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Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Go to $\underline{www.irs.gov/Form990}$ for instructions and the latest information.

	Revenue Service					Inspection
A F	or the 2023 c	l alendar year, or tax year beginning 01-01-2023 $$, and ending 12-3	31-2023			
B Che	ck if applicable:	C Name of organization AMERICAN VETERINARY MEDICAL FOUNDATION		D Employe	r identif	fication number
	dress change	AMERICAN VETERINARY MEDICAL FOODDATION		36-6117	739	
	me change tial return	Doing business as				
_	al return/terminated			E Talanhana	numban	
	ended return	Number and street (or P.O. box if mail is not delivered to street address) Room/st 1931 NORTH MEACHAM ROAD	uite	E Telephone		
O Ap	plication pending			(847) 92	5-8070	
		City or town, state or province, country, and ZIP or foreign postal code SCHAUMBURG, IL 601734360		G Gross rec	eipts \$ 4	,394,127
		F Name and address of principal officer:	H(a)	Is this a group ret	urn for	
		LORI TELLER 1931 NORTH MEACHAM ROAD		subordinates?		□Yes <a>V No
		SCHAUMBURG, IL 601734360		Are all subordinate included?	es	☐ Yes ☐No
I Tax	-exempt status:	✓ 501(c)(3)		If "No," attach a lis		
J W	ebsite: WW	/W.AVMF.ORG	H(c) (Group exemption i	number	•
K Forn	n of organization	: Corporation Trust Association Other	L Year of formation: 1963 M State of legal domicile			of legal domicile: IL
Pa	art I Sum	mary				
10		scribe the organization's mission or most significant activities:				
en en		VETERINARIANS, HELP ANIMALS BY SUPPORTING THE ADVANCEMENT OF TO IMPROVE ANIMAL AND HUMAN HEALTH.	THE SCIE	NCE AND PRACTION	CE OF V	'ETERINARY
ě	HEDICINE	TO THE WATER AND THOU WATER AND THE				
Ë						
o ve	2 Check thi	is hov.				
Ü		of voting members of the governing body (Part VI, line 1a)			3	10
S	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	7	
Activities & Governance	5 Total nun	nber of individuals employed in calendar year 2023 (Part V, line 2a)		5	0	
É	6 Total nun	nber of volunteers (estimate if necessary)			6	160
Ø	7a Total unr	elated business revenue from Part VIII, column (C), line 12			7a	0
	b Net unrel	lated business taxable income from Form 990-T, Part I, line 11		7b	0	
				Prior Year		Current Year
9	8 Contribut	cions and grants (Part VIII, line 1h)		2,953,10	06	3,878,001
ĕ	9 Program	service revenue (Part VIII, line 2g)			0	0
Revenue		ent income (Part VIII, column (A), lines 3, 4, and 7d)		623,60	07	-131,801
		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0	0
		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,576,71	13	3,746,200
		nd similar amounts paid (Part IX, column (A), lines 1–3)		1,896,53	39	2,160,319
		paid to or for members (Part IX, column (A), line 4)			0	0
88	1	other compensation, employee benefits (Part IX, column (A), lines 5–10)			0	0
Expenses		onal fundraising fees (Part IX, column (A), line 11e)			0	0
×	b Total fundr					
Saled		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		501,81	_	484,601
		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		2,398,34	_	2,644,920
- S	19 Revenue	less expenses. Subtract line 18 from line 12	Regin	1,178,36		1,101,280 End of Year
Net Assets or Fund Balances			Degiii	g or current re		0 0
Ass Bal		ets (Part X, line 16)		9,539,75	53	11,927,388
ind ind		ilities (Part X, line 26)		270,45	_	473,573
24	22 Net asset	ts or fund balances. Subtract line 21 from line 20		9,269,29	97	11,453,815

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

Sign	[Signature of officer							2024-11-11 Date		
Here		DR DAVID GRANSTRO		C. VICE PRESI	DENT						
		Type or print name a	nd title eparer's name	1,	Preparer's	cianaturo		Date		PTIN	
Paid	I	Fillity Type pre	eparer s name		терагег з	signature		2024-11-11	Check if self-employed	P01455196	
Form 9 Part For Pa THE FC HEALTH ACTIVI 4b 4c Form 9		Firm's name	LEGACY PROF	ESSIONALS LL	.Р				Firm's EIN 32	-0043599	
		,	s 4 WESTBROOK	CORPORATE (CTR STE 70	00			Phone no (312	2) 368-0500	
		i i i i i i i i i i i i i i i i i i i							1 Hone Ho. (312	2) 300 0300	
Marriell	a IDC				-h2 C	a a Translation and	.:			✓ Vaa	□ No.
							ions		lo 11292V		
	-p			эсран				Cat. N	10. 112021	'	01111 330 (2023
						— Page	2				
May the IRS discuss this return with the preparer shown above? See Instructions. Cat. No. 11282Y Form 990 (2023) Page 2 Form 990 (2023) Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: The FOUNDATION DEVELOPS RESOURCES TO ADVANCE THE SCIENCE AND PRACTICE OF VETERINARY MEDICINE TO IMPROVE ANIMAL AND HU HEALTH. DONATIONS HELP SUPPORT CARE FOR ANIMALS IN NEED, VETERINARY STUDENT SCHOLARSHIPS, RESEARCH, AND COMMUNITY SERVACTIVITIES. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? 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? If "Yes," 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 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 accomplishments for each of its three largest program services, as measured by expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses, and revenue, if any, for each program service organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accomplishments for	Page 2										
Hay the IRS discuss this return with the preparer shown above? See Instructions. Yes No											
	Briefly				note to a	any line in	his Part III .				🛂
_	•	3			THE SCIE	NCE AND	PRACTICE OF V	VETERINARY M	IEDICINE TO I	MPROVE ANIN	AL AND HUMAN
		NATIONS HELP SU	PPORT CARE F	OR ANIMALS	S IN NEE	D, VETERIN	IARY STUDENT	SCHOLARSHI	PS, RESEARC	H, AND COMM	IUNITY SERVICE
ACTIV	IIIES.										
2	Did the	e organization und	lertake any sig	nificant prog	gram serv	ices during	the year which	ch were not lis	ted on		
	the pri	or Form 990 or 99	90-EZ?								Yes 🔽 No
		•									
3		_	se conducting,	or make sig	nificant o	changes in	how it conduc	ts, any progra	m) w 📈 N -
			changes on Sci	hodulo O							J Yes ₩ No
_			•		nlichmer	ts for each	of its throo la	raect program	convices as r	measured by e	ypancac
	Section	n 501(c)(3) and 50	01(c)(4) organ	izations are	required						
4a	(Code:) (Expenses \$		182,952	including g	rants of \$	182,952) (Revenue \$)
	DISAST	ERS INCLUDE HURRI	CANES, FLOODS	, FIRES, TORN	IADOES, E	ARTHQUAKE	S, AND OTHER E	XTREMÉ WEATHE	R CONDITIONS	THAT PUT ANIM	ALS IN NEED OF
											EED EMERGENCY
	-										
4b	•							•			,
	THE AV	MA AND THE AMERIC	CAN ANIMAL HOS	PITAL ASSOCI							
		EGE / III DEI VEI II GI	TREVENTIVE G								
4c	(Code:) (Expenses \$	1,	,371,826	including g	rants of \$	1,301,684) (Revenue \$)
	STUDE	NT CHAPTERS OF THE	E AVMA USE THIS	S FUNDING TO	PROVIDE						
	PROFES	SSIONAL DEVELOPME	INT; AND COMMU	JNITY OUTREA	CH.						
	(Code:) (Expenses \$		188,953	including g	rants of \$	188.953) (Revenue \$)
	AVMF P	ROVIDES RESEARCH	GRANTS AND AV	WARDS TO OU	TSTANDIN	G RESEARCH	IERS TO SUPPOR	T THEIR WORK	TO HELP PREVEN		ND TREAT ANIMAL
		ES. IN ADDITION, A NION AND FOOD ANI									
		IAL VETERINARY SCH . HEALTH RESEARCHI									
	OPPORT	TUNITY RESEARCH SO T AND ARE SEEKING	CHOLARSHIP: TH	IS PROGRAM	PROVIDES	SUPPORT F	OR STUDENTS W	HO HAVE PREVIO	DUSLY CONDUCT	ΓED A SUMMER I	RESEARCH
		ING ADVANCED RESE								SIMDUMIL I	LILIMANIANS
4d		program services	•		wanta af	#	100.05	2) (Doverno d		,	
4-	(Exper	nses \$ program service	188,953		2,279,156		188,95	3) (Revenue \$	•)	
4e	iotai	program service	- exhelises		-,213,130	,					Form 990 (2023

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Par	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)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🧐	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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? If "Yes," complete Schedule C, Part III	5		No
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,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8	Yes	
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? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X , as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 1987.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
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? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
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</i> "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes," complete Schedule I, Parts I and II	21	Yes	

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	990 (2023) rt IV Checklist of Required Schedules (continued)			Page
I GI	Checkist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L,</i> Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or 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? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	rt 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		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 24		162	140
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	_		

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Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a	No
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
. b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders		
a b	Gross income from other sources. (Do not net amounts due or paid to other sources		
•	against amounts due or received from them.)		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	Enter the amount of reserves on hand		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
r	THE THE THE THEO A FORM 77H TO FEDORE THESE DAVIMENTS (IT "NO " DROVIDE AD EXPLANATION IN SCHEDULE IT	1401	

/10/2	5, 10:43 AM American Veterinary Medical Foundation - Full Filing - Nonprofit Explorer - Prof	² ublica		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
	11 Tes, complete Form 6009.	F	orm 99	0 (2023
	Page 6			
Form	990 (2023)			Page 6
	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "I	Vo" rest	onse to	
	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ection A. Governing Body and Management			
1-	Enter the number of voting members of the governing body at the end of the tay year.		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing	-		
	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	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	Yes	
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	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	ie Code	e.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	<u> </u>
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	Yes	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	<u> </u>
b	Other officers or key employees of the organization	15b	Yes	<u> </u>
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	160		No

Se	ection	C. Disclosure	
17	List th	he states with which a copy of this Form 990 is required to be filed IL	
18		on 6104 requires an organization to make its Form 1023 (1024 or 1024-Ā, if applicable), 990, and 990-T (section c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	
		Own website \square Another's website $\ \ \ \ \ \ \ \ \ \ \ \ \ $	
19	Descr	ribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest y, and financial statements available to the public during the tax year.	
20		the name, address, and telephone number of the person who possesses the organization's books and records: ORGANIZATION 1931 N MEACHAM RD SCHAUMBURG, IL 601734360 (847) 285-6773	
			Form 990 (2023)
		Page 7 ———————————————————————————————————	
Form	990 (2	2023)	Page 7
Pa	rt VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Emploand Independent Contractors	oyees,
		Check if Schedule O contains a response or note to any line in this Part VII	\square
Se	ection	A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
1a C		e this table for all persons required to be listed. Report compensation for the calendar year ending with or within the	organization's tax

