARD - DISTRICT I	10 00	х					0	0	0
(12) JOSEPH KINNARNEY EXEC BOARD - DISTRICT III	10 00	х					78	0	0
(13) LARRY DEE EXEC BOARD - DISTRICT IV	10 00	х					623	0	0
(14) JANVER KREHBIEL EXEC BOARD - DISTRICT V	10 00	х					940	0	0
(15) JOHN SCAMAHORN EXEC BOARD - DISTRICT VI	10 00	х					3,138	0	0
(16) CLARK FOBIAN EXEC BOARD - DISTRICT VII	10 00	Х					611	0	0

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

(A) Name and Title	(B) A verage hours		(C tion ( hat a	ched		II		(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other		
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee		Key Day		Key employee Officei		Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(17) CHIP PRICE EXEC BOARD - DISTRICT VIII	10 00	х						18	0	0		
(18) THEODORE TRIMMER EXEC BOARD - DISTRICT X	10 00	х						339	0	0		
(19) THOMAS MEYER EXEC BOARD - DISTRICT XI	10 00	х						1,020	0	0		
(20) W RON DEHAVEN EXECUTIVE VICE PRESIDENT	50 00			х				286,638	0	25,670		
(21) ELIZABETH CURRY-GALVIN ASSISTANT EXECUTIVE VP	50 00			х				179,775	0	24,932		
(22) J KARL WISE ASSOCIATE EXECUTIVE VICE P	50 00				х			197,587	0	29,977		
(23) KIM MICHAEL-LEE DIRECTOR OF BUSINESS DIVIS	50 00				х			153,883	0	16,436		
(24) LORI KEANE HUMAN RESOURCE DIRECTOR	50 00				х			150,623	0	26,034		
(25) LYLE VOGEL PAST ASSISTANT EXECUTIVE V	50 00						Х	69,432	0	3,224		
(26) DAVID GRANSTROM EDCUATION & RESEARCH DIREC	50 00					х		152,935	0	21,088		
(27) KELLY FOX CONV & MTG PLANNING DIR	50 00					х		150,208	0	21,933		
(28) JANICE HANCOCK COMMUNICATIONS DIRECTOR	50 00					х		142,056	0	20,805		
(29) GAIL GOLAB ANIMAL WELFARE DIRECTOR	50 00					х		138,654	0	20,615		
(30) MARK LUTSCHAUNIG GOVERNMENTAL RELATIONS DIR	50 00					х		138,277	0	28,696		
1b Sub-Total							►					
c Total from continuation sheets	o Part VII, Sect	ion A .	•	•	•	<b>•</b>		1 007 100		226.466		
d Total (add lines 1b and 1c) .				•	•		<b>F</b>	1,827,180	0	236,186		

\$100,000 in reportable compensation from the organization >20

			Yes	No		
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee					
	on line 1a? If "Yes," complete Schedule I for such individual	3		Νo		
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					
	ındıvıdual	4	Yes			
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for					
	services rendered to the organization? If "Yes," complete Schedule I for such person	5		Νο		

#### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than 100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation					
DARTHMOUTH JOURNAL SERVICES 5 PILGRAM PARK RD WATERBURY, VT 05676	PUBLICATION PRINTING	710,221					
PSAV 23918 NETWORK PLACE CHICAGO, IL 60673	CONVENTION AUDIO/VISUAL	420,119					
MEDIA COMMUNICATIONS INC 10228 MONROVIA LENEXA, KS 66215	ADVERTISING AGENT	265,341					
PROMETRIC INC PO BOX 223608 PITTSBURGH, PA 15251	EXAM PROCTORING	204,932					
EXPERIENT INC PO BOX 691667 CINCINATTI, OH 45269	CONVENTION REGISTRATION PROCESSING	177,499					
2 Total number of independent contractors (including but not limited to those listed above) who received more than							

