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Form 990

Department of the Treasury
Internal Revenue Service

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)

OMB No. 1545-0047

2012

Open to Public
Inspection

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

A For the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013

B Check if applicable

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
ASSOCIATION OF AMERICAN VETERINARY
MEDICAL COLLEGES

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)
1101 VERNONT AVE. NW
City, town, or post office, state, and ZIP code
WASHINGTON, DC 20005-3521

D Employer identification number

36-6144553

E Telephone number

(202) 371-9195

G Gross receipts \$ 3,854,140.

H(a) Is this a group return

for affiliates? Yes NoH(b) Are all affiliates included? Yes No

If "No," attach a list (see instructions)

H(c) Group exemption number ►

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: ► WWW.AAVMC.ORG

K Form of organization Corporation Trust Association Other ►

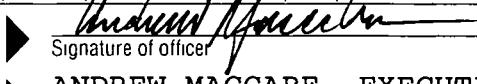
L Year of formation: 1997 M State of legal domicile: DC

Part I Summary

SCANNED MAR 05 2014 Activities & Governance Revenue Expenses Net Assets or Fund Balances	1 Briefly describe the organization's mission or most significant activities SEE PART III, LINE 1.
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
	3 Number of voting members of the governing body (Part VI, line 1a) 3 12
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 12
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 16
	6 Total number of volunteers (estimate if necessary) 6 100
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
	b Net unrelated business taxable income from Form 990-T, line 34 7b 0.
	8 Contributions and grants (Part VIII, line 1h) 77,673. 140,089.
	9 Program service revenue (Part VIII, line 2g) 3,409,061. 3,712,023.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,095. 1,485.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 5,188. 543.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,494,017. 3,854,140.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 28,570. 76,891.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,684,163. 1,596,990.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ► 0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,923,816. 1,774,415.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 3,636,549. 3,448,296.
	19 Revenue less expenses Subtract line 18 from line 12 -142,532. 405,844.
	Prior Year Current Year
	Beginning of Current Year 2,863,582. 3,400,022.
	1,200,929. 1,331,525.
	1,662,653. 2,068,497.
	End of Year

Part II Signature Block

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.

Sign Here	 Signature of officer ANDREW MACCABE, EXECUTIVE DIRECTOR	Date 02/11/2014
Paid Preparer Use Only	Print/Type preparer's name Terri M. Knight Firm's name ► GELMAN, ROSENBERG & FREEDMAN Firm's address ► 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930	Preparer's signature  Date 2/11/14 Check <input type="checkbox"/> if self-employed P00543022 Firm's EIN ► 52-1392008 Phone no. (301) 951-9090

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

 Yes No

13 66

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III X

1 Briefly describe the organization's mission

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses \$ **796,901.** including grants of \$ _____) (Revenue \$ **2,700,000.**)
THE AAVMC'S VETERINARY MEDICAL COLLEGE APPLICATION SERVICE (VMCAS) FACILITATES ENTRY INTO VETERINARY MEDICAL SCHOOL BY SERVING AS THE CENTRAL DISTRIBUTION, COLLECTION, AND PROCESSING SERVICE FOR APPLICATIONS TO VETERINARY MEDICAL COLLEGES. THIS FOUNDATIONAL FUNCTION UNDERPINS OUR EFFORTS TO DEVELOP THE VETERINARY WORKFORCE OF THE FUTURE AND PROVIDE THEM WITH THE SCIENTIFIC KNOWLEDGE AND SKILLS REQUIRED TO MEET SOCIETAL NEEDS, PROTECT ANIMAL HEALTH, RELIEVE ANIMAL SUFFERING, CONSERVE ANIMAL RESOURCES, PROMOTE PUBLIC HEALTH, PROMOTE ECOSYSTEM HEALTH, AND ADVANCE MEDICAL KNOWLEDGE.

4b (Code _____) (Expenses \$ **434,162.** including grants of \$ **1,000.**) (Revenue \$ _____)
THE GOVERNMENTAL AFFAIRS PROGRAM WORKS TO SECURE RESOURCES IN SUPPORT OF ACADEMIC VETERINARY MEDICINE. THIS INCLUDES INFORMING AND INFLUENCING POLICYMAKERS ON IMPORTANT ISSUES THAT AFFECT AGRICULTURAL AND BIOMEDICAL RESEARCH, VETERINARY MEDICINE'S IMPACT ON PUBLIC HEALTH, SUPPORT FOR ANIMAL WELFARE, AND BOTH DIRECT AND INDIRECT SUPPORT FOR COLLEGES OF VETERINARY MEDICINE.