- 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, or 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	one of	(C) ition (do not ch box, unless pe ficer and a dire	neck ersoi ecto	n is l	both a		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations
(1) LORI TELLER CHAIR	5.00	Х		х				0	98,981	0
(2) JOSE ARCE CHAIR - PAST	20.00 5.00 			Х				0	27,058	0
(3) JON PENNELL TREASURER	5.00	х		Х				0	10,000	0
(4) HEATHER CASE DIRECTOR	5.00	Х						0	0	0
(5) JOE DIPETRO DIRECTOR	5.00	х						0	0	0
(6) JANET DONLIN	5.00	Х						0	432,368	48,852
(7) KIMBERLY LITTLETON TOPPER DIRECTOR	5.00	X						0	0	0
(8) MELANIE MARSDEN DIRECTOR	5.00	Х						0	10,137	0
(9) SAM MILLER	5.00									

3/10/25, 10:43 AM	American Veterinary Medical Foundation	- Full Filing - Nonprofit Explorer - ProPublica

DIRECTOR	10.00	Х			0	10,000	0
(10) MAX PAULSON	5.00				0	0	0
DIRECTOR	10.00					9	· ·
(11) SAUNDRA WILLIS	5.00	Х			0	10,000	0
DIRECTOR	10.00					10,000	· ·
(12) DOUGLAS KRATT	5.00						
DIRECTOR - PAST		Х			0	U	0
(13) MICHAEL BAILEY	5.00				0	5,129	0
DIRECTOR - PAST	10.00	Х			U	5,129	0
(14) GEORGE BISHOP	5.00						
DIRECTOR - PAST		Х			0	0	0
(15) KAREN BRADLEY	5.00				_		_
DIRECTOR - PAST		Х			0	0	0
(16) GRACE BRANSFORD	5.00						
DIRECTOR - PAST		Х			0	0	0
(17) MARY ERGEN	5.00				0	10.000	0
DIRECTOR - PAST	10.00	Х			U	10,000	U

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Page **8**

Part VII	Section A. Officers	, Directors,	Trustees,	Kev Em	plovees	, and Hig	hest Com	pensated Em	plovees	(continued

(A) Name and title	(B) Average hours per week (list	one of	(C) ition (do not cl box, unless pe fficer and a dire	neck erso	n is	both ar		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations
(18) SANDRA FAEH	5.00	Х						0	37,656	0
DIRECTOR - PAST		····î`						,	37,030	
(19) RONALD GILL	5.00	x						0	12,508	0
DIRECTOR - PAST	10.00							U	12,308	U
(20) ARNOLD GOLDMAN	5.00							0	10.140	0
DIRECTOR - PAST	15.00	X						U	10,140	0
(21) ROBERT KNAPP	5.00							0	12 500	0
DIRECTOR - PAST	10.00	x						U	12,500	0
(22) CHUCK LEMME	5.00							0	20.000	
DIRECTOR - PAST	10.00	X						U	20,000	0
(23) SEYEDMEHDI MOBINI	5.00									
DIRECTOR - PAST	10.00	X						0	10,134	0
(24) LORI TELLER	5.00								_	_
DIRECTOR - PAST	20.00	X						0	0	0
(25) JOHN PENNELL	5.00							_		_
DIRECTOR - PAST		X						0	0	0
					_					
			I		1	1 1				

/10/25, 10:43 AM	American	Veterinary	Medical Foundatio	n - Full	Filing - Nor	ıprofit Exp	olorer - ProPu	blica		
				\vdash	++					
1b Sub-Total									<u> </u>	
c Total from continuation sheets to Pa	 irt VII, Sectio	 n А								
d Total (add lines 1b and 1c)	<u> </u>					0	716,6	11		48,852
2 Total number of individuals (including of reportable compensation from the o			isted above) who	receive	d more tha	n \$100,0	00			
							-		Yes	No
3 Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>	•		, key employee, o	highes	t compens	ated emp	loyee on	3		No
4 For any individual listed on line 1a, is organization and related organizations individual								4	Yes	
5 Did any person listed on line 1a receive services rendered to the organization?			•	_	anization o	individu	al for	5		No
Section B. Independent Contract	ors						<u></u>	•		
Complete this table for your five higher from the organization. Report compen								pensa	tion	
	(A)		ear ending with or	WICHIII	the organiz	((B)		(C)
Name a	nd business add	Iress				Descriptio	n of services		Compen	ısation
2 Total number of independent contractors compensation from the organization 0	(including b	ut not limite	ed to those listed a	bove) v	vho receive	d more t	nan \$100,000	of		
compensation from the organization o								Fo	orm 99	0 (2023)
			Page 9 ———							
Form 990 (2023)										Page 9
Part VIII Statement of Revenue										
Check if Schedule O contains	a response o	r note to an	y line in this Part	/III .		<u> </u>				
			(A) Total revenue		(B) Related or exempt function		(C) Unrelated business revenue	_	(D) Rever excluded	nue
					revenue		revenue	tux	512 -	
Federated campaigns 1a										
Contributions, Sifts Grants and Membership dues 1b										
DtherAmt Similar AmoUHRSdraising events <u>1c</u>										
d Related organizations 1d										
e Government grants (contributions) 1e										
f All other contributions, gifts, grants, and similar amounts not included above 1f										
3,748,001 g Noncash contributions included in lines 1a - 1f:\$ 1g										
1,585 h Total. Add lines 1a-1f		3,878,001								
	Bus	iness Code								
2a								+		
Revenue	_					$\neg \vdash$				
æ			1	+				+		

3/10/25, 10:43 AM		Ar	merican Veterinary	/ Medical Foundation -	Full Filing - Nonpro	fit Explorer - ProPub	lica
Program Servi							
∞ ₁							
<u> </u>							
<u>G</u>							
f All other program	servi	ce revenue.					
9 Total. Add lines	2a-2f.		•				
3 Investment income	e (inclu	uding dividends, in	terest, and other	120,345			120,34
similar amounts)				120,345			120,34
4 Income from inves 5 Royalties			ia proceeds				
5 Royaldes		(i) Real	(ii) Personal	1			
6a Gross rents	6a	(i) Redi	(ii) i ersonai	┪			
b Less: rental	6b			-			
expenses				_			
c Rental income or (loss)	6с						
d Net rental income	e or (I	oss)					
		(i) Securities	(ii) Other				
7a Gross amount from sales of	7a	395,781					
assets other than							
inventory Less: cost or	7b			-			
other basis and	76	647,927					
sales expenses				-			
	7c	-252,146					
d Net gain or (loss)			• • •	-252,146		1	-252,140
Gross income from formal from	undrais	of					
contributions reporte							
See Part IV, line 18		oa					
b Less: direct exper							
c Net income or (los	ss) fro	m fundraising ever	nts	_			
9a Gross income from	gamir	ng activities.					
See Part IV, line 19							
b Less: direct exper	nses	9b					
c Net income or (los	ss) fro	m gaming activitie	s				
10-Current colon of inv							
10a Gross sales of inv returns and allows	ances	,, less • • 10a					
b Less: cost of good	ds solo	└		1			
c Net income or (los	ss) fro	ے ۔۔۔۔۔ om sales of invento	ry	_			
			Business Code				
11a		آ					
b							
Other Revenue Misc Amt							
Our et Nevertuer IISCAIIIC							
d All other revenue				+		-	
e Total. Add lines 1		I_					
			-				
12 Total revenue. S	ee ins	structions	· · ·	3,746,200	O	C	
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 $Section \ 501(c)(3) \ and \ 501(c)(4) \ organizations \ must \ complete \ all \ columns. \ All \ other \ organizations \ must \ complete \ column \ (A).$

	Check if Schedule O contains a response or note to an	y line in this Part IX			\square
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,161,246	1,161,246		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	865,318	865,318		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	133,755	133,755		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal	5,678		5,678	
c	: Accounting	23,500		23,500	
c	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	26,571	10,779	15,792	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	196,430	105,876	69,018	21,536
12	Advertising and promotion	5,436		26	5,410
13	Office expenses	147,642	1,834	45,197	100,611
14	Information technology	33,653	348	33,305	
15	Royalties				
16	Occupancy	2,127		2,127	
17	Travel	27,576		27,576	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	4,048		4,048	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,925		11,925	
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e				
	expenses on Schedule O.)				
	a CONTINUING EDUCATION	15		15	
	b				
	С				
	d				
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,644,920	2,279,156	238,207	127,557
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720).				

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Part X	Balance Sheet					
	Check if Schedule O contains a response or no	te to any line in this Part	IX			🗆
				(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing			3,188,562	1	3,776,812
2	Savings and temporary cash investments .			221,306	2	961,272
3	Pledges and grants receivable, net		·	929,956	3	768,312
4	Accounts receivable, net			•	4	<u> </u>
5	Loans and other receivables from any current o		·			
	trustee, key employee, creator or founder, subscontrolled entity or family member of any of the	stantial contributor, or 35 ese persons	<u> </u>		5	
6	Loans and other receivables from other disquali section $4958(f)(1)$, and persons described in s				6	
ري ح	Notes and loans receivable, net				7	
8 8	Inventories for sale or use			4,400	8	4,400
9	Prepaid expenses and deferred charges			24,290	9	23,091
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	71,487			
b	Less: accumulated depreciation	10b	35,712	0	10c	35,775
11	Investments—publicly traded securities .			5,007,940	11	6,192,374
12	Investments—other securities. See Part IV, line	11			12	
13	Investments—program-related. See Part IV, line	e 11			13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			163,299	15	165,352
16	Total assets. Add lines 1 through 15 (must eq	ual line 33)		9,539,753	16	11,927,388
17	Accounts payable and accrued expenses			270,456	17	473,573
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete F	Part IV of Schedule D			21	
22	Loans and other payables to any current or forr employee, creator or founder, substantial contri or family member of any of these persons .			22		
تا 23	Secured mortgages and notes payable to unrela	ated third parties	-		23	
24	Unsecured notes and loans payable to unrelated	•	F		24	
25	Other liabilities (including federal income tax, p and other liabilities not included on lines 17 - 2-	ayables to related third p	parties,		25	
26	Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 .			270,456	26	473,573
27 28	Organizations that follow FASB ASC 958, c	heck here 🔽 and co	mplete			
27	lines 27, 28, 32, and 33. Net assets without donor restrictions			3,024,195	27	4,107,130
28	Net assets with donor restrictions		•	6,245,102	28	7,346,685
20			્ ⊢	0,240,102	20	7,040,000
	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds	•	and	ļ	29	
30 31	Paid-in or capital surplus, or land, building or ed		<u> </u>		30	
31	Retained earnings, endowment, accumulated in		•		31	
	,	come, or other runus		0.260.207		11 452 015
32	Total net assets or fund balances		•	9,269,297	32	11,453,815
2 33	Total liabilities and net assets/fund balances .		•	9,539,753	33	11,927,388 Form 990 (2023
						101111 330 (2023)
		Page 12 —				
rm 990	(2023)					Page 12
Part XI	Reconcilliation of Net Assets					
	Check if Schedule O contains a response or n	ote to any line in this Da	rt VI			