\$100,000 in compensation from the organization 12

Form 9' Part \		2010)	10				Pag	ge <b>9</b>
		Statement of Reven	16		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	excluded from tax under sections 512, 513, or
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues	. 1c . 1d . 1e . and 1f . nes 1a-1f \$	1,134,272	1,219,272			514
Program Service Revenue	d e f	MEMBERSHIP DUES  CONVENTION  ADVERTISING  SUBSCRIPTIONS  QUALITY ASSURANCE PROG  All other program service re  Total. Add lines 2a-2f.		900099 541800 541800 900099 900099	2,436,922 1,726,287 501,729 479,706 1,150,968	501,729 479,706 864,373	1,726,287	
1	3 4 5	Investment income (including and other similar amounts) Income from investment of tax-ex Royalties	g dividends, interest	(II) Personal	23,532,198 485,252 250,342			485,25
	d	expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory	308,255	(II) O ther	308,255			308,25
ıue	c d	Less cost or other basis and sales expenses Gain or (loss)  Net gain or (loss)  Gross income from fundraisi (not including			508,973			508,97
Other Revenue	c 9a b c 10a b c b c	of contributions reported on See Part IV, line 18  Less direct expenses  Net income or (loss) from ful Gross income from gaming a Less direct expenses  Net income or (loss) from ga Gross sales of inventory, less returns and allowances .  Less cost of goods sold  Net income or (loss) from sa Miscellaneous Revenue	a b Indraising events Important the second seco	Business Code 900099	229,958			229,95
	e	I All other revenue  Total. Add lines 11a-11d  Total revenue. See Instructi	▶		229,958 26,534,250		2,116,026	1,532,43

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

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 no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	( <b>A</b> ) Total expenses	(B) Program service expenses	(C)	( <b>D)</b> Fundraising expenses			
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	121,000						
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	1,228,099						
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	8,880,118						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	833,308						
9	Other employee benefits	828,649						
10	Payroll taxes	718,520						
а	Fees for services (non-employees) Management							
b	Legal	50,224						
c	Accounting	52,495						
d	Lobbying	121,928						
e	Professional fundraising services See Part IV, line 17				_			
f	Investment management fees	100,864						
g	Other	19,702						
12	Advertising and promotion							
13	Office expenses	1,174,649						
14	Information technology	253,447						
15	Royalties							
16	Occupancy	1,042,324						
17	Travel	1,570,007						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	2,389,539						
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	830,084						
23	Insurance	144,905			_			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)							
а	PRINTING EXPENSES	1,675,338						
ь	SPECIAL PROJECTS & PROM	1,616,302						
С	OTHER EXPENSES	387,658						
d	BANK FEES	357,476						
e								
f	All other expenses							
25	Total functional expenses. Add lines 1 through 24f	24,396,636						
26	Joint costs. Check here ► ☐ If following  SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation							

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			2,450,454	1	1,388,913
	2	Savings and temporary cash investments			15,147,117	2	22,932,966
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			819,458	4	458,352
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ , and contributing e sponsoring organizations of section $501(c)(9)$ voluntary employorganizations (see instructions)	mploy	ers, and			
<del>\$</del>		Schedule L				6	
ssets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			580,657	9	574,776
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	16,320,326			
	ь	Less accumulated depreciation	10ь	8,529,666	8,151,961	10c	7,790,660
	11	Investments—publicly traded securities			12,603,354	11	13,146,198
	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	2,788,887	15	2,774,531		
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			42,541,888	16	49,066,396
	17	Accounts payable and accrued expenses .			4,072,198	17	4,122,734
	18	Grants payable				18	
	19	Deferred revenue			12,524,809	19	15,939,516
	20	Tax-exempt bond liabilities			20		
Se	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.			21	
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		·			
Lia		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 to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			2,760,960	25	2,761,257
	26	Total liabilities. Add lines 17 through 25			19,357,967	26	22,823,507
<u></u>		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	lete li	nes 27			
<u>9</u>		through 29, and lines 33 and 34.					
먑	27	Unrestricted net assets			23,183,921	27	26,242,889
Fund Balance	28	Temporarily restricted net assets			28		
Ξ	29	Permanently restricted net assets			29		
		Organizations that do not follow SFAS 117, check here ► ☐ ar	d com	plete			
ō		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	ınds			32	
Ř	33	Total net assets or fund balances			23,183,921	33	26,242,889
	34	Total liabilities and net assets/fund balances			42,541,888	34	49,066,396

Pa	Check if Schedule O contains a response to any question in this Part XI	•		. 🔽	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		26,5	534,25
2	Total expenses (must equal Part IX, column (A), line 25)	2			396,63
3	Revenue less expenses Subtract line 2 from line 1	3		2,1	137,61
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		23,1	183,92
5	Other changes in net assets or fund balances (explain in Schedule O)	5		9	921,35
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		26,2	242,889
Par	Tt XII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII		•	୮	
1	Accounting method used to prepare the Form 990 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
Ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis	ıssued			
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?	ne	3a	_	No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

