

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2024

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Part I Summary: A For the 2024 calendar year, or tax year beginning and ending; B Check if applicable; C Name of organization: AMERICAN VETERINARY MEDICAL FOUNDATION; D Employer identification number: 36-6117739; E Telephone number: (847) 925-8070; F Name and address of principal officer: DR. RENA CARLSON-LAMMERS; G Gross receipts \$: 5,106,783; H(a) Is this a group return for subordinates?; H(b) Are all subordinates included?; H(c) Group exemption number; I Tax-exempt status; J Website: WWW.AVMF.ORG; K Form of organization; L Year of formation: 1963; M State of legal domicile: IL

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

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.

Signature fields for Officer (JOANN VOCALINO, CFO), Preparer (REBEKUH ELEY), and Firm (RSM US LLP) with dates and PTIN.

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE FOUNDATION DEVELOPS RESOURCES TO ADVANCE THE SCIENCE AND PRACTICE OF VETERINARY MEDICINE TO IMPROVE ANIMAL AND HUMAN HEALTH. DONATIONS HELP SUPPORT CARE FOR ANIMALS IN NEED, VETERINARY STUDENT SCHOLARSHIPS, RESEARCH, AND COMMUNITY SERVICE ACTIVITIES.

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 [X] 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 [X] 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 \$ 2,339,912. including grants of \$ 2,180,965. ) (Revenue \$ ) CHARITABLE CARE - THROUGH THE AVMF REACH PROGRAM, AVMA MEMBER VETERINARIANS ARE EMPOWERED TO OFFER CHARITABLE VETERINARY SERVICES TO CLIENTS EXPERIENCING PERSONAL HARDSHIPS. THIS PROGRAM ALLOWS VETERINARIANS TO ACCESS UP TO \$1,000 IN SUPPORT PER MEMBER AND UP TO \$5,000 PER CLINIC ADDRESS TO HELPS CLIENTS AFFORD NECESSARY CARE. FUNDING IS AVAILABLE TO ALL AVMA MEMBERS NATIONWIDE. IN 2024, AVMF AWARDED OVER \$1.8 MILLION IN GRANTS, SUPPORTING CLINICS IN ALL 50 STATES AND HELPING BRIDGE THE GAP IN ACCESS TO CARE FOR ANIMALS IN NEED.

4b (Code: ) (Expenses \$ 1,527,683. including grants of \$ 1,027,683. ) (Revenue \$ ) EDUCATION - AVMF IS COMMITTED TO SUPPORTING THE NEXT GENERATION OF VETERINARY PROFESSIONALS. IN 2024, WE AWARDED \$1.2 MILLION IN SCHOLARSHIPS TO VETERINARY STUDENTS AND TECHNICIANS, ENSURING THAT THEY HAVE THE RESOURCES NEEDED TO PURSUE THEIR EDUCATION AND MAKE MEANINGFUL CONTRIBUTIONS TO ANIMAL HEALTH, FOOD SAFETY, AND PUBLIC HEALTH. AVMF ALSO INVESTS IN CONTINUING EDUCATION THROUGH THE AVMA AXON PLATFORM AND THE AVMA CONVENTION.

4c (Code: ) (Expenses \$ 272,144. including grants of \$ 272,144. ) (Revenue \$ ) RESEARCH - AVMF ADVANCES ANIMAL HEALTH FUNDING BY FUNDING INNOVATIVE RESEARCH. WITH FUNDING FROM THE VETERINARY PHARMACOLOGY RESEARCH FOUNDATION, AVMF AWARDS GRANTS TO RESEARCHERS WORKING TO IMPROVE THE DIAGNOSIS AND TREATMENT OF ANIMAL DISEASES. IN 2024, AVMF COLLABORATED WITH THE STANTON FOUNDATION TO AWARD A \$150,000 CANINE SPECTRUM OF CARE GRANT, SUPPORTING RESEARCH INTO AFFORDABLE TREATMENT OPTIONS FOR CANINE PATIENTS AND PROMOTING BROADER ACCESS TO VETERINARY CARE.

4d Other program services (Describe on Schedule O.) (Expenses \$ 270,069. including grants of \$ 270,069. ) (Revenue \$ )

4e Total program service expenses 4,409,808.

**Part IV 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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	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>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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>		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>		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>	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>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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>	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>		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>		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>		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>		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 X</i>		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>		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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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> See instructions		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>		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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 detailing various organizational requirements and their compliance status.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

**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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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 on Schedule O.		
	1a	10	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b	6	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
<b>6</b>	Did the organization have members or stockholders?	6	X
<b>7a</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?	7a	X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	8a	X
<b>b</b>	Each committee with authority to act on behalf of the governing body?	8b	X
<b>9</b>	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 on Schedule O	9	X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	10a	X
<b>b</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?	10b	
<b>11a</b>	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>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
<b>13</b>	Did the organization have a written whistleblower policy?	13	X
<b>14</b>	Did the organization have a written document retention and destruction policy?	14	X
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	15a	X
<b>b</b>	Other officers or key employees of the organization	15b	X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	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>b</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 IL
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on 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, address, and telephone number of the person who possesses the organization's books and records  
**JOANN VOCALINO, CFO - 847-285-6773**  
**1931 NORTH MEACHAM ROAD STE 100, SCHAUMBURG, IL 60173-4360**