3 1,101, 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . 4 9,269, 5 Net unrealized gains (losses) on investments	2	Total expanses (must equal Port IV, solumn (A), line 25)				
4 9,269, 5 Net unrealized gains (losses) on investments		Total expenses (must equal Part IX, column (A), line 25)	2		2	,644,920
5 1,083, 6 Donated services and use of facilities	3	Revenue less expenses. Subtract line 2 from line 1	3		1	,101,280
6 Donated services and use of facilities	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		9	,269,297
7 Investment expenses	5	Net unrealized gains (losses) on investments	5		1	,083,238
8 Prior period adjustments	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain in Schedule O)	7	Investment expenses	7			
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	8	Prior period adjustments	8			
Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	9	Other changes in net assets or fund balances (explain in Schedule O)	9			(
Check if Schedule O contains a response or note to any line in this Part XII	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10		11	,453,815
Accounting method used to prepare the Form 990:	Par	Financial Statements and Reporting				
Accounting method used to prepare the Form 990:		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a No. B If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.					Yes	No
Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a No. b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			_			
2a Note If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: □ □ Separate basis □ Consolidated basis □ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b Yes If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: □ Separate basis □ □ □ Separate basis □ Consolidated basis □ Both consolidated and separate basis □ □ □ c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c Yes If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 2c Yes 3a 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? 3a Note b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b						
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b	2a			2a		No
separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a No. b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		• • • • • • • • • • • • • • • • • • • •	ed on a			- 110
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: □ Separate basis						
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ObjectId: 202413169349303781 - Submission: 2024-11-11

TIN: 36-6117739

OMB No. 1545-0047

2022

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

Open to Public

								Inspection
		he organization ETERINARY MEDICAL FOUND	ATION				Employer identific	cation number
			<u> </u>	(41)			36-6117739	
	rt I	Reason for Public ation is not a private fou					See instructions.	
1		A church, convention of		•	,	, ,	(A)(i).	
2		A school described in s	•				(,,,(,,,	
-					•	• •		
3		A hospital or a cooperat	•	-			•	
4		A medical research organisme, city, and state:	anization operat	ed in conjunction with	a hospital desc	cribed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or	operated by a gov	ernmental unit descri	bed in section
6		A federal, state, or loca	l government or	governmental unit de	escribed in sect	ion 170(b)(1)(A	l)(v).	
7		An organization that no section 170(b)(1)(A)			s support from	a governmental u	ınit or from the gener	al public described in
8		A community trust desc	cribed in section	170(b)(1)(A)(vi).	(Complete Part	II.)		
9		An agricultural research non-land grant college						ege or university or a
10	✓	An organization that no from activities related t investment income and 30, 1975. See section	o its exempt fur unrelated busin	nctions—subject to cer less taxable income (le	tain exceptions	, and (2) no more	than 33 1/3% of its s	upport from gross
11		An organization organiz	ed and operated	d exclusively to test fo	r public safety.	See section 509	(a)(4).	
12		An organization organized more publicly supported on lines 12a through 12	d organizations (described in section 5	09(a)(1) or s	ection 509(a)(2). See section 509 (a	
а		Type I. A supporting o organization(s) the pow complete Part IV, See	ver to regularly a	appoint or elect a major				
b		Type II. A supporting of management of the sup must complete Part I	porting organiz	ation vested in the sar				
С		Type III functionally supported organization						ited with, its
d		Type III non-function functionally integrated. instructions). You mus	The organizatio	n generally must satis	fy a distribution	n requirement and		
е		Check this box if the or integrated, or Type III i				IRS that it is a Ty	pe I, Type II, Type III	functionally
f	Enter	the number of supporte	d organizations				· · · · · · · <u> </u>	
g		de the following informat					() A	
	(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		ganization listed rning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Tota	<u> </u>							
For P	aperv	work Reduction Act No or 990-EZ.	tice, see the I	nstructions for	Cat. No. 1128	85F	Schedule	A (Form 990) 2023
				Pa	ge 2 ———			
Scheo	dule A	(Form 990) 2023						Page 2
Pa	rt II			rations Described ne box on line 5, 7,				

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

	25, 10:43 AM	American Vet	erinary Medical Fo	oundation - Full Fill	ıng - Nonprolit Exp	olorer - ProPublica	
	r fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
S	ection B. Total Support						•
	lendar year	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
(o	r fiscal year beginning in) Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain or				1		
	loss from the sale of capital assets						
11	(Explain in Part VI.) Total support. Add lines 7 through						
	10	ta (aaa inahuushia	7.0			 	
12		•	•			12	
13	First 5 years. If the Form 990 is for the	-		•	•		ization, check
_	this box and stop here				<u> </u>	▶∪	
	Section C. Computation of Public			(6))		T a a T	
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15	Public support percentage for 2022 Sch					15	hov
15	33 1/3% support test—2023. If the	organization did no	ot check the box o	on line 13, and line	e 14 is 33 1/3% or	more, check this l	
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15 16a 17a 18 Sch	and stop here. The organization quality and stop here. The organization quality and stop here. The organization quality and stop here. The organization plane in 10%-facts-and-circumstances test and if the organization meets the "facts-and-circumstances" to 10%-facts-and-circumstances test meets the "facts-and-circumstances" to meets the "facts-and-circumstances" private foundation. If the organization instructions	organization did not fies as a publicly set organization did not check a companization did not checked the box to qualifies as a public—2023. If the organization did not check a companization did not check a companization did not check a companization checked the box to qualify under	pot check the box of upported organization to check a box or licely supported organization did not up test test, check the on qualifies as a parization did not up test test, check the on qualifies as a box on line 13, 16 test to parization did not up test test, con qualifies as a box on line 13, 16 test test test test test did not line 10 of Parization did not line 10 of Parization line 10 of	on line 13, and line ation	a 14 is 33 1/3% or	more, check this lands or more, check this lands or more, check this lands or more, check the second of the second	k this k this wor more, anization sis 10% or the organization Page 3 Page 3 er Part II. If
15 16a t 17a t 18	and stop here. The organization quality and stop here. The organization quality and stop here. The organization quality and stop here. The organization provided in 10%-facts-and-circumstances test and if the organization meets the "facts-and-circumstances" to 10%-facts-and-circumstances test more, and if the organization meets the meets the "facts-and-circumstances" private foundation. If the organization instructions	organization did not fies as a publicly set organization did not check a companization did not checked the box to qualifies as a public—2023. If the organization did not check a companization did not check a companization did not check a companization checked the box to qualify under	pot check the box of upported organization to check a box or licely supported organization did not up test test, check the on qualifies as a parization did not up test test, check the on qualifies as a box on line 13, 16 test to parization did not up test test, con qualifies as a box on line 13, 16 test test test test test did not line 10 of Parization did not line 10 of Parization line 10 of	on line 13, and line ation	a 14 is 33 1/3% or	more, check this lands or more, check this lands or more, check this lands or more, check the second of the second	k this k this wor more, anization sis 10% or the organization Page 3 Page 3 er Part II. If
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15 16a t 17a t 18	and stop here. The organization quality and stop here. The organization quality and stop here. The organization quality and stop here. The organization plane in 10%-facts-and-circumstances test and if the organization meets the "facts-and-circumstances" to 10%-facts-and-circumstances test meets the "facts-and-circumstances test more, and if the organization meets the meets the "facts-and-circumstances" private foundation. If the organization instructions	organization did not fies as a publicly set organization did not check a companization did not checked the box to qualifies as a public—2023. If the organization did not check a companization did not check a companization did not check a companization checked the box to qualify under	pot check the box of upported organization to check a box or licely supported organization did not up test test, check the on qualifies as a parization did not up test test, check the on qualifies as a box on line 13, 16 test to parization did not up test test, con qualifies as a box on line 13, 16 test test test test test did not line 10 of Parization did not line 10 of Parization line 10 of	on line 13, and line ation	a 14 is 33 1/3% or	more, check this lands or more, check this lands or more, check this lands or more, check the second of the second	k this k this wor more, anization sis 10% or the organization Page 3 Page 3 er Part II. If

3/10/2	5, 10:43 AM organization s benefit and either paid to or expended on its behalf	American Vet	erinary Medical Fo	oundation - Full Fili	ing - Nonprofit Exp	olorer - ProPublic	a		
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5	3,018,360	2,811,310	2,158,093	2,953,106	3,878,00	1	14,	818,870
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons								0
b	Amounts included on lines 2 and 3								
	received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.								0
с 8	Add lines 7a and 7b Public support. (Subtract line 7c								0
	from line 6.)							14,	818,870
	ection B. Total Support		1		1	1			
	endar year fiscal year beginning in) 🕨	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f)	Total	
9	Amounts from line 6	3,018,360	2,811,310	2,158,093	2,953,106	3,878,00	1	14,	818,870
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	113,822	116,289	64,394	121,222	120,34	5	!	536,072
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,								
С	1975. Add lines 10a and 10b.	113,822	116,289	64,394	121,222	120,34	5	!	536,072
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.	,	·	·	,	,			·
12	Other income. Do not include gain								
	or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.).	3,132,182	2,927,599	2,222,487	3,074,328	3,998,34	6	15,	354,942
14	First 5 years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth	tax year as a sect	ion 501(c)(3) org	janiza	tion, cl	heck
	this box and stop here								ightharpoons
	ection C. Computation of Public Public support percentage for 2023 (I			column (f))		T .= T			
15 16	Public support percentage from 2022		•			15 16			.510 % .940 %
	ection D. Computation of Inves					10		93.	.940 70
17	Investment income percentage for 20			line 13, column (f))	17		3.	.490 %
18	Investment income percentage from	2022 Schedule A,	Part III, line 17 .			18			.060 %
19a	33 1/3% support tests-2023. If the	organization did	not check the box	on line 14, and lin	ne 15 is more tha	n 33 1/3%, and li	ne 17	is not	
b	more than 33 1/3%, check this box an 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box	e organization did	I not check a box	on line 14 or line	19a, and line 16 is	s more than 33 1,	′з% ar	_	18 is
20	Private foundation. If the organizat								
	rivate loundation. If the organization	ion did not check	a box on line 14,	198, 01 190, Check	C this box and see	Schedule A	Form	990)	2023
			Page 4						
Sche	dule A (Form 990) 2023							F	Page 4
Pai	t IV Supporting Organization	ıs							
	(Complete only if you checked box 12b, of Part I, complete S 12d, of Part I, complete Section	ections A and C. I ons A and D, and c	f you checked box						
Se	ection A. All Supporting Organi	zations							
1	Are all of the organization's supported If "No," describe in Part VI how the							Yes	No
	describe the designation. If historic a			J	. , , ,		1		
2	Did the organization have any suppor 509(a)(1) or (2)? If "Yes," explain in described in section 509(a)(1) or (2).						2		
3a	Did the organization have a supported 3c below.	d organization des	cribed in section 5	501(c)(4), (5), or	(6)? If "Yes," ans	wer lines 3b and	3a		
b	Did the organization confirm that eac the public support tests under section								
	determination.					ſ	3b		