4c (Code _____) (Expenses \$ **394,868.** including grants of \$ _____) (Revenue \$ **135,006.**)
AS A REFLECTION OF ITS COMMITMENT TO EDUCATION, THE AAVMC HOSTS MEETINGS, SYMPOSIUMS AND CONFERENCES FOR CONSTITUENTS AND STAKEHOLDERS. THESE EDUCATIONAL MEETINGS AND CONFERENCES PROMOTE BEST PRACTICES IN VETERINARY MEDICAL EDUCATION, DISSEMINATE INFORMATION ABOUT VETERINARY MEDICAL EDUCATION, INFORM STUDENTS ABOUT VETERINARY CAREERS, FACILITATE COMMUNICATION WITH LEGISLATORS AND OTHER HIGH-LEVEL DECISION MAKERS, PROMOTE DIVERSITY, ADVANCE RESEARCH, FOSTER TEACHING AND LEADERSHIP SKILLS, AND CHAMPION THE IMPORTANCE OF VETERINARY MEDICAL EDUCATION.

4d Other program services (Describe in Schedule O)

(Expenses \$ **1,412,419.** including grants of \$ **75,891.**) (Revenue \$ **877,017.**)

4e Total program service expenses ► **3,038,350.**

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Part JV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3 X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
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? <i>If "Yes," complete Schedule C, Part III</i>	5 X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8 X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9 X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b X	
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c X	
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
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)? <i>If "Yes," complete Schedule D, Part XI</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?		
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b X	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15 X	
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16 X	
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 "Yes," complete Schedule G, Part I</i>	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19 X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b X	

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Part.IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 X	
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 X	
23	Did the organization answer "Yes" to Part VII, Section A, line 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 X	
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 through 24d and complete Schedule K. If "No", go to line 25	24a X	
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 X	
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 X	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26 X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27 X	
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)		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a X	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b X	
c	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 X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30 X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31 X	
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 X	
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 X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34 X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36 X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37 X	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38 X	
Note. All Form 990 filers are required to complete Schedule O			

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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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	20
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	16
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 (see instructions)</i>	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	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 instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	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	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C?	8	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	N/A	
9	Sponsoring organizations maintaining donor advised funds.	9a	
a	Did the organization make any taxable distributions under section 4966?	N/A	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter	N/A	
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter	N/A	
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
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		12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	N/A	
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O</i>	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1a 12	
1b		1b 12	
2	Enter the number of voting members included in line 1a, above, who are independent	2	X
3	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?	3	X
4	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?	4	X
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5	X
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	X
7a	Did the organization have members or stockholders?	7a	X
b	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	X
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	The organization's CEO, Executive Director, or top management official	15a	X
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	15b	X
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?	16a	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 ► NONE
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► MARK STODTER - (202) 371-9195
	1101 VERMONT AVE. NW, SUITE 301, WASHINGTON, DC 20005-3521

232006
12-10-12

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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. 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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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			
(1) DEBORAH KOCHEVAR <u>PRESIDENT</u>	1.00	X	X				0.	0.	0.
(2) GERHARDT SCHURIG <u>PAST-PRESIDENT</u>	1.00	X	X				0.	0.	0.
(3) KENT HOBLET <u>PRESIDENT-ELECT</u>	1.00	X	X				0.	0.	0.
(4) STUART W.J. REID <u>SECRETARY</u>	0.50	X	X				0.	0.	0.
(5) PETER HAYNES <u>TREASURER</u>	0.50	X	X				0.	0.	0.
(6) CYRIL CLARKE <u>AT-LARGE, U.S. COLLEGES</u>	0.50	X					0.	0.	0.
(7) ALASTAIR CRIBB <u>AT-LARGE, CANADIAN COLLEGES</u>	0.50	X					0.	0.	0.
(8) CHRISITIAN ABEE <u>AT-LARGE, DEPT. OF COMPARATIVE MED.</u>	0.50	X					0.	0.	0.
(9) DAVID HARDIN <u>AT-LARGE, DEPT. OF VET. SCIENCE</u>	0.50	X					0.	0.	0.
(10) TREVOR AMES <u>AT-LARGE, APLU LIAISON</u>	0.50	X					0.	0.	0.
(11) MICHAEL HANLON <u>AT-LARGE, SAVMA LIAISON</u>	0.50	X					0.	0.	0.
(12) GRACE MULCAHY <u>AT-LARGE, INT'L ACCREDITED COLLEGES</u>	0.50	X					0.	0.	0.
(13) ANDREW MACCABE <u>EXECUTIVE DIRECTOR</u>	37.50		X				123,128.	0.	9,671.
(14) LISA GREENHILL <u>ASSOC E.D. OF RESEARCH & DIVERSITY</u>	37.50			X			113,371.	0.	11,856.
(15) TED MASHIMA <u>ASSOC E.D. OF ACADEMIC/RESEARCH</u>	37.50				X		133,949.	0.	12,591.
(16) HARRY CHADDOCK <u>DEPUTY DIRECTOR (UNTIL 8/2013)</u>	37.50					X	233,389.	0.	24,367.