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

Check if Schedule O contains a response or note to any line 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JANET DONLIN DIRECTOR	5.00 50.00	X					0.	447,171.	53,040.	
(2) RENA CARLSON-LAMMERS CHAIR	5.00 20.00	X		X			0.	75,598.	0.	
(3) LORI TELLER CHAIR - PAST (UNTIL 6/24)	5.00 20.00	X		X			0.	44,167.	0.	
(4) JON PENNELL TREASURER	5.00 15.00	X		X			0.	20,696.	0.	
(5) SAUNDRA WILLIS DIRECTOR	5.00 10.00	X					0.	12,500.	0.	
(6) ERIN CASEY DIRECTOR	5.00 10.00	X					0.	10,000.	0.	
(7) SAM MILLER DIRECTOR	5.00 10.00	X					0.	10,000.	0.	
(8) MELANIE MARSDEN DIRECTOR - PAST (UNTIL 6/24)	5.00 10.00	X					0.	5,610.	0.	
(9) HEATHER CASE VICE CHAIR	5.00 0.00	X		X			0.	0.	0.	
(10) JOE DIPETRO DIRECTOR	5.00 0.00	X					0.	0.	0.	
(11) KIMBERLY TOPPER DIRECTOR	5.00 0.00	X					0.	0.	0.	
(12) SPENCER STELLY DIRECTOR	5.00 0.00	X					0.	0.	0.	
(13) KYLE FRETT DIRECTOR - PAST (UNTIL 6/24)	5.00 0.00	X					0.	0.	0.	
(14) MAX PAULSON DIRECTOR - PAST (UNTIL 6/24)	5.00 0.00	X					0.	0.	0.	



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>						
	<b>b</b> Membership dues .....	<b>1b</b>						
	<b>c</b> Fundraising events .....	<b>1c</b>						
	<b>d</b> Related organizations .....	<b>1d</b>	137,575.					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	3,688,102.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 1,481.					
	<b>h Total.</b> Add lines 1a-1f .....		3,825,677.					
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>						
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> _____							
	<b>e</b> _____							
	<b>f</b> All other program service revenue .....							
	<b>g Total.</b> Add lines 2a-2f .....							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		176,965.			176,965.		
	<b>4</b> Income from investment of tax-exempt bond proceeds .....							
	<b>5</b> Royalties .....							
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real					
			(ii) Personal					
			<b>b</b> Less: rental expenses ...	<b>6b</b>				
			<b>c</b> Rental income or (loss)	<b>6c</b>				
	<b>d</b> Net rental income or (loss) .....							
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	1,104,141.				
			(ii) Other					
			<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	1,160,728.			
			<b>c</b> Gain or (loss) .....	<b>7c</b>	-56,587.			
	<b>d</b> Net gain or (loss) .....			-56,587.		-56,587.		
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....			<b>8b</b>					
<b>c</b> Net income or (loss) from fundraising events .....								
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>							
		<b>b</b> Less: direct expenses .....	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities .....								
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>							
		<b>b</b> Less: cost of goods sold .....	<b>10b</b>					
		<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>	<b>11 a</b> _____	<b>Business Code</b>						
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> All other revenue .....							
	<b>e Total.</b> Add lines 11a-11d .....							
<b>12 Total revenue.</b> See instructions .....			3,946,055.	0.	0.	120,378.		

**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 or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	2,869,230.	2,869,230.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	727,070.	727,070.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	154,560.	154,560.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....				
<b>10</b> Payroll taxes .....				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....				
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	35,770.	13,003.	22,767.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	260,974.	198,240.	60,943.	1,791.
<b>12</b> Advertising and promotion .....	11,920.			11,920.
<b>13</b> Office expenses .....	92,415.	3,966.	26,139.	62,310.
<b>14</b> Information technology .....	65,610.	12,791.	52,819.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	2,993.		2,993.	
<b>17</b> Travel .....	38,660.		38,660.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	430,948.	430,948.		
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	15,900.		15,900.	
<b>23</b> Insurance .....				
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>BANK AND CREDIT CARD FE</b>	8,870.		8,870.	
<b>b</b> <b>CONTINUING EDUCATION</b>	387.		306.	81.
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	4,715,307.	4,409,808.	229,397.	76,102.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	3,776,812.	<b>1</b>	3,323,953.
	<b>2</b> Savings and temporary cash investments .....	961,272.	<b>2</b>	390,856.
	<b>3</b> Pledges and grants receivable, net .....	768,312.	<b>3</b>	1,258,678.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	4,400.	<b>8</b>	4,400.
	<b>9</b> Prepaid expenses and deferred charges .....	23,091.	<b>9</b>	48,416.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 221,941.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 51,612.	35,775.	<b>10c</b> 170,329.
	<b>11</b> Investments - publicly traded securities .....	6,192,374.	<b>11</b>	7,229,903.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	165,352.	<b>15</b>	22,969.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	11,927,388.	<b>16</b>	12,449,504.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	473,573.	<b>17</b>	1,358,198.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	473,573.	<b>26</b>	1,358,198.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	4,107,130.	<b>27</b>	4,360,463.
	<b>28</b> Net assets with donor restrictions .....	7,346,685.	<b>28</b>	6,730,843.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	11,453,815.	<b>32</b>	11,091,306.
	<b>33</b> Total liabilities and net assets/fund balances .....	11,927,388.	<b>33</b>	12,449,504.