			Yes	No
Se	ction C. Type II Supporting Organizations			
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
2	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? If "Yes," explain in Part VI how providing such benefit			
_		1		
	appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly		Yes	No
Se	VI. ction B. Type I Supporting Organizations			
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
b	A family member of a person described on 11a above?	11b		
а	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?	11a		
11	Has the organization accepted a gift or contribution from any of the following persons?			
- 611			Yes	No
	t IV Supporting Organizations (continued)		F	Page 5
	Page 5 ———————————————————————————————————			
	Schedule A	(Form	1 990)	2023
	the organization had excess business holdings).	10b		
b	answer line 10b below. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	10a		
10a	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)? If "Yes,"	90		
С	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? If "Yes," provide detail in Part VI .	9c		
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? If "Yes," provide detail in Part VI.	9b		
9a	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))? If "Yes," provide detail in Part VI .	9a		
	complete Part I of Schedule L (Form 990).	8		
8	contributor? If "Yes," complete Part I of Schedule L (Form 990). Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"	7		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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.			
6	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? If "Yes," provide detail in Part VI .	6		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? 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).	5a		
С	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)? 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.	4c		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.	4b		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
	5, 10:43 AM American Veterinary Medical Foundation - Full Filing - Nonprofit Explorer - ProPublic סום נופ סיקטווצאנוסו פוזער ביו און איני איני איני איני איני איני איני אינ	a I	1 1	Ī

	10:43 AM American Veterinary Medical Foundation -		J 1 1			
	were a majority of the organization's directors or trustees during the tax year also a each of the organization's supported organization(s)? <i>If "No," describe in Part VI h</i> supporting organization was vested in the same persons that controlled or managed	ow cont	rol or management of the	1		
Sec	tion D. All Type III Supporting Organizations					
_					Yes	No
	Did the organization provide to each of its supported organizations, by the last day tax year, (i) a written notice describing the type and amount of support provided du Form 990 that was most recently filed as of the date of notification, and (iii) copies documents in effect on the date of notification, to the extent not previously provide	ring the of the o	prior tax year, (ii) a copy of the			
	Were any of the organization's officers, directors, or trustees either (i) appointed or		by the supported	1	\vdash	-
	organization(s) or (ii) serving on the governing body of a supported organization? I organization maintained a close and continuous working relationship with the suppo	"No," ∈	xplain in Part VI how the	2	<u> </u>	
3	By reason of the relationship described in line 2 above, did the organization's suppo	rted ord	anizations have a significant			
	voice in the organization's investment policies and in directing the use of the organi during the tax year? If "Yes," describe in Part VI the role the organization's suppor			3		
	tion E. Type III Functionally-Integrated Supporting Organizations					
	Check the box next to the method that the organization used to satisfy the Integral	Part Tes	st during the year (see instruc	tions):		
a	The organization satisfied the Activities Test. Complete line 2 below.					
b	The organization is the parent of each of its supported organizations. Complete	ete line	3 below.			
С	The organization supported a governmental entity. Describe in Part VI how	you sup	ported a government entity (se	e instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.				Yes	No
	Did substantially all of the organization's activities during the tax year directly furth supported organization(s) to which the organization was responsive? If "Yes," then organizations and explain how these activities directly furthered their exempt puresponsive to those supported organizations, and how the organization determined	in Part rposes,	VI identify those supported how the organization was			
	substantially all of its activities.			2a		
	Did the activities described on line 2a, above constitute activities that, but for the o of the organization's supported organization(s) would have been engaged in? If "Ye the organization's position that its supported organization(s) would have engaged in	s," expla	nin in Part VI the reasons for			
	organization's involvement.			2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.					
	Did the organization have the power to regularly appoint or elect a majority of the organizations? If "Yes" or "No", provide details in Part VI.	officers,	directors, or trustees of each of	f 3a		
	Did the organization exercise a substantial degree of direction over the policies, pro supported organizations? <i>If "Yes," describe in Part VI. the role played by the orgar</i>			3b	<u> </u>	
			Schedule /		n 990)	202
	Page 6					
	ıle A (Form 990) 2023				ſ	Page (
Par	Type III Non-Functionally Integrated 509(a)(3) Supporting	Organ	izations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying t instructions. All other Type III non-functionally integrated supporting organ				:e	
	Section A - Adjusted Net Income		(A) Prior Year		rent Yea ional)	ır
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				
	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	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	Section B - Minimum Asset Amount		(A) Prior Year		rent Yea ional)	ır
1	Aggregate fair market value of all non-exempt-use assets (see instructions for shor tax year or assets held for part of year):	1				
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				

1d

d Total (add lines 1a, 1b, and 1c)

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		eterinary Medical Foundation -	Full Filin	g - Nonprofit Ex	xplorer	- ProPublica
е	Discount claimed for blockage or other factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt us	e assets	2			
3	Subtract line 2 from line 1d		3			
4	Cash deemed held for exempt use. Enter 0.015 of line instructions).	e 3 (for greater amount, see	4			
5	Net value of non-exempt-use assets (subtract line 4 fi	rom line 3)	5			
6	Multiply line 5 by 0.035		6			
7	Recoveries of prior-year distributions		7			
8	Minimum Asset Amount (add line 7 to line 6)		8			
	Section C - Distributable Amount					Current Year
1	Adjusted net income for prior year (from Section A, lin	ne 8 Column A)	1			
	Enter 85% of line 1	ic o, column A,	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	, inic o, column A)	4			
	Income tax imposed in prior year		5			
6	Distributable Amount. Subtract line 5 from line 4, u	inless subject to emergency	6			
Ū	temporary reduction (see instructions)	inless subject to enlergency	"			
7	Check here if the current year is the organization instructions)	on's first as a non-functionally-	integrat	ed Type III sup	porting	g organization (see
					So	chedule A (Form 990) 2023
		Dana 7				
		——— Page 7 ———				
	dule A (Form 990) 2023					Page 7
	rt V Type III Non-Functionally Integrated	d 509(a)(3) Supporting	Organ	izations (co	ntinued	
Sec	tion D - Distributions				ī	Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes			1	
	Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organiz	ations, in	2	
3	Administrative expenses paid to accomplish exempt pu	rposes of supported organization	ons		3	
4	Amounts paid to acquire exempt-use assets				4	
5	Qualified set-aside amounts (prior IRS approval require	ed - provide details in Part VI)			5	
	Other distributions (describe in Part VI). See instruction				6	
	,	JIIS				
7 1	Total annual distributions. Add lines 1 through 6.				7	
	Distributions to attentive supported organizations to whaterial of the details in Part VI). See instructions	nich the organization is respon	sive (<i>pro</i>	ovide	8	
9	Distributable amount for 2023 from Section C, line 6				9	
10	ine 8 amount divided by Line 9 amount				10	
	•	<i>a</i>		(ii)		(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Und	derdistributio Pre-2023	ns	Distributable Amount for 2023
1 [Distributable amount for 2023 from Section C, line 6					
(Inderdistributions, if any, for years prior to 2023 reasonable cause required <i>explain in Part VI</i>).					
	See instructions. Excess distributions carryover, if any, to 2023:					
	From 2018					
	From 2019					
	From 2020					
	From 2021					
	From 2022					
	Total of lines 3a through e					
	Applied to underdistributions of prior years Applied to 2023 distributable amount					

j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.4 Distributions for 2023 from Section D, line 7:

a Applied to underdistributions of prior years

instructions)

Return Reference			
Return Reference			Schedule A (Form 990)
,		Explanation	
	Facts And Circu	ımstances Test	
Section A, lines 1, 2, 3b, 3c, 4b, 4c Part IV, Section D, lines 2 and 3; P.	c, 5a, 6, 9a, 9b, 9c, 11a, 11 Part IV, Section E, lines 1c, 2	lb, and 11c; Part IV, Section 2a, 2b, 3a and 3b; Part V, lin	n B, lines 1 and 2; Part IV, Section C, line ne 1; Part V, Section B, line 1e; Part V art for any additional information. (See
chedule A (Form 990) 2023 Part VI Supplemental Information. Prov	vide the evaluations requi	rad by Part II line 10: Part I	II, line 17a or 17b; Part III, line 12; Part
	——— Pag	e 8 ————	Schedule A (Form 990)
e Excess from 2023			
c Excess from 2021 d Excess from 2022			
b Excess from 2020			
a Excess from 2019			
Breakdown of line 7:			
7 Excess distributions carryover to 2024. 3j and 4c.			
6 Remaining underdistributions for 2023. Subt lines 3h and 4b from line 1. If the amount i than zero, explain in Part VI. See instruction	is greater		
Remaining underdistributions for years prior 2023, if any. Subtract lines 3g and 4a from If the amount is greater than zero, explain See instructions.	line 2.		
	ine 4.		
c Remainder. Subtract lines 4a and 4b from li			

Software ID: Software Version:

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Schedule B	Scho	edule of Contributors		OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service		ch to Form 990, 990-EZ, or 990-PF. irs.gov/Form990 for the latest information.		2023
Name of the organization AMERICAN VETERINARY ME	DICAL FOUNDATION			identification number
Organization type (check	one):		36-6117739	J
Filers of:	Section:			
Form 990 or 990-EZ	☐ 501(c)() (enter number	er) organization		
	4947(a)(1) nonexempt	charitable trust not treated as a private fo	oundation	
	☐ 527 political organization	on		
Form 990-PF	501(c)(3) exempt private	te foundation		
	☐ 4947(a)(1) nonexempt	charitable trust treated as a private found	lation	
	☐ 501(c)(3) taxable privat	te foundation		
under sections 509 received from any 990, Part VIII, line For an organizatio during the year, to purposes, or for th	O(a)(1) and 170(b)(1)(A)(vi), that one contributor, during the year, 1h, or (ii) Form 990-EZ, line 1. On described in section 501(c)(7), all contributions of more than \$1 to prevention of cruelty to childresh described in section 501(c)(7).	filing Form 990 or 990-EZ that met the 33 checked Schedule A (Form 990 or 990-E, total contributions of the greater of (1) \$5 complete Parts I and II. (8), or (10) filing Form 990 or 990-EZ that ,000 exclusively for religious, charitable, en or animals. Complete Parts I, II, and III. (8), or (10) filing Form 990 or 990-EZ that ous, charitable, etc., purposes, but no success.	EZ), Part II, line 13 5,000 or (2) 2% of at received from a scientific, literary,	a, 16a, or 16b, and that the amount on (i) Form any one contributor, or educational
purpose. Don't cor religious, charitable Caution: An organization 990-EZ, or 990-PF), but it	nplete any of the parts unless the e, etc., contributions totaling \$5, that isn't covered by the Genera must answer "No" on Part IV, lii	tions that were received during the year force General Rule applies to this organization of the second of the se	ion because it rece 	eived <i>nonexclusively</i> orm 990,
990-EZ, or 990-PF).	. i, line 2, to certify that it doesn	t meet the filing requirements of Schedule	э b (гонн 990,	
For Paperwork Reduction Act for Form 990, 990-EZ, or 990-		Cat. No. 306133	X So	chedule B (Form 990) (2023)
		Page 2 ————		
Schedule B (Form 990) (2	023)		Page 2	