### Software ID: Software Version:

**EIN:** 36-0731170

Name: AMERICAN VETERINARY MEDICAL ASSOCIATION

# Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours	Posi	Position (c that ap		cka			(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other compensation	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	from the organization and related organizations	
LARRY KORNEGAY PRESIDENT	35 00	×		x				54,558	0	0	
RENE CARLSON PRESIDENT ELECT	20 00	Х		х				25,049	0	0	
JAN STROTHER VICE PRESIDENT	20 00	Х		х				0	0	0	
GARY BROWN VICE PRESIDENT - PAST	20 00	Х		х				2,900	0	0	
BRET D MARSH TREASURER	15 00	Х		х				199	0	0	
LARRY CORRY IMMEDIATE PAST PRESIDENT	20 00	Х		х				37,095	0	0	
JAMES COOK IMMEDIATE PAST PRESIDENT - PAST	20 00	Х		х				5,639	0	0	
JOHN BROOKS EXECUTIVE BOARD CHAIR	15 00	Х		х				2,765	0	0	
THEODORE COHN EXECUTIVE BOARD VICE CHAIR	10 00	Х		х				944	0	0	
DOUGLAS ASPROS IMMEDIATE PAST EXC BOARD VICE CHAIR	10 00	Х		х				628	0	0	
JOHN DE JONG EXEC BOARD - DISTRICT I	10 00	Х						0	0	0	
JOSEPH KINNARNEY EXEC BOARD - DISTRICT III	10 00	Х						78	0	0	
LARRY DEE EXEC BOARD - DISTRICT IV	10 00	Х						623	0	0	
JANVER KREHBIEL EXEC BOARD - DISTRICT V	10 00	Х						940	0	0	
JOHN SCAMAHORN EXEC BOARD - DISTRICT VI	10 00	X						3,138	0	0	
CLARK FOBIAN EXEC BOARD - DISTRICT VII	10 00	X						611	0	0	
CHIP PRICE EXEC BOARD - DISTRICT VIII	10 00	X						18	0	0	
THEODORE TRIMMER EXEC BOARD - DISTRICT X	10 00	X						339	0	0	
THOMAS MEYER EXEC BOARD - DISTRICT XI	10 00	X						1,020	0	0	
W RON DEHAVEN EXECUTIVE VICE PRESIDENT	50 00			х				286,638	0	25,670	
ELIZABETH CURRY-GALVIN ASSISTANT EXECUTIVE VP	50 00			х				179,775	0	24,932	
J KARL WISE ASSOCIATE EXECUTIVE VICE P	50 00				х			197,587	0	29,977	
KIM MICHAEL-LEE DIRECTOR OF BUSINESS DIVIS	50 00				х			153,883	0	16,436	
LORI KEANE HUMAN RESOURCE DIRECTOR	50 00				х			150,623	0	26,034	
LYLE VOGEL PAST ASSISTANT EXECUTIVE V	50 00						х	69,432	0	3,224	

# Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

<b>(A)</b> Name and Title	(B) A verage hours	(C) Position (check all that apply)				II		<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officel	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
DAVID GRANSTROM EDCUATION & RESEARCH DIREC	50 00					х		152,935	0	21,088	
KELLY FOX CONV & MTG PLANNING DIR	50 00					х		150,208	0	21,933	
JANICE HANCOCK COMMUNICATIONS DIRECTOR	50 00					×		142,056	0	20,805	
GAIL GOLAB ANIMAL WELFARE DIRECTOR	50 00					х		138,654	0	20,615	
MARK LUTSCHAUNIG	50 00					х		138,277	0	28,696	

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DLN: 93493125004081

## OMB No 1545-0047

## **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Inspection

If the organization answered "	'Yes," to Form 990	, Part IV, Line 3, or	· Form 990-EZ, Part V, I	ine 46 (Political Campaign A	Activities),
then					

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

t th	e organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 4/	(Lobbyi	ng Ac	tivities), the	n
<b>₽</b> Se	ection 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II	-A Dond	t comp	lete Part II-B	
₽ Se	ection 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete	Part II-B	Do not	complete Par	t II-A
f th	e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Pai	t V, line	35a (F	Proxy Tax), t	hen
<b>₽</b> Se	ection 501(c)(4), (5), or (6) organizations Complete Part III				
		mployer	ıdentıf	ication numb	er
AM	ERICAN VETERINARY MEDICAL ASSOCIATION				
_		6-0731			
'a i	t I-A Complete if the organization is exempt under section 501(c) or is a se	ection	52/0	rganizatio	<u>)n.</u>
1	Provide a description of the organization's direct and indirect political campaign activities in Part	IV			
2	Political expenditures	<b>F</b>	\$		73,23
3	Volunteer hours				
Pai	t I-B Complete if the organization is exempt under section 501(c)(3).				
1	Enter the amount of any excise tax incurred by the organization under section 4955		<b>-</b> \$		
2	Enter the amount of any excise tax incurred by organization managers under section 4955		<b>-</b> \$		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			┌ Yes	┌ No
4a	Was a correction made?			┌ Yes	┌ No
b	If "Yes," describe in Part IV				
Pai	t I-C Complete if the organization is exempt under section 501(c) except s	ection	501(	c)(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function act	ıvıtıes <b>İ</b>	<b>-</b> \$		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 5	27			
	exempt funtion activities	Þ	<b>-</b> \$		
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 1	7 b <b>i</b>	<b>-</b> \$		
4	Did the filing organization file Form 1120-POL for this year?		·	☐ Yes	┌ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political	organizat	tions to	o which the fi	lına

organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	( <b>b)</b> Address	<b>(c)</b> EIN	(d) A mount paid from filing organization's funds If none, enter - 0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-
(1) AVMA POLITICAL ACTION COMMITTEE	1910 SUNDERLAND PLACE NW WASHINGTON, DC 20036	52-1147403	73,235	332,187

Sc	hedule C (Form 990 or 990-EZ) 2010						Page <b>2</b>
P	art II-A Complete if the organization under section 501(h)).	is ex	cempt under	section 501(c	)(3) and fi	led Form 5768	
A B	Check   If the filing organization belongs to a Check   If the filing organization checked bo			" provisions apply	/		
	Limits on Lobbying E (The term "expenditures" means a			)		<b>(a)</b> Filing Organization's Totals	<b>(b)</b> Affiliated Group Totals
<u>1</u> a	Total lobbying expenditures to influence public o	pinion	(grass roots lob	oyıng)			
b	Total lobbying expenditures to influence a legisl	atıve b	ody (direct lobby	ıng)			
c	Total lobbying expenditures (add lines 1a and 1						
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1						
f	Lobbying nontaxable amount Enter the amount columns						
	If the amount on line 1e, column (a) or (b) is:	The	lobbying nontaxa	ble amount is:			
	Not over \$500,000	of the amount on lin	e 1e				
	Over \$500,000 but not over \$1,000,000	,000 plus 15% of the	excess over \$500,00	0			
	Over \$1,000,000 but not over \$1,500,000	\$175	,000 plus 10% of the	excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225	,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,00	00,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)					
_	Subtract line 1g from line 1a If zero or less, ent	-					
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h d	or line 11, did the	organization file F	orm 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t	secti	on 501(h) ele		havè to co		ne five
	Lobbying Exp	endit	ures During 4	l-Year Averag	jing Period		
	Calendar year (or fiscal year						

	Lobbying Expendit	ures During 4	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	<b>(e)</b> Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a	1)	(b)
		Yes	No	A mount
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			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
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)?			
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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

# Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes". 1. Dues assessments and similar amounts from members.

1	Dues, assessments and similar amounts from members	1	17,236,586
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).		
а	Current year	2a	633,070
Ь	Carryover from last year	2b	
c	Total	2c	633,070
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	1,034,195
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 (see instructions)	5	-401,125

### 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

Ident if ier	Ret urn Reference	Explanation
ORGANIZATIONS DIRECT AND INDIRECT POLITICAL CAMPAIGN		THE AVMA MAKES INDIRECT EXPENDITURES FOR ITEMS SUCH AS TRAVEL, MEETINGS AND MARKETING TO HELP
ACTIVITIES		SUPPORT THE ACTIVITIES OF THE AVMA POLITICAL ACTION COMMITTEE

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DLN: 93493125004081

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**Supplemental Financial Statements** ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