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,946,055.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,715,307.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-769,252.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	11,453,815.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	406,743.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	11,091,306.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>c</b>	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 on Schedule O.		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
<b>b</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 on Schedule O and describe any steps taken to undergo such audits _____		



**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2811310.	2158093.	2953106.	3878001.	3825677.	15626187.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	2811310.	2158093.	2953106.	3878001.	3825677.	15626187.
<b>5</b> 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) .....						4996315.
<b>6 Public support.</b> Subtract line 5 from line 4.						10629872.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	2811310.	2158093.	2953106.	3878001.	3825677.	15626187.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	116,289.	64,394.	121,222.	120,345.	176,965.	599,215.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						16225402.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	65.51	%
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	96.51	%
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2023.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2024.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 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**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>		%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 .....	<b>16</b>	96.51	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>		%
<b>18</b> Investment income percentage from 2023 Schedule A, Part III, line 17 .....	<b>18</b>	3.49	%

**19a 33 1/3% support tests - 2024.** 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 - 2023.** 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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019			
<b>b</b> From 2020			
<b>c</b> From 2021			
<b>d</b> From 2022			
<b>e</b> From 2023			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to under distributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020			
<b>b</b> Excess from 2021			
<b>c</b> Excess from 2022			
<b>d</b> Excess from 2023			
<b>e</b> Excess from 2024			



Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Table with 2 columns: Name of the organization (AMERICAN VETERINARY MEDICAL FOUNDATION) and Employer identification number (36-6117739)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: [X] 501(c)( 3 ) (enter number) organization, [ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation, [ ] 527 political organization
Form 990-PF: [ ] 501(c)(3) exempt private foundation, [ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation, [ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- [ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ \_\_\_\_\_

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization  <b>AMERICAN VETERINARY MEDICAL FOUNDATION</b>	Employer identification number  <b>36-6117739</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>900,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>459,520.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>245,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>174,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>168,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>AMERICAN VETERINARY MEDICAL FOUNDATION</b>	Employer identification number  <b>36-6117739</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ <u>137,575.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ <u>95,927.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ <u>79,649.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>AMERICAN VETERINARY MEDICAL FOUNDATION</b>	Employer identification number  <b>36-6117739</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization  <b>AMERICAN VETERINARY MEDICAL FOUNDATION</b>	Employer identification number  <b>36-6117739</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

**AMERICAN VETERINARY MEDICAL FOUNDATION**

Employer identification number

**36-6117739**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of 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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> 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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

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
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

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, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2d 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB 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) Revenue included on 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

**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 make 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 program
  - 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" on 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:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  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" on 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	2,609,032.	2,195,912.	2,682,060.	2,566,565.	2,508,258.
b Contributions	1,074,140.	125,000.	30,000.	1,437.	45,000.
c Net investment earnings, gains, and losses	199,089.	335,121.	-445,118.	151,058.	50,743.
d Grants or scholarships	84,000.	47,000.	71,030.	37,000.	36,077.
e Other expenditures for facilities and programs					
f Administrative expenses	43,198.				1,359.
g End of year balance	3,755,063.	2,609,033.	2,195,912.	2,682,060.	2,566,565.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 26.6000 %
  - b Permanent endowment 61.5000 %
  - c Term endowment 11.9000 %
- The percentages on 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:
- |  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations?   |                          | <input checked="" type="checkbox"/> |
| (ii) Related organizations?  |                          | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment** Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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				
d Equipment				
e Other		221,941.	51,612.	170,329.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				170,329.

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	

2. Liability for uncertain tax positions. 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

**Part XIII Supplemental Information**

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 III, LINE 4:**  
 THE COLLECTION OF DONATED ARTWORK IS MADE UP OF VARIOUS PIECES OF ANIMAL ART AND SCULPTURES THAT HAVE BEEN DONATED OVER A NUMBER OF YEARS BY MEMBERS. THE ART PROVIDES MISSION DECORATION TO THE ORGANIZATION'S HEADQUARTERS IN SCHAUMBURG, ILLINOIS. THE DONATED STATUE IS LOCATED OUTSIDE THE AVMF'S SCHAUMBURG OFFICE. SOME OF THE ART AND SCULPTURES HAVE ALSO BEEN DUPLICATED FOR REVENUE TO FURTHER THE ORGANIZATION'S MISSION.



**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	DISASTER RELIEF	100,000.	CHECK	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARIBBEAN	STUDENT FUNDING	8,245.	CHECK	0.	N/A	N/A
		NORTH AMERICA	STUDENT FUNDING	8,230.	CHECK	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND & GREENLAND)	STUDENT FUNDING	7,375.	CHECK	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND & GREENLAND)	STUDENT FUNDING	7,210.	CHECK	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND & GREENLAND)	STUDENT FUNDING	9,450.	CHECK	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARIBBEAN	STUDENT FUNDING	8,600.	CHECK	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARIBBEAN	STUDENT FUNDING	5,450.	CHECK	0.	N/A	N/A

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **0**

**3** Enter total number of other organizations or entities ..... **8**



**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* .....  Yes  No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* .....  Yes  No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* .....  Yes  No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* .....  Yes  No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**PART I, LINE 2:**

**THE ORGANIZATION MAINTAINS DISBURSEMENT RECORDS AND MINUTES DOCUMENTING APPROVAL OF ALL GRANTS. IN ADDITION, GRANTS ARE CODED TO APPROPRIATE PROGRAM ACCOUNTS TO SEGREGATE DIFFERENT TYPES OF PROGRAM GRANTS. THE ORGANIZATION STAYS IN CONTACT THROUGHOUT THE YEAR WITH ORGANIZATIONS RECEIVING GRANTS AND ASSISTANCE.**

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

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" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization **AMERICAN VETERINARY MEDICAL FOUNDATION** Employer identification number **36-6117739**

**Part I General Information on Grants and Assistance**

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?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ABBY PET HOSPITAL 4508 E. ASHLAN AVE. FRESNO, CA 93726	61-1813667		5,703.	0.			VCCF
ACADEMY ANIMAL HOSPITAL 741 ACADEMY DRIVE SOLANA BEACH, CA 92075	45-5626729		5,230.	0.			VCCF
ACORN ANIMAL HOSPITAL 20 EARLS WAY FRANKLIN, MA 02038	04-3340460		5,864.	0.			VCCF
ADVANCED ANIMAL CARE 2120 PIMLICO DRIVE RICHMOND, KY 40475	26-3263626		6,000.	0.			VCCF
AINA HAINA VETERINARY CLINIC 820 W HIND DRIVE STE 1224 HONOLULU, HI 96821	87-4789902		6,000.	0.			VCCF
ALL CREATURES ANIMAL HOSPITAL 105 SUNSET LN LUTZ, FL 33549	82-0994044		11,239.	0.			VCCF

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 26.