Name of organization

Employer identification number

20-011/122

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if additional space	ce is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	contributions.) (d) Type of contribution
	Name, address, and zir 14	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2023)
•	Page 3		
Name of orga	Form 990) (2023) nization ETERINARY MEDICAL FOUNDATION	Employer identification 36-6117739	Page 3 on number
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

-				\$_	
(a) No. from Part I	(b) Description of noncash p	property given		(c) or estimate) nstructions)	(d) Date received
-				\$_	
(a) No. from Part I	(b) Description of noncash p	property given		(c) or estimate) nstructions)	(d) Date received
-				\$_	
(a) No. from Part I	(b) Description of noncash p	property given		(c) or estimate) nstructions)	(d) Date received
-				\$_	
(a) No. from Part I	(b) Description of noncash p	property given		(c) or estimate) nstructions)	(d) Date received
-				\$_	
(a) No. from Part I	(b) Description of noncash p	property given		(c) or estimate) instructions)	(d) Date received
-				\$_	
Schedule	B (Form 990) (2023)	Page 4			Page 4
Name of o	rganization I VETERINARY MEDICAL FOUNDATION			Employer iden	tification number
Part III	Exclusively religious, charitable, etc., contr than \$1,000 for the year from any one contr organizations completing Part III, enter the year. (Enter this information once. See inst Use duplicate copies of Part III if additional spa	ibutor. Complete columns (a total of exclusively religious ructions.) ► \$	i) through (e)	ction 501(c)(7), (and the followin	g line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descri	ption of how gift is held
-	Transferee's name, address, and Z	(e) Transfer of gi		p of transferor to	o transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descri	ption of how gift is held
-	Transferee's name, address, and Z	(e) Transfer of gi		p of transferor to	o transferee
(a)	(h) Purnose of aift	(c) Use of nift		(d) Descrip	ntion of how aift is held

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Part I —				_	
	Transferee's name, address, and		ansfer of gift Relatio	onship of transferor to t	ransferee
(a) lo. from Part I	(b) Purpose of gift	(c)	Use of gift	(d) Descripti	ion of how gift is held
	Transferee's name, address, and		ansfer of gift Relatio	onship of transferor to t	ransferee
				Sched	dule B (Form 990) (202
Addition	al Data				Return to Form

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TIN: 36-6117739

SCHEDULE D

(Form 990)

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.

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

OMB No. 1545-0047

	tment of the Treasury	Attach	to Form 990.		ormation		n to Public spection
Na	me of the organ				Employer iden		
AME	ERICAN VETERINARY	Y MEDICAL FOUNDATION			36-6117739		
Pa	rt I Organi	izations Maintaining Donor Advised Fun	ds or Other	Similar Funds			
		ete if the organization answered "Yes" on For			0. 7.0004.1.05.		
			(a) Donor adv	ised funds	(b) Funds a	and other	accounts
1	Total number at	end of year					
2	Aggregate value	e of contributions to (during year)					
3	Aggregate value	e of grants from (during year)					
4	Aggregate value	e at end of year					
5		ation inform all donors and donor advisors in writin property, subject to the organization's exclusive leg					Yes 🗌 No
6	charitable purpo	ation inform all grantees, donors, and donor advisonses and not for the benefit of the donor or donor	advisor, or for	any other purpose		ssible	Yes 🗆 No
Pa		rvation Easements. ete if the organization answered "Yes" on For	m 990, Part	IV, line 7.			100 = 110
1		onservation easements held by the organization (c					
	Preservation	on of land for public use (e.g., recreation or educa	tion)	Preservation of a	n historically import	tant land a	area
	Protection	of natural habitat		Preservation of a	certified historic st	ructure	
		on of open space		Trescrivation of a	ceremed motorie se	accare	
2		2a through 2d if the organization held a qualified o	conconvotion of	antribution in the fo	orm of a concorrection	an.	
2		re last day of the tax year.	Jonisei vation Co	ontribution in the it			of the Year
а	Total number of	conservation easements			2a		
b	Total acreage re	estricted by conservation easements			2b		
С		ervation easements on a certified historic structure			2c		
d		ervation easements included in (c) acquired after are listed in the National Register	July 25, 2006,	and not on a	2d		
3	Number of constax year ▶	servation easements modified, transferred, release	d, extinguishe	d, or terminated by	the organization d	uring the	
4	Number of state	es where property subject to conservation easeme	nt is located 🕨	,			
5	Does the organi	ization have a written policy regarding the periodic	monitoring, ii	nspection, handling	of violations,		
		nt of the conservation easements it holds?			(Yes	□ No
6	Staff and volunt	teer hours devoted to monitoring, inspecting, hand	lling of violatio	ns, and enforcing o	conservation easem	ents durir	ng the year
7	Amount of expe	enses incurred in monitoring, inspecting, handling	of violations, a	nd enforcing conse	ervation easements	during the	e year
8		servation easement reported on line $2(d)$ above sat $0(h)(4)(B)(ii)$?			170(h)(4)(B)(i)	Yes	□ No
9	balance sheet, a	scribe how the organization reports conservation e and include, if applicable, the text of the footnote n's accounting for conservation easements.					
Par		izations Maintaining Collections of Art, I	Historical Ti	reasures, or Ot	her Similar Ass	ets.	
	Comple	ete if the organization answered "Yes" on For	m 990, Part	IV, line 8.			
1a	historical treasu	cion elected, as permitted under FASB ASC 958, no cures, or other similar assets held for public exhibiti ext of the footnote to its financial statements that o	on, education,	or research in furt			
b	historical treasu	tion elected, as permitted under FASB ASC 958, to ures, or other similar assets held for public exhibiti nts relating to these items:					
(•	ded on Form 990, Part VIII, line 1			▶\$		
		d in Form 990, Part X					
2	If the organizat	ion received or held works of art, historical treasur	es, or other si	milar assets for fin		the	
а	_	ed on Form 990, Part VIII, line 1	-		▶\$		
b		l in Form 990, Part X · · · · · · · · · · · · · · ·			· -		

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

Schedule D (Form 990) 2022

---- Page 2 -----

Sche	dule D	(Form 990) 2022										Page 2
Parl	t III	Organizations Ma	aintaining Colle	ections of Art, Hi	storical Ti	reasu	res, or O	her Sim	ilar Asse	ets (conti	nued)	
3		the organization's acq (check all that apply):		and other records, o	check any of	the fol	llowing that	are a sign	ificant use	of its coll	ection	
а	\checkmark	Public exhibition			d	Loan	or exchange	programs	5			
b		Scholarly research			e	Other						
С		Preservation for future	e generations									
4	Provid Part >	de a description of the KIII.	organization's colle	ections and explain he	ow they furth	ner the	e organizatio	n's exemp	t purpose	in		
5		g the year, did the orga s to be sold to raise fur								Yes	✓ N	0
Par	t IV	Escrow and Cust Complete if the org line 21.			n 990, Part	IV, lir	ne 9, or rep	orted an	amount	on Form	990,	Part X,
1a		e organization an agent led on Form 990, Part)								Yes	□ N	o
b	If "Ye	es," explain the arrange	ement in Part XIII a	and complete the follo	owing table:				Amo	unt		_
c	Begin	ning balance					10	3				_
d	Additi	ions during the year .					10	i				
е	Distri	butions during the year	r				. 10	•				
f	Endin	g balance					. 11	F				
2a	Did th	ne organization include	an amount on For	m 990, Part X, line 2	1, for escrow	or cus	stodial acco	unt liability	/? [Yes	\square N	0
b	If "Ye	s," explain the arrange	ment in Part XIII.	Check here if the exp	lanation has	been	provided in	Part XIII				
Pa	rt V	Endowment Fund		<u> </u>			-					
		Complete if the org	ganization answe						_			
1-	Roginn	ing of year balance .	-	(a) Current year 2,195,912	(b) Prior yea 2,682		(c) Two years	back (d) 66,565	Three years 2,508			rs back 346,975
	-	outions	• • • •	125,000		,000	2,30	1,437		5,000	۷,	1,485
			a and laces	335,121		,118	11	51,058		,743		307,872
		estment earnings, gair	· · ·	47,000		,030		37,000		5,077		148,074
		or scholarships	F	47,000	/1	.,030	•	57,000	30	5,077		146,074
		expenditures for facilitions ograms	es									
f	Admini	strative expenses .							1	.,359		
g	End of	year balance		2,609,033	2,195	,912	2,68	32,060	2,566	,565	2,	508,258
2 a b c	Perma Term The p Are th	de the estimated perce d designated or quasi-e anent endowment endowment	ndowment ► 86.400 % 500 % , 2b, and 2c should	0 %				ed for the			Yes	No
	_	nrelated organizations								3a(i)	. 03	No
		elated organizations								3a(ii)		No
b		s" on 3a(ii), are the rel			Schedule R	?.				3b		
4	Descr	ibe in Part XIII the inte	ended uses of the o	rganization's endow	ment funds.							
Par	t VI	Land, Buildings,										
	Docori	Complete if the org	ganization answer (a) Cost or other		n 990, Part r other basis (d		(c) Accumu				ok value	
	Descri	ption of property	(investmen		r other basis (t	other)	(C) Accumu	iated depred	ciation	(a) 60	ok value	
1a	Land											
b	Buildin	gs										
c	Leaseh	old improvements										
d	Equipm	nent										
e	Other				7	1,487			35,712			35,775
Γota	I. Add	lines 1a through 1e. (C	Column (d) must ed	ual Form 990, Part A	(, column (B)), line	10(c).) •	. •				35,775
								•	Sched	ule D (Fo	rm 99	0) 2022

Schedule D (Form 990) 2022

Page **3**

Complete if the organization answered "Yes" on Form 990, I (a) Description of security or category (including name of security)	(b) Book		(c) Method of valuation: t or end-of-year market value
	value		,
1) Financial derivatives			
3)Other			
A)			
B)			
C)			
D)			
E)			
F)			
G)			
н)			
	•		
Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, F	Part IV,	line 11c. See Fo	orm 990, Part X, line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation: Cost or end-of-year market valu
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
otal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	٠		
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV, I	ine 11d. See Fo	
(a) Description			(b) Book value
2)			
3)			
4)			
5)			
6)			
7)			
8)			
(9)			
Total (Column (h) must equal Form 990 Part Y col (R) line 15)			≥
Fotal. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities.		<u></u>	•