ASSOCIATION OF AMERICAN VETERINARY
MEDICAL COLLEGES

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Part VII Sect

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

1b Sub-total

603,837. 0. 58,485.

c Total from continuation sheets to Part VII, Section A

0. 0. 0.

d Total (add lines 1b and 1c)

603,837. 0. 58,485.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►

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

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

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

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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514 ¹
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a			
	b Membership dues	1b			
	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	140,089.		
	g Noncash contributions included in lines 1a-1f \$				
	h Total. Add lines 1a-1f		140,089.		
Program Service Revenue	2 a APPLICATION FEES	Business Code 900099	2,700,000.	2,700,000.	
	b MEMBERSHIP DUES	900099	810,103.	810,103.	
	c ANNUAL MEETINGS / EVENT	900099	135,006.	135,006.	
	d PUBLICATIONS	900099	59,689.	59,689.	
	e CONTRACT FEES	900099	3,984.	3,984.	
	f All other program service revenue	900099	3,241.	3,241.	
	g Total. Add lines 2a-2f		3,712,023.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,435.		1,435.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6 a Gross rents	(i) Real			
	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	50.		
	b Less cost or other basis and sales expenses		0.		
	c Gain or (loss)		50.		
	d Net gain or (loss)			50.	50.
	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 MISCELLANEOUS	900099	543.			543.
b _____					
c _____					
d All other revenue					
e Total. Add lines 11a-11d		543.			
12 Total revenue See instructions.		3,854,140.	3,712,023.	0.	2,028.

**ASSOCIATION OF AMERICAN VETERINARY
MEDICAL COLLEGES**

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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)

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 United States. See Part IV, line 21	76,891.	76,891.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	222,913.	178,330.	44,583.	
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	1,091,008.	885,742.	205,266.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	109,161.	88,590.	20,571.	
9 Other employee benefits	80,998.	65,707.	15,291.	
10 Payroll taxes	92,910.	75,261.	17,649.	
11 Fees for services (non-employees)				
a Management				
b Legal	-7,018.		-7,018.	
c Accounting	46,626.		46,626.	
d Lobbying	77,670.	77,670.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O)	152,020.	43,702.	108,318.	
12 Advertising and promotion				
13 Office expenses	110,273.	72,306.	37,967.	
14 Information technology	316,288.	247,351.	68,937.	
15 Royalties				
16 Occupancy	224,326.		224,326.	
17 Travel	48,964.	48,164.	800.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	241,583.	240,588.	995.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	53,099.		53,099.	
23 Insurance	13,829.		13,829.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a GENERAL & ADMIN ALLOC.	0.	558,373.	-558,373.	
b PUBLICATION EXPENSES	90,255.	90,255.		
c MISCELLANEOUS	83,153.	1,842.	81,311.	
d TEMPORARY SERVICES	60,374.	60,374.		
e All other expenses	262,973.	227,204.	35,769.	
25 Total functional expenses Add lines 1 through 24e	3,448,296.	3,038,350.	409,946.	0.
26 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Check here ► if following SOP 98-2 (ASC 958-720)