3 Enter total number of other organizations listed in the line 1 table 92.

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

Schedule I (Form 990) (Rev. 12-2024)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALL PETS ANIMAL HOSPITAL 7 REYNOLDS MOUNTAIN BOULEVARD ASHEVILLE, NC 28804	82-2326635		6,450.	0.			VCCF
AMERICAN VETERINARY MEDICAL ASSOCIATION - 1931 N MEACHEM ROAD - SCHAUMBURG, IL 60173	36-0731170	501(C)(6)	500,000.	0.			GENERAL OPERATING SUPPORT
AMIGO ANIMAL HOSPITAL, PLLC 12355 POTRANCO RD. STE 111 SAN ANTONIO, TX 78253	46-0922356		7,182.	0.			VCCF
ANIMAL CARE DAYBREAK 4696 WEST DAYBREAK RIM WAY SOUTH JORDAN, UT 84009	84-2776120		7,366.	0.			VCCF
AUBURN UNIVERSITY SAVMA CHAPTER OFFICE OF ACADEMIC AFFAIRS COLLEGE AUBURN, AL 36849	63-6050833	501(C)(6)	9,950.	0.			STUDENT FUNDING
BEND EQUINE MEDICAL CENTER 19121 COUCH MARKET RD BEND, OR 97703	91-1764445		5,795.	0.			VCCF
BLUEPEARL VETERINARY PARTNERS 2700 LAKE VISTA DRIVE LEWISVILLE, TX 75067	47-2251994		6,176.	0.			VCCF
CARDIFF ANIMAL HOSPITAL & WELLNESS CENTER, INC. - 2159 SAN ELIJO AVENUE - CARDIFF BY THE SEA, CA 92007	81-4891461		8,623.	0.			VCCF
CAROLINA VETERINARY SPECIALISTS HUNTERSVILLE - 12117 STATESVILLE RD. - HUNTERSVILLE, NC 28078	45-4377383		9,715.	0.			VCCF

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEDARBROOK VETERINARY CARE 9812 215TH AVE SE SNOHOMISH, WA 98290	45-2356879		8,106.	0.			VCCF
CHAPARRAL VETERINARY MEDICAL CENTER - 32100 N. CAVE CREEK RD - CAVE CREEK, AZ 85331	00-0000000		9,057.	0.			VCCF
CITY PAWS URGENT CARE 2821 NW 57TH ST OKLAHOMA CITY, OK 73112	85-3568920		9,788.	0.			VCCF
COLORADO STATE UNIVERSITY SAVMA VTH C/O SAVMA, 1601 CAMPUS DELIVERY FORT COLLINS, CO 80525	84-6037614	501(C)(6)	6,650.	0.			STUDENT FUNDING
CORNELL UNIVERSITY SAVMA CHAPTER 602 TOWER ROAD ITHACA, NY 14853	15-0532082	501(C)(6)	7,700.	0.			STUDENT FUNDING
CRATER ANIMAL CLINIC LLC 665 E. VILAS CENTRAL POINT, OR 97502	93-1265412		5,979.	0.			VCCF
CUMMINGS SVM AT TUFTS UNIVERSITY SAVMA CHAPT - PO BOX 571 - NORTH GRAFTON, MA 01536	47-4991221	501(C)(6)	8,000.	0.			STUDENT FUNDING
DODGEVILLE VETERINARY SERVICE 105 COUNTY RD YZ DODGEVILLE, WI 53533	39-1194325		6,279.	0.			VCCF
ENCOREVET GROUP 5 MOUNTAIN LEDGE GANSEVOORT, NY 12831	82-5504044		5,485.	0.			VCCF

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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ETHOS VETERINARY HEALTH, LLC 20 CABOT RD WOBURN, MA 01801	47-4483792		13,581.	0.			VCCF
EVCOT, PC 8250 SW TONKA STREET TUALATIN, OR 97062	91-1761243		8,852.	0.			VCCF
EVERYCAT HEALTH FOUNDATION 637 WYCKOFF AVE STE 33 WYCKOFF, NJ 07621	23-7138699	501(C)(3)	211,000.	0.			RESEARCH
FLATHEAD PET EMERGENCY 2564 HWY 2 E KALISPELL, MT 59901	26-3483677		5,106.	0.			VCCF
FOREST TRAILS ANIMAL HOSPITAL 6528 E 101ST ST TULSA, OK 74133	26-4378696		5,005.	0.			VCCF
FOX VALLEY EQUINE PRACTICE P.O. BOX 368 LA FOX, IL 60147	36-3838109		6,633.	0.			VCCF
FRIENDS OF NCVMA FOUNDATION 1611 JONES FRANKLIN RD STE 108 RALEIGH, NC 27606	11-3779599	501(C)(3)	25,000.	0.			DISASTER RELIEF
GOLDEN VALLEY VETERINARY CLINIC LLC - 13355 HWY 17 - PARK RIVER, MD 58270	46-4477287		5,962.	0.			VCCF
GRADY VETERINARY HOSPITAL 9255 WINTON RD CINCINNATI, OH 45231	31-0746009		16,618.	0.			VCCF