/10/25, 10:43 AM America	an Veterinary Medical Found	dation	- Full Filing - Nonprofit I	Explorer - I	ProPublica
otal. (Column (b) must equal Form 990, Part X, col.(B) line 25.)				-	
Liability for uncertain tax positions. In Part XIII, provid-	e the text of the footnote to	the o	rganization's financial st	atements	that reports the
rganization's liability for uncertain tax positions under FI			_		
gamzation a masmey for affect tall tax positions affect 12	To (Noe 7 To)1 elleck flerk	- 11 (11)	text of the foothote ha		le D (Form 990) 2022
					())
	Page 4				
chedule D (Form 990) 2022			w B		Page 4
Part XI Reconciliation of Revenue per Aud Complete if the organization answered				keturn.	
Total revenue, gains, and other support per audited				1	
Amounts included on line 1 but not on Form 990, Pa	art VIII, line 12:				
a Net unrealized gains (losses) on investments		2a			
b Donated services and use of facilities		2b			
c Recoveries of prior year grants		2c			
d Other (Describe in Part XIII.)		2d			
e Add lines 2a through 2d				2e	
Subtract line 2e from line 1				3	
Amounts included on Form 990, Part VIII, line 12, b	but not on line 1:				
a Investment expenses not included on Form 990, Pa	i	4a			
b Other (Describe in Part XIII.)		4b			
c Add lines 4a and 4b				4c	
Total revenue. Add lines 3 and 4c. (This must equa	ıl Form 990, Part I, line 12.)			5	
Part XII Reconciliation of Expenses per Au				Return	
Complete if the organization answered				1.1	
Total expenses and losses per audited financial state		•		1	
Amounts included on line 1 but not on Form 990, Pa	·	-	I		
a Donated services and use of facilities		2a		_	
b Prior year adjustments		2b		_	
c Other losses	ŀ	2c		_	
d Other (Describe in Part XIII.)	L	2d		- ₂₀	
e Add lines 2a through 2d		•		2e	
		•		3	
	1	4a	l		
b Other (Describe in Part XIII.)	·	4b		-	
c Add lines 4a and 4b	L	70			
Total expenses. Add lines 3 and 4c . (This must equ		٠,		5	
Part XIII Supplemental Information	ai i oi iii 550, i ai c 1, iiile 10.	., •			
Provide the descriptions required for Part II, lines 3, 5, a	and Q: Dart III lines 1s sad	/ · Do:	+ IV lines 1h and 2h. D-	rt \/ linn 4	· Dart V line 2: Dort VI
lines 2d and 4b; and Part XII, lines 2d and 4b. Also com				rt v, iiile 4	; Part X, IIIIe 2; Part XI,
Return Reference	T .		Explanation		
PART III, LINE 4:	THE COLLECTION OF DONA	TED A	· · · · · · · · · · · · · · · · · · ·	F VARIOUS	S PIECES OF ANIMAL ART
,	SCULPTURES THAT HAVE B	EEN D	ONATED OVER A NUMBI	R OF YEA	RS BY MEMBERS. THE ART
	PROVIDES MISSION DECOR	TATUE	IS LOCATED OUTSIDE	THE AVMF'	Š SCHAUMBURG OFFICE. S
	OF THE ART AND SCULPTU	RES H			
	ORGANIZATION'S MISSION THE INTERNAL REVENUE S		F HAS ADVISED THE FO	UNDATION	THAT IT IS EXEMPT EDOI
	INCOME TAX UNDER SECTI				

NOT SUBJECT TO TAX UNDER PRESENT INCOME TAX LAWS. IN ADDITION, THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE FOUNDATION IS NOT A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) OF THE INTERNAL REVENUE CODE. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE THE FOUNDATION TO EVALUATE TAX POSITIONS TAKEN BY THE FOUNDATION AND RECOGNIZE A TAX LIABILITY IF THE FOUNDATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY TAX AUTHORITIES. THE FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

S	Schedule D (Form 990) 2022					

Additional Data

Return to Form

Software ID: Software Version:

3/10/25, 10:43 AM			America	an Veterinary Medic	al Found	dation - Full	Filing - Nonprofit I
efile Public Visual R	ender (bjectId: 2024	1316934930	3781 - Submission: 2	2024-11	-11	TIN: 36-6117739
SCHEDULE F (Form 990)	State	ement of A	ctivities C	Outside the Uni	ted St	ates	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	·	_	► Attach to	es" to Form 990, Part IV, li o Form 990. structions and the latest in			2023 Open to Public Inspection
Name of the organization	MEDICAL FOUR	IDATION				Employer iden	tification number
ANERICAN VETERINART I	ILDICAL I OUI	IDATION				36-6117739	
For grantmakers other assistance, to award the grant For grantmakers outside the United	the grantees' ts or assistan . Describe in States.	rganization main eligibility for the ce? Part V the orgar	grants or assist nization's proced ble can be duplic (c) Number of employees, agents, and independent	substantiate the amount tance, and the selection dures for monitoring the sated if additional space is (d) Activities conducted in region (by type) (such as, fundralsing, program services, investments, grants to recipients located in the region)	criteria us use of its needed.) (e) If active a program spec	sed 	Yes Numer assistance (f) Total expenditures for and investments in the region
				region)			
		-					
					<u> </u>		

c Totals (add lines 3a and 3b) 0

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Page 2 -

Schedule F (Form 990) 2023 Page 2 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.

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	STUDENT FUNDING	8,440	CHECK		0N/A	N/A
		EUROPE (INCLUDING ICELAND & GREENLAND)	STUDENT FUNDING	8,045	CHECK		0N/A	N/A
		EUROPE (INCLUDING ICELAND & GREENLAND)	STUDENT FUNDING	8,210	CHECK		0N/A	N/A
		AND THE CARIBBEAN	STUDENT FUNDING	•	CHECK		0N/A	N/A
		EUROPE (INCLUDING ICELAND & GREENLAND)	DISASTER RELIEF	50,000	CHECK		0N/A	N/A
		RUSSIA AND NEIGHBORING STATES	DISASTER RELIEF	50,000	CHECK		0N/A	N/A

Schedule F (Form 990) 2023

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.

THE ORGANIZATION MAINTAINS DISBURSEMENT RECORDS AND MINUTES DOCUMENTING APPROVAL OF ALL GRANTS. IN ADDITION, GRANTS ARE CODED TO APPROPRIATE PROGRAM ACCOUNTS TO

SEGREGATE DIFFERENT TIPES OF PROGRAM GRAINTS. THE ORGANIZATION STATS IN CONTACT THROUGHOUT THE YEAR WITH ORGANIZATIONS RECEIVING GRANTS AND ASSISTANCE.	
Schedule F (Form 990) 2023	

Additional Data

Software ID: Software Version:

efile Public Visual Render ObjectId: 202413169349303781 - Submission: 2024-11-11

TIN: 36-6117739

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Schedule I (Form 990)

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 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization AMERICAN VETERINARY MEDICAL FOUNDATION

Employer identification number

36-6117739

General Information on Grants and Assistance

1

Yes

Part II Grants and Other As that received more that	an \$5,000. Part II	can be duplicated if addi	tional space is needed.	T	r	T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gran or assistance
(1) ACADEMY ANIMAL HOSPITAL 741 ACADEMY DRIVE	45-5626729	S-CORP	6,714	0	N/A	N/A	VCCF
SOLANA BEACH, CA 92075 (2) ARCATA ANIMAL HOSPITAL 1300 GIUNTOLI LANE ARCATA, CA 95521	47-4636507		5,102	0	N/A	N/A	VCCF
(3) AUBURN UNIVERSITY SAVMA CHAPTER MEDICINE VETERINARY EDUCATION CENTER SUITE 217 AUBURN, AL 36849	63-6050833	501(C)(6)	5,750	0	N/A	N/A	STUDENT FUNDING
(4) CEDARBROOK VETERINARY CARE 9812 215TH AVE SE SNOHOMISH, WA 98290	45-2356879		5,202	0	N/A	N/A	VCCF
(5) CLARK FORK VETERINARY CLINIC 3707 N FRONTAGE RD DEER LODGE, MT 59722	46-0671555		5,027	0	N/A	N/A	VCCF
(6) COLORADO STATE UNIVERSITY SAVMA 300 WEST DRAKE ROAD FORT COLLINS, CO 80525	84-6037614	501(C)(6)	6,220	0	N/A	N/A	STUDENT FUNDING
(7) COLUMBUS STATE COMMUNITY COLLEGE 550 EAST SPRING STREET COLUMBUS, OH 43215	31-0729591		6,000	0	N/A	N/A	STUDENT FUNDING
(8) CORNELL UNIVERSITY C3-526 VETERINARY MEDICAL CENTER ITHACA, NY 14853	15-0532082		27,000	0	N/A	N/A	RESEARCH FUNDING
(9) CORNELL UNIVERSITY SAVMA CHAPTER 602 TOWER ROAD ITHACA, NY 14853	51-0238391		9,200	0	N/A	N/A	STUDENT FUNDING
(10) ETHOS VETERINARY HEALTH LLC 20 CABOT RD WOBURN, MA 01801	47-4483792	PARTNERSHIP	10,146	0	N/A	N/A	VCCF
(11) FAMILY PET CLINIC OF NEWBURG LLC 131 N ELLIOTT RD NEWBERG, OR 97132	93-1313706	1099	13,856	0	N/A	N/A	VCCF
(12) GREATERGOODORG 600 UNIVERSITY ST SUITE 1000 SEATTLE, WA 98101	20-4846675	501(C)(3)	20,000	0	N/A	N/A	DISASTER RELIEF
(13) HAWAII VETERINARY MEDICAL ASSOCIATION PO BOX 61309 HONOLULU, HI 96839	99-0265672		19,000	0	N/A	N/A	DISASTER RELIEF
(14) HOMER VETERINARY CLINIC 326 WOODSIDE AVENUE HOMER, AR 99603	84-3923083		6,122	0	N/A	N/A	VCCF
(15) HOUSTON HUMANE SOCIETY 14700 ALMEDA ROAD HOUSTON, TX 77053	74-1340341		20,000	0	N/A	N/A	EDUCATION
(16) HURRICANE ANIMAL HOSPITAL 2120 MOUNT VERNON RD HURRICANE, WV 25526	55-0758374	S-CROP	6,315	0	N/A	N/A	VCCF
(17) INDIAN STREET ANIMAL CLINIC 1233 SE INDIAN STREET SUITE 101 STUART, FL 34997	45-5309522	S-CORP	11,011	0	N/A	N/A	VCCF
(18) INDY VET EMERGENCY & SPECIALTY HOSPITAL 5425 VICTORY DRIVE INDIANOPOLIS, IN 46203	46-2958813	S-CORP	16,893	0	N/A	N/A	VCCF
(19) LIFETIME VETERINARY CENTER 5500 MILITARY TRAIL JUPITER, FL 33478	82-1094888	S-CORP	7,169	0	N/A	N/A	VCCF
(20) LINCOLN MEMORIAL UNIVERSITY SAVMA CHAPTER LMU CVM 6965 CUMBERLAND	62-0479542	501(C)(6)	8,000	0	N/A	N/A	STUDENT FUNDING