ternal	nal Revenue Service ► Att		orm 990. 🟲 See separa	Inspection			
	me of the organi				Emplo	yer identification number	
AME	ERICAN VETERINARY	MEDICAL ASSOCIATION			36-07	731170	
Pa	rt I Organ	izations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organiz	zation answered "Yes" to Form 99	<del></del>		l		
			(a) Donor adv	rised funds	(b	) Funds and other account	s
	Total number a	·					
<u>.</u>	55 5	tributions to (during year) hts from (during year)					
,		ie at end of year					
•	Did the organiz	zation inform all donors and donor adv organization's property, subject to the	•		or advis	ed <b>Yes</b>	
<b>;</b>	Did the organiz	zation inform all grantees, donors, and haritable purposes and not for the ber ermissible private benefit	donor advisors in writ	ing that grant funds	•		┌ No
Pai	rt III Conse	rvation Easements. Complete	ıf the organization a	answered "Yes" t	o Form	990, Part IV, line 7.	
2	Protection Preservati Complete lines	ion of land for public use (e g , recreat i of natural habitat ion of open space s 2a–2d if the organization held a qual he last day of the tax year	Г	Preservation of a d	certified		
		,				Held at the End of the Y	'ear
а	Total number o	of conservation easements			2a		
b	Total acreage	restricted by conservation easements	3		2b		
c	Number of con	servation easements on a certified his	storic structure include	ed ın (a)	2c		
d	Number of con	servation easements included in (c) a	cquired after 8/17/06		2d		
3	Number of cons	servation easements modified, transfe	erred, released, extingi	uished, or terminate	d by the	organization during	
	the taxable yea	ar <b>►</b>					
ļ	Number of stat	es where property subject to conserv	ation easement is loca	ted <b>&gt;</b>			
•	_	nization have a written policy regardin f the conservation easements it holds		ng, inspection, hand	dling of v	iolations, and <b>Yes</b>	┌ No
;	Staff and volun	iteer hours devoted to monitoring, ins	pecting and enforcing o	conservation easem	nents dur	ng the year ►	
•	A mount of exp	enses incurred in monitoring, inspecti	ng, and enforcing cons	ervation easements	s during t	the year 🟲 \$	
3		servation easement reported on line 2 ) and 170(h)(4)(B)(II)?	2(d) above satisfy the	requirements of sec	tion	☐ Yes	┌ No
)	balance sheet, the organizatio	escribe how the organization reports of and include, if applicable, the text of on's accounting for conservation easer	the footnote to the organisments	anızatıon's fınancıal	stateme	ents that describes	
ar		izations Maintaining Collection ete if the organization answered			or Oth	er Similar Assets.	
la	If the organizations art, historical t	tion elected, as permitted under SFAS reasures, or other similar assets held t XIV, the text of the footnote to its fir	116, not to report in i for public exhibition, e	ts revenue stateme	ch in furt		
b	historical treas	tion elected, as permitted under SFAS sures, or other similar assets held for lowing amounts relating to these item:	public exhibition, educ			•	
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1				<b>►</b> \$	
	(ii) Assets inc	luded in Form 990, Part X				<b>►</b> \$	
2	If the organiza	tion received or held works of art, hist nts required to be reported under SFA			or financi		

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	<b>att</b> Organizations Maintaining Co						•				continued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ie foll	owing	that ar	e a sıgnıfıc	ant u	se of its collec	tion	
а	Public exhibition		d	$\vdash$	Loan	orexcl	hange prog	rams			
Ь	Scholarly research		e	$\Gamma$	Other	r					
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	aın hov	v the	/ furthe	er the c	organizatioi	n's ex	empt purpose	ın	
5	During the year, did the organization solicit	or receive donation:	s of ar	t. hıs	torical	treasu	ıres or othe	rsım	ular		
	assets to be sold to raise funds rather than t	to be maintained as	part o	fthe	organı	ızatıon'	's collectio	n?		☐ Yes	┌ No
Par	Part IV, line 9, or reported an an						n answere	ed "Y	es" to Form 9	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					utions o	or other ass	sets i		┌ Yes	☐ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng ta	able		г				
		De annua halana						Ar	nount		
с	Beginning balance	<del></del>					1c				
d	Additions during the year						}	1d			
e	Distributions during the year						}	1e			
f	Ending balance						L	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lın	e 21?							☐ Yes	│ No
b	If "Yes," explain the arrangement in Part XIV										
Pa	rt V Endowment Funds. Complete	If the organizatio		were			Form 990 o Years Back		t IV, line 10. Three Years Back	(a)Eour	Years Back
1a	Beginning of year balance	(a)Current rear	(6)	PHOL	Cai	(C)IW	O Teals back	(u)	Tillee Teals back	(e)i oui	Tears back
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 yea	r end balance held	as								
а	Board designated or quasi-endowment 🕨										
ь	Permanent endowment 🕨										
c	Term endowment ▶										
3a	Are there endowment funds not in the posses	ssion of the organiz	ation t	that a	re hel	d and a	dmınıstere	d for	the		
	organization by									Yes	No
	(i) unrelated organizations			•				•	3a		
L	(ii) related organizations							•	3a(		<u> </u>
ь 4	Describe in Part XIV the intended uses of th							•	3	<u> </u>	
	t VI Investments—Land, Building:					90. Pa	art X. line	10.			
		<del>J, una Equipme</del>	1141 5		) Cost or		(b)Cost or		(c) Accumulated	1	
	Description of investment				is (inves		basis (oth	er)	depreciation	(d) E	Book value
	Land		•				1,33	0,000			1,330,000
	Buildings		•				9,86	7,413	4,094,9	33	5,772,480
С	Leasehold improvements		•								
	Equipment		•					8,958	2,458,9	24	270,034
e	Other			1			1 2 20	3,955	1,975,8	na l	418,146
	I. A dd lines 1a-1e (Column (d) should equal Fo									-	7,790,660