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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GREATERGOOD.ORG 600 UNIVERSITY ST SEATTLE, WA 98101	20-4846675	501(C)(3)	10,000.	0.			DISASTER RELIEF
GSV HOLDINGS, LLC 10140 W 44TH AVE WHEAT RIDGE, CO 80033	86-2583080		81,114.	0.			VCCF
HUB CITY VETERINARY CLINIC PLLC 10717 MILWAUKEE AVE LUBBOCK, TX 79424	82-3518252		5,115.	0.			VCCF
HURRICANE ANIMAL HOSPITAL 2120 MOUNT VERNON RD HURRICANE, WV 25526	55-0758374		11,491.	0.			VCCF
HVP OF MISSISSIPPI PC 10 S LA SALLE ST STE 2120 CHICAGO, IL 60603	84-2275815		5,582.	0.			VCCF
INDY VET EMERGENCY & SPECIALTY HOSPITAL - 5425 VICTORY DRIVE - INDIANAPOLIS, IN 46203	46-2958813		14,167.	0.			VCCF
INNOVETIVE EMERGENCY VETERINARY CLINIC - 10800 PECAN PARK BLVD STE 320 - AUSTIN, TX 78750	88-2930940		6,000.	0.			VCCF
IOWA STATE UNIVERSITY FOUNDATION 2505 UNIVERSITY BOULEVARD AMES, IA 50010	42-1143702	501(C)(3)	10,000.	0.			RESEARCH
KACHEMAK BAY ANIMAL HOSPITAL 601 E PIONEER AVE #102 HOMER, AK 99603	85-3359921		6,371.	0.			VCCF

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINCOLN MEMORIAL UNIVERSITY 6965 CUMBERLAND GAP PARKWAY HARROGATE, TN 37752	62-0479542	501(C)(3)	10,000.	0.			DISASTER RELIEF
LINCOLN MEMORIAL UNIVERSITY SAVMA CHAPTER - LMU CVM 6965 CUMBERLAND GAP PKWY - HARROGATE, TN 37752	62-0479542	501(C)(6)	8,000.	0.			STUDENT FUNDING
LOCKE A. TAYLOR DVM INC. 9023 WOODMAN RD RICHMOND, VA 23228	54-0895264		13,946.	0.			VCCF
LONG ISLAND UNIVERSITY-CVM SAVMA 720 NORTHERN BLVD BROOKVILLE, NY 11548	36-4983368	501(C)(6)	5,520.	0.			STUDENT FUNDING
LOUISIANA STATE UNIVERSITY SAVMA CHAPTER - LSU SAVMA - BATON ROUGE, LA 70803	51-0173371	501(C)(6)	7,710.	0.			STUDENT FUNDING
MADISON VETERINARY SPECIALISTS 2704 ROYAL AVE MONONA, WI 53713	46-1091697		18,639.	0.			VCCF
MEDVET ASSOCIATES, LLC 350 EAST WILSON BRIDGE ROAD WORTHINGTON, OH 43085	54-2069603		240,674.	0.			DISASTER RELIEF
METROPOLITAN VETERINARY SPECIALISTS AND EMERGENCY SERVICE, PSC - 11800 CAPITAL WAY - LOUISVILLE, KY 40299	61-1286952		8,381.	0.			VCCF
MICHIGAN STATE UNIVERSITY SAVMA CHAPTER - 784 WILSON RD - EAST LANSING, MI 48824	36-6094511	501(C)(3)	9,955.	0.			STUDENT FUNDING

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIDWEST VETERINARY COMPANY, LLC 20450 CIVIC CENTER DR SOUTHFIELD, MI 48076	32-0541312		6,276.	0.			VCCF
MIDWESTERN UNIVERSITY SAVMA CHAPTER - 6233 WEST BEHREND DRIVE - GLENDALE, AZ 85308	36-3777698		7,520.	0.			STUDENT FUNDING
MISSISSIPPI STATE UNIVERSITY SAVMA P.O. BOX 6100 MISSISSIPPI STATE, MS 39762	64-0622600	501(C)(3)	7,700.	0.			STUDENT FUNDING
MULBERRY GROVE ANIMAL HOSPITAL, LLC - 7101 SE HIGHWAY 42 - SUMMERFIELD, FL 34491	55-0833734		7,225.	0.			VCCF
MVP DISTRICT, LLC 20450 CIVIC CENTER DRIVE SOUTHFIELD, MI 48076	85-3677311		8,640.	0.			VCCF
NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC. - PO BOX 748645 - ATLANTA, GA 30374	58-2106707	501(C)(3)	10,000.	0.			EDUCATION
NATIONAL VETERINARY ASSOCIATES, INC - 1 BAXTER WAY STE 200 - WESTLAKE VILLAGE, CA 91362	95-4578066		28,436.	0.			VCCF
NORTH BAY ANIMAL HOSPITAL 9801 WEST HILLSBOROUGH AVENUE TAMPA, FL 33615	59-2764236		6,743.	0.			VCCF
NORTH CAROLINA STATE UNIV. CAMPUS BOX 7203 RALEIGH, NC 27695	56-6000756	GOVERNMENT AGENC	26,717.	0.			RESEARCH