GAP PKWY HARROGATE, TN 37752	26 4002262	F01/0//5	7 200	0 21/2	A1/A	CTUDENT SUND
(21) LONG ISLAND UNIVERSITY-CVM SAVMA 720 NORTHERN BLVD BROOKVILLE, NY 11548	36-4983368	501(C)(6)	7,290	0 N/A	N/A	STUDENT FUNDING
(22) LOUISIANA STATE UNIVERSITY SAVMA CHAPTER SKIP BERTMAN DR BATON ROUGE, LA 70803	51-0173371	501(C)(6)	8,000	0 N/A	N/A	STUDENT FUNDING
(23) MACOMB COMMUNITY COLLEGE 14500 E 12 MILE RD WARREN, MI 48088	38-1717622		8,000	0 N/A	N/A	STUDENT FUNDING
(24) MADISON AREA FECHNICAL COLLEGE DISTRICT 1701 WRIGHT ST MADISON, WI 53704	39-1086718		6,000	0 N/A	N/A	STUDENT FUNDING
(25) MAINE VETERINARY MEDICAL CENTER 1500 TECHNOLOGY WAY SCARBOROUGH, ME 04074	84-3775817	PARTNERSHIP	12,130	0 N/A	N/A	VCCF
(26) MASSACHUSETTS VETERINARY REFERRAL HOSPITAL 20 CABOT ROAD	47-4483792		20,780	0 N/A	N/A	VCCF
WOBURN, MA 01801 (27) MAUI HUMANE SOCIETY PO BOX 1047	99-6000953		20,000	0 N/A	N/A	DISASTER RELIEF
PUUNENE, HI 96784 (28) MEDVET ASSOCIATES LLC 350 EAST WILSON BRIDGE ROAD	54-2069603	C-CORP	59,956	0 N/A	N/A	DISASTER RELIEF
WORTHINGTON, OH 43085 (29) MICHIGAN STATE UNIVERSITY SAVMA CHAPTER 784 WILSON RD	36-6094511	501(C)(3)	6,732	0 N/A	N/A	STUDENT FUNDING
EAST LANSING, MI 48824 (30) MIDWESTERN UNIVERSITY SAVMA CHAPTER 6233 WEST BEHREND DRIVE APT 3006 GLENDALE, AZ 85308	36-3777698	C-CORP	10,550	0 N/A	N/A	STUDENT FUNDING
(31) MISSISSIPPI STATE UNIVERSITY SAVMA PO BOX 6100 MISSISSIPPI STATE, MS 39762	64-0622600	501(C)(3)	7,600	0 N/A	N/A	STUDENT FUNDING
(32) NORTH CAROLINA STATE UNIVERSITY SAVMA 1060 WILLIAM MOORE DRIVE RALEIGH, NC 27607	53-1330768	501(C)(6)	9,030	0 N/A	N/A	STUDENT FUNDING
(33) OKLAHOMA STATE UNIVERSITY SAVMA CHAPTER 304 MCELROY HALL STILLWATER, OK 74078	73-6103133	501(C)(6)	8,000	0 N/A	N/A	STUDENT FUNDING
(34) ONION RIVER ANIMAL HOSPITAL 2386 AIRPORT ROAD BERLIN, VT 05641	03-0341578	S-CORP	10,676	0 N/A	N/A	VCCF
(35) ORADELL ANIMAL HOSPITAL INC 580 WINTERS AVENUE PARAMUS, NJ 07652	22-1981683	S-CORP	21,930	0 N/A	N/A	VCCF
(36) OREGON HUMANE SOCIETY 1067 NE COLUMBIA BLVD PORTLAND, OR 97211	93-0386880	C-CORP	12,900	0 N/A	N/A	VCCF
(37) OREGON STATE UNIVERSITY SAVMA CHAPTER 200 MAGRUDER HALL CORVALLIS, OR 97331	93-0806335	501(C)(6)	7,410	0 N/A	N/A	STUDENT FUNDING
(38) PET NUTRITION ALLIANCE C/O 302 PEARL STREET UNIT 108 PROVIDENCE, RI 02907	47-3110797	501(C)(3)	112,744	0 N/A	N/A	RESEARCH FUNDIN
(39) PURDUE UNIVERSITY SAVMA CHAPTER LYNN 1185 WEST LAFAYETTE, IN 47907	35-6065017	501(C)(3)	8,750	0 N/A	N/A	STUDENT FUNDING
(40) RAREBREED MVMC LLC 1500 TECHNOLOGY WAY SCARBOROUGH, ME 04074	84-3775817	PARTNERSHIP	20,669	0 N/A	N/A	VCCF
(41) SAVMA CHAPTER AT KANSAS UNIVERSITY 1710 DENISON AVE MANHATTAN, KS 66502	48-9105790	501(C)(6)	8,900	0 N/A	N/A	STUDENT FUNDING
42) SAVMA IOWA STATE CHAPTER 1800 CHRISTENSEN DRIVE AMES, IA 50011	42-1143702	501(C)(3)	7,650	0 N/A	N/A	STUDENT FUNDING
43) ST LOUIS ZOOLOGICAL PARK DNE GOVERNMENT DRIVE ST LOUIS, MO 63110	43-1027364		13,500	0 N/A	N/A	RESEARCH FUNDIN
(44) TEXAS A&M UNIVERSITY SAVMA CHAPTER 4461 TAMU COLLEGE STATION, TX 77843	74-6063269	501(C)(6)	8,500	0 N/A	N/A	STUDENT FUNDING
(45) TEXAS TECH UNIVERSITY SAVMA CHAPTER 7671 EVANS DR AMARILLO, TX 79106	36-5019697	501(C)(6)	9,100	0 N/A	N/A	STUDENT FUNDING
46) THE OHIO STATE JNIVERSITY SAVMA CHAPTER 1900 COFFEY ROAD	31-6085068	501(C)(3)	8,500	0 N/A	N/A	STUDENT FUNDING

(47) TRINITY ANIMAL	68-0083216	S-CORP	14,133	0 N/A	N/A	VCCF
HOŚPITAL INC 31 PONDEROSA LANE WEAVERVILLE, CA 96093						
(48) TUSKEGEE UNIVERSITY SAVMA 201 PATTERSON HALL TUSKEGEE, AL 36088	63-0704751	501(C)(6)	8,000	0 N/A	N/A	STUDENT FUNDING
(49) UNIVERSIRTY OF CALIFORNIA-DAVIS SAVMA 944 GARROD DRIVE DAVIS, CA 95616	94-6062452	501(C)(3)	8,500	0 N/A	N/A	STUDENT FUNDING
(50) UNIVERSITY OF ARIZONA SAVMA CHAPTER 1580 E HANLEY BLVD TUCSON, AZ 85730	38-3245761	501(C)(6)	7,400	0 N/A	N/A	STUDENT FUNDING
(51) UNIVERSITY OF FLORIDA SAVMA CHAPTER 2015 SW 16TH AVE GAINESVILLE, FL 32610	51-0214946	501(C)(6)	7,500	0 N/A	N/A	STUDENT FUNDING
(52) UNIVERSITY OF GEORGIA SAVMA CHAPTER 501 DW BROOKS DRIVE ATHENS, GA 30602	58-1377421	501(C)(6)	7,500	0 N/A	N/A	STUDENT FUNDING
(53) UNIVERSITY OF ILLINOIS SAVMA CHAPTER 2001 S LINCOLN AVE URBANA, IL 61802	37-6047637	501(C)(3)	8,000	0 N/A	N/A	STUDENT FUNDING
(54) UNIVERSITY OF MINNESOTA SAVMA CHAPTER 200 OAK STREET SE SUITE 500	41-6042488	STATE GOVT. AGENCY	11,250	0 N/A	N/A	STUDENT FUNDING
MINNEAPOLIS, MN 55455 (55) UNIVERSITY OF MISSOURI SAVMA 1520 E ROLLINS ST COLUMBIA, MO 65211	43-6033485	501(C)(6)	7,650	0 N/A	N/A	STUDENT FUNDING
(56) UNIVERSITY OF PENNSYLVANIA SAVMA CHAPTER 380 S UNIVERSITY AVE PHILADELPHIA, PA 19104	23-6245215	501(C)(6)	6,150	0 N/A	N/A	STUDENT FUNDING
(57) UNIVERSITY OF TENNESSEE SAVMA 2407 RIVER DRIVE KNOXVILLE, TN 37996	36-3253371	501(C)(6)	8,660	0 N/A	N/A	STUDENT FUNDING
(58) UNIVERSITY OF WISCONSIN SAVMA CHAPTER 2015 LINDEN DRIVE MADISON, WI 53706	39-1484886	501(C)(6)	10,000	0 N/A	N/A	STUDENT FUNDING
(59) VIRGINIA MARYLAND CVM SAVMA CHAPTER 205 DUCK POND DRIVE OFFICE 227B BLACKSBURG, VA 24061	52-1233694	501(C)(6)	7,770	0 N/A	N/A	STUDENT FUNDING
(60) WASHINGTON STATE UNIVERSITY SAVMA CHAPTER LIGHTY STUDENT SERVICES BLDG RM 280 PO BOX 647010 PULMAN, WV 99164	91-6027605	501(C)(3)	8,000	0 N/A	N/A	STUDENT FUNDING
(61) WATERTOWN VETERINARY CLINIC 300 ANGEL AVENUE SW POBOX 327 WATERTOWN, MN 55388	41-1763990	S-CORP	6,360	0 N/A	N/A	VCCF
(62) WELLHAVEN PET HEALTH 301 ASPEN AIRPORT BUSINESS CENTER ASPEN, CO 81611	82-2661779	S-CORP	9,474	0 N/A	N/A	VCCF
(63) WESTERN UNIVERSITY OF HEALTH SCIENCE SAVMA C 309 E SECOND ST POMONA, CA 91766	95-3127273	501(C)(3)	9,700	0 N/A	N/A	STUDENT FUNDING
(64) WINTER PARK VETERINARY HOSPITAL 1601 LEE RD WINTER PARK, FL 32789	59-2452656	S-CORP	7,369	0 N/A	N/A	VCCF
(65) SAN JUAN COLLEGE 4601 COLLEGE BLVD FARMINGTON, NM 87402	85-0295969		6,000	0 N/A	N/A	STUDENT FUNDING
(66) UNIVERSITY OF PUERTO RICO AT ARECIBO PO BOX 4010 ARECIBO, PR 00614	66-0560806		10,000	0 N/A	N/A	STUDENT FUNDING

----- Page 2 ------

Schedule I (Form 990) 2023

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 addit	onai space is needed.				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) ZOETIS SCHOLARSHIP	207	414,000	N/A	N/A	
(2) MERCK SCHOLARSHIP FUND	54	270,000	N/A	N/A	
(3) AVMA/AVMF MILITARY FUND	9	49,000	N/A	N/A	
(4) LEGACY ENDOWMENT	39	39,000	N/A	N/A	
(5) WETTERBERG FUND	6	32,500	N/A	N/A	
(6) 2ND OPPORTLINITY RESEARCH FLIND	5	30,000	N/A	N/A	