**ASSOCIATION OF AMERICAN VETERINARY
MEDICAL COLLEGES**

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	2,296,728.	2	2,602,028.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	311,820.	4	521,260.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	55,218.	9	62,990.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 630,984.		
	b Less accumulated depreciation	10b 473,987.	10c 171,468.	156,997.
	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	28,348.	15	56,747.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	2,863,582.	16	3,400,022.
Liabilities	17 Accounts payable and accrued expenses	225,936.	17	149,529.
	18 Grants payable		18	
	19 Deferred revenue	862,944.	19	1,057,038.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other 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 to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	112,049.	25	124,958.
	26 Total liabilities. Add lines 17 through 25	1,200,929.	26	1,331,525.
	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,630,766.	27	2,044,658.
	28 Temporarily restricted net assets	31,887.	28	23,839.
	29 Permanently restricted net assets		29	
Net Assets or Fund Balances	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	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	1,662,653.	33	2,068,497.
	34 Total liabilities and net assets/fund balances	2,863,582.	34	3,400,022.

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ASSOCIATION OF AMERICAN VETERINARY
MEDICAL COLLEGES

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Part XI Reconciliation of Net Assets

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	3,854,140.
2 Total expenses (must equal Part IX, column (A), line 25)	2	3,448,296.
3 Revenue less expenses Subtract line 2 from line 1	3	405,844.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,662,653.
5 Net unrealized gains (losses) on investments	5	
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,068,497.

Part XII Financial Statements and Reporting

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

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

2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis

c If "Yes" to line 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?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

SECTION ON AMERICAN VETERINARY

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 (For lines 1 through 11, check only one box)

1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)

3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

4 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 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 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7 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 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)

9 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 Part III)

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

11 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

a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

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

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

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

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

Schedule A (Form 990 or 990-EZ) 2012

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►

	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 through 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2012. 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 - 2011. 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 - 2012. 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 - 2011. 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"/>	

Schedule A (Form 990 or 990-EZ) 2012

ASSOCIATION OF AMERICAN VETERINARY

Schedule A (Form 990 or 990-EZ) 2012 MEDICAL COLLEGES

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	906,809.	110,021.	102,994.	77,673.	140,089.	1,337,586.
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	2,532,221.	3,250,723.	3,256,293.	3,409,061.	3,712,023.	16,160,321.
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 through 5	3,439,030.	3,360,744.	3,359,287.	3,486,734.	3,852,112.	17,497,907.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					11,459.	11,459.
c Add lines 7a and 7b					11,459.	11,459.
8 Public support (Subtract line 7c from line 6)						17,486,448.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	3,439,030.	3,360,744.	3,359,287.	3,486,734.	3,852,112.	17,497,907.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	33,150.	26,971.	4,546.	2,095.	1,435.	68,197.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	33,150.	26,971.	4,546.	2,095.	1,435.	68,197.
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)	33,779.	24,104.	34,990.	5,188.	543.	98,604.
13 Total support (Add lines 9, 10c 11 and 12)	3,505,959.	3,411,819.	3,398,823.	3,494,017.	3,854,090.	17,664,708.
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 2012 (line 8, column (f) divided by line 13, column (f))	15	98.99	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	98.48	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	.39	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	.84	%

19a 33 1/3% support tests - 2012. 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 ► b 33 1/3% support tests - 2011. 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 ► 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Department of the Treasury
Internal Revenue Service

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-F.

► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign 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

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization ASSOCIATION OF AMERICAN VETERINARY MEDICAL COLLEGES	Employer identification number 36-6144553
----------------------------------------------------------------------------------------	-----------------------------------------------------

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures
- 3 Volunteer hours

Part 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 ► \$ _____
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ _____
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
 b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120 POL, line 17b ► \$ _____

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 organizations to which the filing 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

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

Schedule C (Form 990 or 990-EZ) 2012

LHA

ASSOCIATION OF AMERICAN VETERINARY

Schedule C (Form 990 or 990-EZ) 2012 MEDICAL COLLEGES

36-6144553 Page 2

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768
(election under section 501(h)).**

A Check ► if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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 (grass roots lobbying)	0.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	118,000.													
c	Total lobbying expenditures (add lines 1a and 1b)	118,000.													
d	Other exempt purpose expenditures	3,330,296.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	3,448,296.													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	322,415.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <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> </tbody> </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)	80,604.													
h	Subtract line 1g from line 1a If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c If zero or less, enter -0-	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 on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	322,098.	328,592.	331,827.	322,415.	1,304,932.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,957,398.
c Total lobbying expenditures	212,922.	108,000.	36,000.	118,000.	474,922.
d Grassroots nontaxable amount	80,525.	82,148.	82,957.	80,604.	326,234.
e Grassroots ceiling amount (150% of line 2d, column (e))					489,351.
f Grassroots lobbying expenditures		18,000.			18,000.