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH CAROLINA STATE UNIVERSITY SAVMA - 1060 WILLIAM MOORE DRIVE - RALEIGH, NC 27607	53-1330768	501(C)(6)	8,000.	0.			STUDENT FUNDING
OAK KNOLL ANIMAL HOSPITAL 3113 41ST STREET MOLINE, IL 61265	81-1950896		5,059.	0.			VCCF
OKLAHOMA STATE UNIVERSITY SAVMA CHAPTER - 304 MCELROY HALL - STILLWATER, OK 74078	73-6103133	501(C)(6)	8,000.	0.			STUDENT FUNDING
OPORTO ANIMAL CLINIC 6912 OPORTO MADRID BLCD S BIRMINGHAM, AL 35206	63-0917753		25,815.	0.			VCCF
ORADELL ANIMAL HOSPITAL, INC. 580 WINTERS AVENUE PARAMUS, NJ 07652	22-1981683		8,272.	0.			VCCF
OREGON HUMANE SOCIETY 1067 NE COLUMBIA BLVD PORTLAND, OR 97211	93-0386880		15,043.	0.			VCCF
OREGON STATE UNIVERSITY SAVMA CHAPTER - 200 MAGRUDER HALL - CORVALLIS, OR 97331	93-0806335	501(C)(6)	7,800.	0.			STUDENT FUNDING
ORIGINAL SWIM, LLC 278 VT 15 E HYDE PARK, VT 05655	46-4661168		8,500.	0.			VCCF
PARKER VETERINARY HOSPITAL P.C. 5 MECHANIC ST OXFORD, MI 48371	27-4059935		6,000.	0.			VCCF

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PATHWAY VET ALLIANCE HOLDINGS LLC 4801 WEST FWY FORT WORTH, TX 76107	81-3014525		16,678.	0.			VCCF
PENDER VETERINARY CENTRE - FAIRFAX 4001 LEGATO ROAD FAIRFAX, VA 22033	83-2070060		6,000.	0.			VCCF
PURDUE UNIVERSITY SAVMA CHAPTER 625 HARRISON STREET WEST LAFAYETTE, IN 47907	35-6065017	501(C)(3)	8,600.	0.			STUDENT FUNDING
RAREBREED MVMC LLC 1500 TECHNOLOGY WAY SCARBOROUGH, ME 04074	84-3775817		13,005.	0.			VCCF
REGENTS OF THE UNIVERSITY OF CALIFORNIA - 1 SHIELDS AVE - DAVIS, CA 95616	94-6036494	501(C)(3)	10,000.	0.			DISASTER RELIEF
SAVES 63 EVANS DRIVE LEBANON, NH 03766	47-4483792		8,546.	0.			VCCF
SAVMA CHAPTER AT KANSAS UNIVERSITY ATTN: MEGAN HAMILTON, 918 NORTH MARTIN LUTHER KING JR. DRIVE - MANHATTAN, K	48-9105790	501(C)(6)	7,860.	0.			STUDENT FUNDING
SAVMA IOWA STATE CHAPTER 2270 VET MED, OASA AMES, IA 50011	42-1143702	501(C)(3)	8,600.	0.			STUDENT FUNDING
SEVEN HILLS VETERINARY HOSPITAL, INC. - 18325 E GIRARD AVE - AURORA, CO 80013	84-0991277		6,000.	0.			VCCF