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Schedule I (Form 990) 2023

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					Schedule I (Form 990) 2023
PART II, COLUMN C:	THE ORGA	NIZATION HAS ATTEMPTE	D NUMEROUS TIMES, UNSUC	CESSFULLY, TO OBTAIN THE MISSI	NG INFORMATION NECESSARY TO COMPLETE PART II OF SCHEDUL
PART I, LINE 2:	PROGRAM		TE DIFFERENT TYPES OF PROC		L OF ALL GRANTS. IN ADDITION, GRANTS ARE CODED TO APPROF N STAYS IN CONTACT THROUGHOUT THE YEAR WITH ORGANIZATI
Return Reference	Explanat	ion			
Part IV Suppleme	1		ation required in Part I, lin	e 2; Part III, column (b); and a	any other additional information.
(13) MILDRED SYLVESTER		1	1,000	N/A	N/A
(12) LEADERSHIP AWARD	FUND	1	2,000	N/A	N/A
(11) DURVET		2	2,000	N/A	N/A
(10) EVERYCAT HEALTH FU	IND	2	5,000	N/A	N/A
(9) EDUCATION FUND		2	5,000	N/A	N/A
(8) ADRR FUND		4	6,318	N/A	N/A
(7) MERCK VET STUDENT I	INNOVATION	20	9,500	N/A	N/A
(1)					

Additional Data Return to Form

Software ID: Software Version:

3/10/25, 10:43 AM efile Public Visual Render ObjectId: 202413169349303781 - Submission: 2024-11-11 TIN: 36-6117739 Compensation Information OMB No. 1545-0047 Schedule J (Form 990) 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. Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization AMERICAN VETERINARY MEDICAL FOUNDATION Employer identification number 36-6117739 Part I **Questions Regarding Compensation** Yes No Check the appropiate 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. ☐ Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 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 . 1b

Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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: Receive a severance payment or change-of-control payment? . No Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b No Participate in, or receive payment from, an equity-based compensation arrangement?. Nο 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: The organization? . No Any related organization? . 5b No If "Yes," on line 5a or 5b, describe in Part III. 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: The organization? . . No 6a Any related organization? 6b No If "Yes," on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 No Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe No If "Res" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section

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Schedule J (Form 990) 2023 Page 2

Cat. No. 50053T

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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal th	e tot	al amount of Form	990, Part VII, Sec	ction A, line 1a, ap	plicable column (D) and (E) amount	s for that indiv	vidual.
(A) Name and Title		(B) Breakdown	of W-2, 1099-MIS and/or 1099-NEC		(C) Retirement and other	(D) Nontaxable benefits	columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 JANET DONLIN DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	417,368	15,000	0	33,000	15,852	481,220	0

10/25, 10:43 AM	American	Ve	terinary Medic	al Foundation	- Full Filing -	Nonprofit Ex	plorer - ProPu	ıblica	
								Schedule J (Fo	rm 990) 2023
			-	2					-
			I	age 3 ———					
chedule J (Form 990) 2023									Page 3
Part III Supplemental Information rovide the information, explanation, or description.		1a	1h 3 4a 4h 4c	5a 5h 6a 6h 7	and 8 and for Part	t II. Also complet	e this part for any	additional info	mation
Return Reference	ipaono required for rare 1/ imes	10/	10, 0, 10, 10, 10,		xplanation	- 111 7 1150 COMPTO	e cino pare for any	addicional info	macioni
								Schedule J (Fo	rm 990) 2023
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Software ID: Software Version: efile Public Visual Render

AMERICAN VETERINARY MEDICAL FOUNDATION

ObjectId: 202413169349303781 - Submission: 2024-11-11

TIN: 36-6117739

OMB No. 1545-0047

2023

Open to Public Inspection

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990 or 990-EZ.

Supplemental Information to Form 990 or 990-EZ

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

Employer identification number

36-6117739

	36-611//39
Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	AVMF'S MEMBERSHIP IS COMPRISED OF PERSONS WHO ARE MEMBERS OF THE AVMA BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION A, LINE 7A	THE BOARD MEMBERS OF THE AVMF ARE SUBJECT TO THE APPROVAL OF THE BOARD MEMBERS OF THE AMERICAN VETERINARY MEDICAL ASSOCIATION, A RELATED ORGANIZATION.
FORM 990, PART VI, SECTION A, LINE 7B	BY-LAW CHANGES ARE SUBJECT TO THE APPROVAL OF THE AVMA BOARD OF DIRECTORS.
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.
	stian Act Notice and the Instructions for Form 000 or 000 F7 Cat. No. F10F6V Schoolule O. (Form 000) 2022

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

Cat. No. 51056K

Schedule O (Form 990) 2023

Additional Data

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Software ID: Software Version: efile Public Visual Render ObjectId: 202413169349303781 - Submission: 2024-11-11

TIN: 36-6117739 OMB No. 1545-0047

SCHEDULE R

Related Organizations and Unrelated Partnerships

(Form 990)	Co	mplete if t	he organi	ization ans	wered "Yes" Attach to Fo	on Form	990, Pa	art IV, lir	ne 33, 34	, 35b, 3		37.			0	20	23			
Department of the Treasury Internal Revenue Service		GC	o to <u>www</u>	.irs.gov/ ro	<u>rm990</u> for in	Struction	s anu u	ne iatest	ППОГПА	tion.						pen to Inspe		L		
Name of the organization AMERICAN VETERINARY MEDICAL I	FOUNDATION										-	oloyer id 5117739	entific	ation i	numbe	r				
Part I Identificatio	n of Disregarded Er	itities. Co	mplete if	the organi	ization answe	ered "Yes	" on Fo	orm 990	, Part IV,	line 33		,11,7,3,5								
Name, address, an	(a) nd EIN (if applicable) of disre	garded entity			(b) Primary act	civity	Legal o	(c) domicile (st reign count	rate ry)	(d) Total incor	me	End-of-y	(e) rear asse	ets	D	(f) Direct cont entity	trolling			
Part II Identification related tax-exe	of Related Tax-Exe			ns. Comple	te if the orga	anization	answe	red "Yes	" on Fori	m 990,	Part I	V, line 3	4 beca	ause it	t had o	ne or n	nore			
	(a) Id EIN of related organization		·	Primar	(b) ry activity		(c) omicile (st ign count		(d) empt Code :	section	Public (if sect	(e) charity station 501(c)	atus (3))	Dire	(f) ect contro entity	olling	Section (13) co	g) n 512(b) ontrolled tity?		
(1)AMERICAN VETERINARY MEDIO 1931 N MEACHEM ROAD SCHAUMBURG, IL 60173 36-0731170	AD		PROFESSION	TO PROTECT AND PROMOTE PROFESSIONAL INTERESTS OF THE VETERINARIAN		IL	501	(C)(6)	N/A		N/A		I/A				No			
For Paperwork Reduction A	Act Notice, see the Ins	tructions fo	or Form 9	990.		Ca	t. No. 50	0135Y						Sched	dule R	(Form 9	990) 20	023		
Schedule R (Form 990) 2023			— Page	e 2 ——													Pag	je 2		
Part III Identification	of Related Organiz						e orgar	nization	answere	d "Yes"	on Fo	rm 990	, Part 1	IV, line	e 34, b	ecause				
Name, ad	(a) dress, and EIN of d organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predom income(n unrela excluded f under se	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)		(g) e of Share of end-of- me year assets		(h) proprtio	tionate Code ons? amo box Schei		ionate Code V- amount box 20 Schedule (Form 10		-UBI it in O of e K-1	(j) Gener mana partr	ral or aging	Perce	k) entage ership
										Yes		No								
														+						
														1						
Part IV Identification	of Related Organiz	ations Ta	xable as	a Corpor	ation or Tru	ıst. Com	plete if	the ora	anization	n answe	red "\	Yes" on	Form 9	990, P	art IV.	line 34	<u> </u>			
	one or more related of		ns treate	ed as a corp	ooration or tr (c) egal micile	ust durin		(e Type of (C cor	entity Sh	(f) nare of tot income	1	(g) nare of end of-year	I- F	(h) Percenta ownersh	h) (i) entage Section 512(b)(13)					
•				(state	or foreign untry)			cor or tru	p,			assets			}	Yes		No		

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Part V Transactions With Related Org	ganizations. Com	nplete if th	he organizati	on answe	ered "Yes" o	n Form 9	990, Part	IV, line 34,	35b, or	36.			
Note. Complete line 1 if any entity is listed i													Yes No
1 During the tax year, did the organization enga	-	-			_								
a Receipt of (i) interest, (ii) annuities, (iii) ro												1a 1b	No No
b Gift, grant, or capital contribution to relatedc Gift, grant, or capital contribution from related													Yes
d Loans or loan guarantees to or for related o												1d	No
e Loans or loan guarantees by related organiz	ation(s)											1e	No
f Dividends from related organization(s)									•			1f	No No
g Sale of assets to related organization(s).h Purchase of assets from related organization									•			1g 1h	No
i Exchange of assets with related organization												1i	No
j Lease of facilities, equipment, or other asset												1j	No
k Lease of facilities, equipment, or other asset												1k	No
Performance of services or membership or fu												11 1m	No No
m Performance of services or membership or functionn Sharing of facilities, equipment, mailing lists													Yes
Sharing of paid employees with related organical employees.												10	Yes
p Reimbursement paid to related organization												1p	No
q Reimbursement paid by related organization	ı(s) for expenses .										•	1q	No
r Other transfer of cash or property to related	organization(s).											1r	No
s Other transfer of cash or property from relat												1s	No
2 If the answer to any of the above is "Yes," se	ee the instructions for	or informati	ion on who mu	st comple	te this line, i	ncluding co	overed rela	ationships an	d transac	tion threshol	ds.		
Name of r	(a) related organization					(b) Transacti	ion	(c) Amount involv	ed	Method of d	(d) eterminina	amount ir	volved
						type (a-							
										Sch	edule R	(Form 9	90) 2023
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Part VI Unrelated Organizations Tax	able as a Partne	ership. Co	omplete if the	e organiz	ation answ	ered "Yes	" on Forn	n 990, Part	IV, line	37.			
Provide the following information for each entity ta was not a related organization. See instructions re	exed as a partnership	through w	vhich the orgar	nization co							assets or	gross rev	enue) that
was not a related organization. See instructions re- (a)	(b)	(c)	(d)		(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile	Predominant income	Are al	Il partners ection	Share of total	Share of end-of-yea	Dispropi	tionate	Code V-UBI amount in	Gene	eral or aging	Percentag ownership
		(state or foreign	(related, unrelated,	50:	1(c)(3) nizations?	income	assets			box 20 of Schedule	part	ner?	
		country)	excluded from tax under	Jigai						K-1 (Form 1065)			
			sections 512-						1	(101111 1005)		1	1
			514)	Yes	No			Yes	No	1	Yes	No	ļ
												1	
			†		†		 					†	<u> </u>

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				1						Sch	edule R (F	orm 990) 2023
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Part VII Supplemental Inform	nation												rage 3
Provide additional informat	tion for responses to q	uestions on So	hedule R. See i	nstructions.	•								
Return Reference					Е	xplanation	1						
											Schedule	R (Form 9	990) 2023
Additional Data											Ref	turn to l	Form

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