Schedule C (Form 990 or 990-EZ) 2012

ASSOCIATION OF AMERICAN VETERINARY

Schedule C (Form 990 or 990-EZ) 2012 MEDICAL COLLEGES

36-6144553 Page 3

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)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(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?			
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?			
j Total Add 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	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible 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?		
5 Taxable amount of lobbying and political expenditures (see instructions)	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, Part II A (affiliated group list), Part II-A, line 2, and Part II B, line 1. Also, complete this part for any additional information

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2012Open 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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 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)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 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 Tax 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, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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) 2012

36-6144553 Page 2

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

3 Using the organization's acquisition, 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 XIII

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 Escrow and Custodial Arrangements. Complete if the 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 XIII 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 XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the 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 Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as

- a Board designated or quasi endowment ► _____ %
- b Permanent endowment ► _____ %
- c Temporarily restricted endowment ► _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

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 XIII the intended uses of the organization's endowment funds

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

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land					
b Buildings					
c Leasehold improvements		176,172.	87,970.	88,202.	
d Equipment		445,397.	376,602.	68,795.	
e Other		9,415.	9,415.	0.	

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ►

156,997.

Schedule D (Form 990) 2012

ASSOCIATION OF AMERICAN VETERINARY
MEDICAL COLLEGES

Schedule D (Form 990) 2012

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

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

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must 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) Book value
(1) Federal income taxes	
(2) DEFERRED RENT ABATEMENT	96,559.
(3) DEFERRED COMPENSATION	28,399.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ► 124,958.

2. FIN 48 (ASC 740) Footnote In Part XIII, 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 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2012

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**ASSOCIATION OF AMERICAN VETERINARY
MEDICAL COLLEGES**

Schedule D (Form 990) 2012

36-6144553 Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1 Total revenue, gains, and other support per audited financial statements	1	3,854,140.
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 XIII)	2d	
e Add lines 2a through 2d	2e	0.
3 Subtract line 2e from line 1		
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 XIII)	4b	
c Add lines 4a and 4b	4c	0.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	3,854,140.

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

1 Total expenses and losses per audited financial statements	1	3,448,296.
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 Other losses	2c	
d Other (Describe in Part XIII)	2d	
e Add lines 2a through 2d	2e	0.
3 Subtract line 2e from line 1		
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 XIII)	4b	
c Add lines 4a and 4b	4c	0.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	3,448,296.

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

PART X, LINE 2: FOR THE YEAR ENDED JUNE 30, 2013, AAVMC HAS DOCUMENTED

ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE
FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO
MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR
DISCLOSURE IN THE FINANCIAL STATEMENTS.

THE FEDERAL FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS
SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR

Schedule D (Form 990) 2012

Part XIII **Supplemental Information** *(continued)*

THREE YEARS AFTER IT IS FILED.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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
2012
Open to Public
Inspection

Name of the organization	ASSOCIATION OF AMERICAN VETERINARY MEDICAL COLLEGES						Employer identification number 36-6144553	
Part I General Information on Grants and Assistance								
<p>1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?</p> <p>2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</p>							<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Part II 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. Part II can be duplicated if additional space is needed								
(a) Name and address of organization or government		(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OSU ANIMAL FUND 400 S. MONROE ST STILLWATER, OK 74074		73-6097060	501(C)(3)	50,000.	0.			DISASTER RELIEF
UW SCHOOL OF VETERINARY MEDICINE 2015 LINDEN DRIVE MADISON, WI 53706		39-0743975	501(C)(3)	6,000.	0.			TUITION SCHOLARSHIP
NATIONAL ACADEMIES 500 5TH STREET NW WASHINGTON, DC 20001		53-0196932	501(C)(3)	15,000.	0.			STUDY OF MEDICAL STANDARDS
COLORADO STATE UNIVERSITY 410 UNIVERSITY SERVICES CENTER FT. COLLINS, CO 80523		23-7098397	501(C)(3)	5,188.	0.			GRANT FOR SYMPOSIUM
► 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ► 3 Enter total number of other organizations listed in the line 1 table								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