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SWANNANOVA VALLEY ANIMAL HOSPITAL 2580 US 70 HWY SWANNANOVA, NC 28778	05-0614898		10,000.	0.			DISASTER RELIEF
TEMPLE TERRACE ANIMAL HOSPITAL 5023 E BUSCH BLVD TAMPA, FL 33617	59-3063809		13,737.	0.			VCCF
TEMPLE TERRACE VETERINARY MEDICAL GROUP - 5023 E BUSCH BLVD - TAMPA, FL 33617	59-3063809		5,626.	0.			VCCF
TEXAS A&M FOUNDATION 401 GEORGE BUSH DR COLLEGE STATION, TX 77840	74-2245072	501(C)(3)	10,000.	0.			DISASTER RELIEF
TEXAS A&M UNIVERSITY SAVMA CHAPTER DEAN'S OFFICE COLLEGE OF VETERINARY MEDICINE - COLLEGE STATION, TX 77843	74-6063269	501(C)(6)	8,000.	0.			STUDENT FUNDING
TEXAS TECH UNIVERSITY SAVMA CHAPTER - 7671 EVANS DR - AMARILLO, TX 79106	36-5019697	501(C)(6)	8,040.	0.			STUDENT FUNDING
THE CAT DOCTORS 3221 WEST AZEELE STREET TAMPA, FL 33609	59-3341164		7,000.	0.			VCCF
THE HUMANE SOCIETY OF BOULDER VALLEY - 2323 55TH ST - BOULDER, CO 80301	84-0152768		12,279.	0.			VCCF
THE OHIO STATE UNIVERSITY SAVMA CHAPTER - 1900 COFFEY ROAD - COLUMBUS, OH 43210	31-6085068	501(C)(3)	8,970.	0.			STUDENT FUNDING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE STREET DOG COALITION 305 W MAGNOLIA ST # 277 FORT COLLINS, CO 80521	81-0793989	501(C)(3)	10,000.	0.			EDUCATION
THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS - 1008 W HAZELWOOD DR - URBANA, IL 61802	37-6000511	501(C)(3)	13,000.	0.			VCCF
TSVC LLC 7311 E THOMAS RD SCOTTSDALE, AZ 85251	26-0557144		7,181.	0.			VCCF
TUSKEGEE UNIVERSITY SAVMA 201 PATTERSON HALL TUSKEGEE, AL 36088	63-0704751	501(C)(6)	7,603.	0.			STUDENT FUNDING
UNION HILL VETERINARY VENTURES, LLC - 3025 MAIN ST. - KANSAS CITY, MO 64108	47-1482068		5,300.	0.			VCCF
UNIVERSITY OF CALIFORNIA-DAVIS SAVMA - 944 GARROD DRIVE - DAVIS, CA 95616	94-6062452	501(C)(3)	8,000.	0.			STUDENT FUNDING
UNIVERSITY OF ARIZONA SAVMA CHAPTER - 1580 E HANLEY BLVD - TUCSON, AZ 85730	38-3245761	501(C)(6)	7,275.	0.			STUDENT FUNDING
UNIVERSITY OF FLORIDA FOUNDATION PO BOX 100125 GAINESVILLE, FL 32610	59-0974739	501(C)(3)	7,580.	0.			RESEARCH
UNIVERSITY OF FLORIDA SAVMA CHAPTER - 2015 SW 16TH AVE - GAINESVILLE, FL 32610	51-0214946	501(C)(6)	8,000.	0.			STUDENT FUNDING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF GEORGIA 310 E CAMPUS RD TUCKER HALL, ROOM 4 ATHENS, GA 30602	58-1353149	501(C)(3)	8,900.	0.			RESEARCH
UNIVERSITY OF GEORGIA SAVMA CHAPTER - UGA SAVMA - ATHENS, GA 30602	58-1377421	501(C)(6)	7,120.	0.			STUDENT FUNDING
UNIVERSITY OF ILLINOIS SAVMA CHAPTER - 2001 S LINCOLN AVE - URBANA, IL 61802	37-6047637	501(C)(3)	6,000.	0.			STUDENT FUNDING
UNIVERSITY OF MINNESOTA SAVMA CHAPTER - 200 OAK STREET SE, SUITE 500 - MINNEAPOLIS, MN 55455	41-6042488	STATE GOVT. AGEN	6,420.	0.			STUDENT FUNDING
UNIVERSITY OF PENNSYLVANIA SAVMA CHAPTER - 380 S. UNIVERSITY AVE - PHILADELPHIA, PA 19104	23-6245215	501(C)(6)	6,500.	0.			STUDENT FUNDING
UNIVERSITY OF TENNESSEE SAVMA UTCVM SAVMA, 2407 RIVER DRIVE KNOXVILLE, TN 37996	36-3253371	501(C)(6)	8,240.	0.			STUDENT FUNDING
UNIVERSITY OF WISCONSIN SAVMA CHAPTER - 2015 LINDEN DRIVE - MADISON, WI 53706	39-1484886	501(C)(6)	8,850.	0.			STUDENT FUNDING
VCA ANIMAL HOSPITALS, INC. 12401 W. OLYMPIC BLVD LOS ANGELES, CA 90064	95-4574532		9,703.	0.			VCCF
VEAZIE VETERINARY CLINIC 1522 STATE STREET VEAZIE, ME 04401	87-2338843		6,000.	0.			VCCF

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VEG ROCKETSHIP, LLC 44 S. BROADWAY ST. WHITE PLAINS, NY 10601	83-2313237		6,539.	0.			VCCF
VETERINARY EMERGENCY GROUP 3312 W CARY ST RICHMOND, VA 23221	54-1164668		21,287.	0.			VCCF
VETERINARY WELLNESS CENTER 466 ANGLIANA AVE LEXINGTON, KY 40508	47-0902841		6,000.	0.			VCCF
VIRGINIA MARYLAND CVM SAVMA CHAPTER - 205 DUCK POND DRIVE, OFFICE 227B - BLACKSBURG, VA 24061	52-1233694	501(C)(6)	7,010.	0.			STUDENT FUNDING
WAGS PET CLINIC, INC 8501 LADUE LN TAMPA, FL 33614	82-1808037	501(C)(3)	12,000.	0.			VCCF
WASHINGTON STATE UNIVERSITY SAVMA CHAPTER - LIGHTY STUDENT SERVICES BLDG RM 280 - PULMAN, WA 99164	91-6027605	501(C)(3)	10,500.	0.			STUDENT FUNDING
WESTERN UNIVERSITY OF HEALTH SCIENCE SAVMA C - 309 E. SECOND ST. - POMONA, CA 91766	95-3127273	501(C)(3)	8,000.	0.			STUDENT FUNDING
WIGNALL ANIMAL HOSPITAL 1837 BRIDGE ST DRACUT, MA 01826	81-3009747		5,345.	0.			VCCF
WORLDWIDE VETS INCORPORATED 813 NE CAMBRIDGE DR LEES SUMMIT, MO 64086	92-3351721	501(C)(3)	40,000.	0.			DISASTER RELIEF



**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
MERCK SCHOLARSHIP FUND	54	270,000.	0.		
MERCK VET TECH FUND	40	132,000.	0.		
LEGACY ENDOWMENT FUND	75	75,000.	0.		
DECHRA VETERINARY PRODUCTS FUND	20	47,500.	0.		
AVMA/AVMF MILITARY FUND	5	45,000.	0.		

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**  
 THE ORGANIZATION MAINTAINS DISBURSEMENT RECORDS AND MINUTES DOCUMENTING APPROVAL OF ALL GRANTS. IN ADDITION, GRANTS ARE CODED TO APPROPRIATE PROGRAM ACCOUNTS TO SEGREGATE DIFFERENT TYPES OF PROGRAM GRANTS. THE ORGANIZATION STAYS IN CONTACT THROUGHOUT THE YEAR WITH ORGANIZATIONS RECEIVING GRANTS AND ASSISTANCE.

**PART II, COLUMN B**  
 THE ORGANIZATION HAS ATTEMPTED NUMEROUS TIMES, UNSUCCESSFULLY, TO OBTAIN THE MISSING INFORMATION NECESSARY TO COMPLETE PART II OF SCHEDULE I.