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(B)Book value	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
	+	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. Se	<u>e Form 990, Part X, line</u>	
(a) Description of investment type	(b) Book value	(c) Method of valuation
	+	Cost or end-of-year market value
	+	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	<u>*  </u>	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	
(a) Descri	ption	(b) Book value
(1) ACCRUED INTEREST		13,274
(2) DEFERRED COMPENSATION PLAN ASSETS		2,761,257
Total (Column (b) should equal Form 000 Port V and (B) to a	15 )	<u>.</u> 0.774.F04
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2		2,774,531
Part X Other Liabilities. See Form 990, Part )		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
DEFERRED COMPENSATION PLAN	2,761,257	
Total (Column (b) should asked Form 2000 for the 1/00 to 25		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	2,761,257	

	<b>TEXIT</b> Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	115	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	26,534,250
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	24,396,636
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,137,614
4	Net unrealized gains (losses) on investments	4	921,354
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	921,354
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,058,968
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	27,490,556
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b 34,952		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	956,306
3	Subtract line <b>2e</b> from line <b>1</b>	3	26,534,250
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
С	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	26,534,250
	Reconciliation of Expenses per Audited Financial Statements With Expenses	<u>per</u>	
1	Total expenses and losses per audited financial statements	1	24,431,588
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments		
С	Other losses	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines <b>2a</b> through <b>2d</b>	2e	34,952
3	Subtract line <b>2e</b> from line <b>1</b>	3	24,396,636
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	24,396,636

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 Also complete this part to provide any additional information

Ident if ier	Return Reference	<b>Explanat ion</b>
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		THE ASSOCIATION FILES FORM 990, RETURN OF ORGANIZATIONS EXEMPT FROM INCOME TAX, AS WELL AS THE FORM 990-T, EXEMPT ORGANIZATIONS BUSINESS INCOME TAX RETURN THE ASSOCIATION'S RETURNS ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE UNTIL THE APPLICABLE STATUTE OF LIMITATIONS EXPIRES

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Part I General Information on Grants and Assistance

**Grants and Other Assistance to Organizations,** Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990

OMB No 1545-0047

DLN: 93493125004081

Open to Public **Inspection** 

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

AMERICAN VETERINARY MEDICAL ASSOCIATION

Employer identification number

36-0731170

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.							
L (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
1) WASHINGTON STATE NIVERSITY FOUNDATION O BOX 647010 ULLMAN,WA 99164	91-1075542	501(C)3	75,000		CASH - FMV		VETERINARY LEADERSHIP EXP
2) AMERICAN ETERINARY MEDICAL OUNDATION1931 N IEACHAM ROAD CHAUMBURG,IL 60173	36-6117739	501(C)3	46,000	34,952	CASH - FMV	DONATED FACILITIES	AVMF OPERATING SUPPORT

	·
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

**Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	,	SCHEDULE I, PART I, LINE 2 THE AVMA PROVIDES ASSISTANCE TO OTHER ORGANIZATIONS THAT GENERALLY SUPPORT VETERINARIANS AND STUDENTS IN THE FIELD OF VETERINARY MEDICINE THE AVMA MAINTAINS BOTH WRITTEN AND VERBAL COMMUNICATION WITH INDIVIDUALS WITHIN THESE ORGANIZATIONS TO ENSURE THAT THE ASSISTANCE PROVIDED IS USED FOR ITS INTENDED PURPOSE RECORDS TO SUPPORT ALL ASSISTANCE ARE MAINTAINED AT THE ORGANIZATION

DLN: 93493125004081

**Employer identification number** 

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**Compensation Information** For certain Officers, Directors, Trustees, Key Employees, and Highest

**Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

APIL	ERICAN VETERINART PIEDICAL ASSOCIATION	36-0731170				
Pa	rt I Questions Regarding Compensation	<del>_</del>				
				Yes	Νo	
1a		rided any of the following to or for a person listed in Form to provide any relevant information regarding these items				
	First-class or charter travel	Housing allowance or residence for personal use				
	▼ Travel for companions	Payments for business use of personal residence				
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees				
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)				
b		ny of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or nbursement orprovision of all the expenses described above? If "No," complete Part III to explain				
2	Did the organization require substantiation prior to reofficers, directors, trustees, and the CEO/Executive		2	Yes		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the Compensation committee	at apply				
	Independent compensation consultant	<ul><li>✓ Written employment contract</li><li>✓ Compensation survey or study</li></ul>				
	Form 990 of other organizations	Approval by the board or compensation committee				
	, Torm 550 or other organizations	Approval by the board of compensation committee				
4	During the year, did any person listed in Form 990, Por a related organization	art VII, Section A, line 1a with respect to the filing organization				
а	Receive a severance payment or change-of-control p	payment from the organization or a related organization?	4a		No	
ь	Participate in, or receive payment from, a supplemen	tal nonqualified retirement plan?	4b		Νo	
c	Participate in, or receive payment from, an equity-based compensation arrangement?					
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide the applicable amounts for each item in Part III				
	Only 501(c)(3) and 501(c)(4) organizations only mus					
5	For persons listed in form 990, Part VII, Section A, I compensation contingent on the revenues of	ine 1a, did the organization pay or accrue any				
а	The organization?		5a			
b	Any related organization?		5b			
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, I compensation contingent on the net earnings of	ine 1a, did the organization pay or accrue any				
а	The organization?		6a			
b	Any related organization?		6b			
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," do		7			
8	Were any amounts reported in Form 990, Part VII, pasubject to the initial contract exception described in in Part III		8			
9	If "Yes" to line 8 did the organization also follow the	rehuttable presumption procedure described in Regulations				