► **4**
► **0**

Schedule I (Form 990) (2012)

ASSOCIATION OF AMERICAN VETERINARY
MEDICAL COLLEGES

Schedule I (Form 990) (2012)

Part III Grants and Other Part III can be due

Page 2

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

Part III can be duplicated if additional space is needed

Part IV Supplemental Information. Complete this part to provide the information required in Part I line 2 Part III column (b), and any other additional information

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THE COUNCIL OF THE CONFEDERATION OF THE UNITED STATES

THE PARTICIPANTS: BASED ON THE RESULTS OF THIS EVALUATION, THE ORGANIZATION

DETERMINES WHETHER CONTINUED SUPPORT WILL BE PROVIDED.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

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 any of the boxes on line 1a are 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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input checked="" 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, with respect to the filing organization or a related organization

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

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

	1b	
	2	

	4a	X
	4b	X
	4c	X

	5a	X
	5b	X
	6a	X
	6b	X
	7	X
	8	X
	9	

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

Schedule J (Form 990) 2012

232111
12-10-12

MEDICAL COLLEGES

Part II Overview Director

Kan Employment and Wages

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)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W 2 and/or 1099-MISC compensation			(D) Nontaxable benefits	(E) Total of columns (B)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation			
(1) HARRY CHADDOCK DEPUTY DIRECTOR (UNTIL 8/2013)	189,443.	43,946.	0.	18,327.	6,040.	257,756.
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ASSOCIATION OF AMERICAN VETERINARY
MEDICAL COLLEGES

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

PART I, LINE 4A: HARRY CHADDOCK RECEIVED A SEVERANCE PAYMENT OF \$68,313

THAT CONSISTED OF \$43,946 IN OTHER COMPENSATION, \$18,327 IN RETIREMENT CONTRIBUTIONS AND \$6,040 IN NON-TAXABLE BENEFITS.

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization **ASSOCIATION OF AMERICAN VETERINARY
MEDICAL COLLEGES** Employer identification number **36-6144553**

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.

AAVMC PURSUES ITS MISSION BY PROVIDING LEADERSHIP IN:

- ADVOCATING ON BEHALF OF ACADEMIC VETERINARY MEDICINE;
- SERVING AS A CATALYST AND CONVENER ON ISSUE OF IMPORTANCE TO ACADEMIC
VETERINARY MEDICINE;
- PROVIDING INFORMATION, KNOWLEDGE, AND SOLUTIONS TO SUPPORT MEMBER'S
WORK;
- FACILITATING ENROLLMENT IN VETERINARY MEDICAL SCHOOLS AND COLLEGES;
- AND
- BUILDING GLOBAL PARTNERSHIPS AND COALITIONS TO ADVANCE OUR COLLECTIVE
GOALS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

VETERINARY MEDICAL EDUCATION

EXPENSES \$ 379,205. INCLUDING GRANTS OF \$ 1,200. REVENUE \$ 0.

DIVERSITY

EXPENSES \$ 315,830. INCLUDING GRANTS OF \$ 6,000. REVENUE \$ 0.

JOURNAL OF VETERINARY MEDICAL EDUCATION

EXPENSES \$ 254,673. INCLUDING GRANTS OF \$ 0. REVENUE \$ 59,689.

RESEARCH

EXPENSES \$ 173,169. INCLUDING GRANTS OF \$ 2,000. REVENUE \$ 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
232211
01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization	ASSOCIATION OF AMERICAN VETERINARY MEDICAL COLLEGES
--------------------------	--------------------------------------------------------

Employer identification number

36-6144553

CAPACITYEXPENSES \$ 109,947. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.RECRUITMENTEXPENSES \$ 65,078. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.LEADERSHIPEXPENSES \$ 45,477. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.GLOBAL COLLABORATIONSEXPENSES \$ 19,040. INCLUDING GRANTS OF \$ 16,691. REVENUE \$ 0.OTHER PROGRAMSEXPENSES \$ 50,000. INCLUDING GRANTS OF \$ 50,000. REVENUE \$ 817,328.