**Part III** Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
2ND OPPORTUNITY FUND	5.	37,500.	0.		
ADRR FUND	26.	33,670.	0.		
WETTERBERG FUND	5.	30,000.	0.		
EMBRACE PET INSURANCE FUND	5.	25,000.	0.		
MERCK VET TECH INNOVATION FUND	3.	18,000.	0.		
MILDRED SYLVESTER FUND	1.	5,000.	0.		
HOVEIDA RESEARCH FUND	1.	4,400.	0.		
DURVET FUND	2.	2,000.	0.		
LEADERSHIP AWARD FUND	1.	2,000.	0.		

**SCHEDULE J  
(Form 990)**

(Rev. December 2024)  
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" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization <b>AMERICAN VETERINARY MEDICAL FOUNDATION</b>	Employer identification number <b>36-6117739</b>
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**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</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 .....	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the 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"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	<b>X</b>
<b>8</b> Were any amounts reported on 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 .....	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) (Rev. 12-2024)

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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 aren't 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 and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JANET DONLIN DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	427,227.	15,000.	4,944.	34,500.	18,540.	500,211.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

AMERICAN VETERINARY MEDICAL FOUNDATION

Employer identification number

36-6117739

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
VETERINARY MEDICINE TO IMPROVE ANIMAL AND HUMAN HEALTH.

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

DISASTER RELIEF - AVMF PROVIDES CRITICAL SUPPORT DURING AND AFTER  
DISASTERS THROUGH REIMBURSEMENTS GRANTS TO VETERINARIANS AND ALLIED  
HEALTH ORGANIZATIONS. THESE FUNDS ASSIST WITH THE TRANSPORT, SHELTER,  
AND MEDICAL TREATMENT OF ANIMALS IMPACTED BY DISASTERS. AVMF ALSO  
PROVIDES EMERGENCY RELIEF TO ANYONE IN THE VETERINARY PROFESSION  
HELPING COVER IMMEDIATE NEEDS SUCH AS HOUSING, FOOD, TRANSPORTATION,  
AND CLOTHING IN THE AFTERMATH OF A DISASTER.  
EXPENSES \$ 270,069. INCLUDING GRANTS OF \$ 270,069. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

THE SOLE MEMBER OF AVMF IS THE AMERICAN VETERINARY MEDICAL ASSOCIATION  
(AVMA).

FORM 990, PART VI, SECTION A, LINE 7A:

AVMA ELECTS AND REMOVES MEMBERS OF AVMF'S BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

ARTICLES OF INCORPORATION AND BYLAW CHANGES ARE SUBJECT TO THE APPROVAL OF  
AVMA.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT COPY OF THE FORM 990 IS PROVIDED TO THE AUDIT COMMITTEE WHO IS  
CHARGED WITH REVIEW AND APPROVAL OF THE FORM. THE COMMITTEE HAS THE ABILITY  
TO ASK QUESTIONS OF THE PREPARER AND MANAGEMENT. ONCE APPROVED BY THE  
COMMITTEE, THE FORM 990 IS FORWARDED TO THE ENTIRE BOARD OF DIRECTORS FOR  
THEIR REVIEW, APPROVAL AND SIGNATURE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE POLICY IS PROVIDED TO THE BOARD OF DIRECTORS ANNUALLY FOR THEIR REVIEW.

FORM 990, PART VI, SECTION B, LINE 15:

AN INDEPENDENT COMPENSATION STUDY WAS REVIEWED AND ACCEPTED BY THE BOARD OF  
DIRECTORS DURING 2014.

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABLE UPON REQUEST.

**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization **AMERICAN VETERINARY MEDICAL FOUNDATION** Employer identification number **36-6117739**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
AMERICAN VETERINARY MEDICAL ASSOCIATION - 36-0731170, 1931 N MEACHAM ROAD NO. 100, SCHAUMBURG, IL 60173	TO PROTECT AND PROMOTE PROFESSIONAL INTERESTS OF ANIMALS.	ILLINOIS	501(C)(6)	N/A	N/A		<b>X</b>
AVMA POLITICAL ACTION COMMITTEE (PAC) - 51-1147403, 1931 N MEACHAM ROAD NO. 100, SCHAUMBURG, IL 60173	LOBBYING FOR AVMA	DISTRICT OF COLUMBIA	527	N/A	AMERICAN VETERINARY MEDICAL	<b>X</b>	

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

Schedule R (Form 990) (Rev. 1-2025)

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
AVMA ADMIN SERVICES, LLC - 80-0265554 1931 N MEACHAM ROAD NO. 106 SCHAUMBURG, IL 60173	ADMIN AND MANAGEMENT SERVICES	IL	N/A	C CORP	N/A	N/A	N/A	X	
AVMA INSURANCE SERVICES, LLC - 88-2286953 1931 N MEACHAM ROAD NO. 106 SCHAUMBURG, IL 60173	INSURANCE	IL	N/A	C CORP	N/A	N/A	N/A	X	
AVMA LIFE TRUST, LLC - 84-2685033 1931 N MEACHAM ROAD NO. 106 SCHAUMBURG, IL 60173	INSURANCE	IL	N/A	C CORP	N/A	N/A	N/A	X	

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICAN VETERINARY MEDICAL ASSOCIATION	C	137,575.	CASH
(2) AMERICAN VETERINARY MEDICAL ASSOCIATION	N	500,000.	FMV
(3) AMERICAN VETERINARY MEDICAL ASSOCIATION	O	411,053.	CASH
(4)			
(5)			
(6)			