section 53 4958-6(c)?

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies 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 VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) W RON DEHAVEN	(ı) (ıı)	286,638 0	0 0	0	24,500 0	1,170 0	312,308 0	
(2) ELIZABETH CURRY-GALVIN	(ı) (ıı)	179,775 0	0	0	18,000	6,932 0	204,707	
(3) J KARL WISE	(ı) (ıı)	197,587 0	0	0	20,065	9,912	227,564 0	
(4) KIM MICHAEL-LEE	(ı) (ıı)	153,883 0	0	0	15,420 0	1,016	170,319 0	(
(5) LORI KEANE	(ı) (ıı)	150,623 0	0	0	15,636 0	10,398	176,657 0	(
(6) DAVID GRANSTROM	(ı) (ıı)	152,935 0	0	0	15,243 0	5,845 0	174,023	
(7) KELLY FOX	(ı) (ıı)	150,208 0	0	0	15,100	6,833 0	172,141 0	
(8) JANICE HANCOCK	(ı) (ıı)	142,056 0	0 0	0	14,005	6,800 0	162,861 0	
(9) GAIL GOLAB	(ı) (ıı)	138,654 0	0	0	13,821	6,794 0	159,269 0	(
(10) MARK LUTSCHAUNIG	(ı) (ıı)	138,277 0	0	0	14,856 0	13,840	166,973 0	
( 11 )								
( 12 )								
( 13 )								
( 14 )								
( 15 )								
( 16 )								

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
	,	THE ASSOCIATION ALLOWS SPOUSAL TRAVEL TO MEETINGS FOR BOARD MEMBERS TO BE EXPENSED BY THE ASSOCIATION THESE AMOUNTS ARE INCLUDED ON THE BOARD MEMBERS FORM 1099 AT THE END OF THE YEAR

Schedule J (Form 990) 2010

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DLN: 93493125004081

OMB No 1545-0047

2010

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## SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization AMERICAN VETERINARY MEDICAL ASSOCIATION Employer identification number

36-0731170

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE ORGANIZATION HAS THREE CLASSES OF MEMBERS VOTING, ASSOCIATE AND AFFILATE VOTING MEMBERS INCLUDE REGULAR MEMBERS, RECENT GRADUATES, HONOR ROLL MEMBERS, MEMBERS WITH DUES WAIVERS, AND MEMBERS WITH REDUCED DUES ONLY VOTING MEMBERS MAY VOTE FOR THE ELECTION OF DISTRICT DIRECTORS, HOLD OFFICE IN THE ASSOCIATION, OR SERVE ON THE EXECUTIVE BOARD OR ITS HOUSE OF DELEGATES ASSOCIATE AND AFFILIATE MEMBERS MAY ATTEND MEMBERSHIP MEETINGS AND SOCIAL FUNCTIONS OF THE AVMA NO MEMBERS VOTE ON INDIVIDUAL SIGNIFICANT DECISIONS OF THE AVMA AND NO MEMBERS SHARE IN THE PROFITS OF THE AVMA

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		THE ORGANIZATION HAS ELECTIONS FOR ITS OFFICERS AND DIRECTORS AS DICTATED BY ITS BY-LAWS

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 10B		THE ORGANIZATION'S AFFILIATES ARE SEPARATE LEGAL ENTITIES AND HAVE THEIR OWN GOVERNANCE THEIR OPERATIONS WILL NOT ALWAYS BE CONSISTENT WITH THE AVMA