FORM 990, PART VI, SECTION A, LINE 6: AAVMC IS A NONPROFIT, INSTITUTIONAL
MEMBERSHIP-BASED ORGANIZATION. QUALIFIED MEMBERS MUST PAY A FEE TO JOIN THE
ORGANIZATION. EXCESS REVENUES ARE NOT DISTRIBUTED TO MEMBERSHIP. THE
ORGANIZATION HAS TWO MAIN CLASSES OF MEMBERSHIP; VOTING AND NON-VOTING. THE
SUB-CLASSES OF MEMBERSHIP ARE:

VOTING - US COLLEGESVOTING - INTERNATIONAL COLLEGESVOTING - DEPT OF VETERINARY SCIENCEVOTING - DEPT OF COMPARATIVE MEDICINENON-VOTING - AFFILIATE MEMBERS

FORM 990, PART VI, SECTION A, LINE 7A: THE ORGANIZATION'S MEMBERS ELECT

232212
01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization ASSOCIATION OF AMERICAN VETERINARY
MEDICAL COLLEGESEmployer identification number
36-6144553THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS. THE CHIEF OPERATING OFFICER PROVIDED THE FORM 990 TO THE BOARD OF DIRECTORS IN SUFFICIENT TIME FOR BOARD REVIEW AND TO REQUEST ADDITIONAL INFORMATION, IF NEEDED, BEFORE THE FORM WAS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION DISTRIBUTES A CONFLICT OF INTEREST (COI) FORM AND COPY OF THE COI POLICY TO ALL OFFICERS, DIRECTORS, AND EMPLOYEES ON AN ANNUAL BASIS. ALL COI FORMS ARE REQUIRED TO BE FILLED OUT AND RETURNED TO THE ORGANIZATION PRIOR TO OFFICER, DIRECTOR, EMPLOYEES, OR VOLUNTEER'S PARTICIPATION IN ORGANIZATION ACTIVITIES. THE COI COMPLIANCE OFFICER (AS NAMED IN THE COI POLICY) DISCUSSES REPORTED CONFLICTS OF INTEREST WITH THE INDIVIDUAL. COI POLICY PROVIDES FOR A SEPARATE MECHANISM FOR ALL OFFICERS, DIRECTORS, EMPLOYEES, AND/OR VOLUNTEERS TO REPORT UNREPORTED COI VIOLATIONS TO THE COI COMPLIANCE OFFICER FOR INVESTIGATION AND RESOLUTION IN ACCORDANCE WITH THE COI POLICY.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE DIRECTOR'S (E.D.) SALARY IS REVIEWED ON AN ANNUAL BASIS. SALARY DATA FROM COMPARABLE ORGANIZATIONS, INVOLVING EMPLOYEES WITH COMPARABLE DUTIES, ARE COLLECTED AND REVIEWED. DOCUMENTATION OF THIS APPROVAL WAS DOCUMENTED IN EMAIL CORRESPONDENCE. THE LAST REVIEW WAS IN JULY 2013.

SALARIES ARE REVIEWED ON AN ANNUAL BASIS. SALARY DATA FROM COMPARABLE ORGANIZATIONS, INVOLVING EMPLOYEES WITH COMPARABLE DUTIES, ARE COLLECTED AND REVIEWED. THE E.D. REVIEWS SALARY DATA AND PROVIDES SUGGESTED SALARY LEVELS TO THE BOARD OF DIRECTORS FOR REVIEW AND BUDGET APPROVAL.

Name of the organization **ASSOCIATION OF AMERICAN VETERINARY
MEDICAL COLLEGES**Employer identification number
36-6144553

DOCUMENTATION OF THIS APPROVAL IS CONTAINED IN THE MINUTES OF THE BOARD OF
DIRECTORS' BUDGET APPROVAL MEETING.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS ARTICLES
OF INCORPORATION AND BYLAWS AVAILABLE TO THE PUBLIC ON ITS WEB SITE. THE
ORGANIZATION MAKES LIMITED REVENUE AND EXPENSE FIGURES AVAILABLE IN ITS
ANNUAL REPORT, WHICH IS AVAILABLE ON ITS WEB SITE. THE ORGANIZATION MAKES
ITS CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY, DOCUMENT RETENTION
AND DESTRUCTION POLICY, AND ALL OTHER POLICIES ADOPTED BY THE BOARD OF
DIRECTORS OR THE ASSEMBLY, AVAILABLE ON ITS WEBSITE.