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		A DRAFT OF FORM 990 IS PROVIDED TO THE AUDIT COMMITTEE WHO IS CHARGED WITH REVIEW AND APPROVAL OF THE FORM THE COMMITTEE HAS THE ABILITY TO ASK QUESTIONS OF THE PREPARER AND MANAGEMENT ONCE APPROVED BY THE COMMITTEE, THE FORM 990 IS FORWARDED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW, APPROVAL AND SIGNATURE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	EVERY YEAR A COPY OF THE POLICY IS REVIEWED WITH THE BOARD AND THEY ARE REQUIRED TO SIGN OFF

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	MADE DURING THE BUDGETARY PROCESS, WHICH THE BOARD REVIEWS

	ldentifier	Return Reference	Explanation
I		FORM 990, PART VI, SECTION C, LINE 19	UPON REQUEST AND WITH GUIDESTAR

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 921,354

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DLN: 93493125004081

## SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

## **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Schedule R (Form 990) 2010

2010

Open to Public Inspection

Name of the organization American Veterinary Medical Association				Employer iden	irication number		
APIERICAN VETERINART PIEDICAL ASSOCIATION				36-0731170			
Part I Identification of Disregarded Entities (Com	plete ıf the organızatı	on answered "Yes'	" on Form 990, Par	t IV, line 33.)			
(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) e Total income	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	nizations (Complete the tax year.)	ıf the organization	n answered "Yes" o	n Form 990, Part	IV, line 34 becau	se it had	one
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section 5 cont	<b>g)</b> 12(b)(1: rolled nzation
(1) AMERICAN VETERINARY MEDICAL FOUNDATION						Yes	No
1931 MEACHEM ROAD	TO EMBRACE THE WELL BEING AND MEDICAL CARE OF ANIMALS	IL	501(C)(3)	509(A)(2)			No
SCHAUMBURG, IL 60173 36-6117739	CARE OF ANIMALS						

Cat No 50135Y

<b>(a)</b> ame, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		(g) Share of end-of-year assets		ortionate tions?	e Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		(j) General of managır partner		<b>(k)</b> Percentage ownership
								Yes	No			Yes	No	
				ble as a Corpora zations treated as a						nswered "Y	'es" on	Form	990,	Part IV,
(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	Direct cor	<b>(d)</b> Direct controlling entity		(e) Type of entity (C corp, S corp, or trust)		end		(g) nare of -of-year assets		<b>(h)</b> Percentage ownership	
				1	1		1		1					

(5)

(6)

Part \	<b>Transactions With Related Organizations</b> (Complete if the organization answered "Yes	s" on Form 990, Par	t IV, line 34, 35, 3	5A, or 36.)							
No	Note. Complete line 1 if any entity is listed in Parts II, III or IV										
<b>1</b> Durin	g the tax year, did the orgranization engage in any of the following transactions with one or more related orgai	nızatıons lısted ın Part	s II-IV?								
a Re	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity										
<b>b</b> Gı	<b>b</b> Gift, grant, or capital contribution to other organization(s)										
<b>c</b> Gr	c Gift, grant, or capital contribution from other organization(s)										
<b>d</b> Lo	ans or loan guarantees to or for other organization(s)			[:	Ld		No				
<b>e</b> Lo	ans or loan guarantees by other organization(s)			[	le		No				
<b>f</b> Sa	le of assets to other organization(s)				Lf		No				
<b>g</b> Pu	g Purchase of assets from other organization(s)										
h Ex	h Exchange of assets										
i Lea	i Lease of facilities, equipment, or other assets to other organization(s)										
<b>j</b> Le	j Lease of facilities, equipment, or other assets from other organization(s)										
k Pe	k Performance of services or membership or fundraising solicitations for other organization(s)										
I Pe	I Performance of services or membership or fundraising solicitations by other organization(s)										
<b>m</b> Sh	m Sharing of facilities, equipment, mailing lists, or other assets										
n Sh	aring of paid employees			[	Ln		No				
<b>o</b> Re	embursement paid to other organization for expenses				Lo		No				
p Reimbursement paid by other organization for expenses											
<b>q</b> 01	ther transfer of cash or property to other organization(s)				Lq		No				
r Ot	her transfer of cash or property from other organization(s)				1r		No				
<b>2</b> If t	the answer to any of the above is "Yes," see the instructions for information on who must complete this line, ii	ncluding covered relati	onships and transacti	on thresholds							
	(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved	Method of deter	(d) of determining amount involved						
(1) AMER	CAN VETERINARY MEDICAL FOUNDATION	С	85,000	CASH							
(2) AMER	CAN VETERINARY MEDICAL FOUNDATION	Р	383,686	CASH							
(3)											
(4)											

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		<b>(e)</b> Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) eneral or nanaging partner?	
			Yes	No		Yes	No		Yes	N	
										+	
										-	
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## Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2010