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May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

Form **990**

Department of the Treasury

DLN: 93493192002148

OMB No 1545-0047

2016

Return of Organization Exempt From Income Tax

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 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990 Open to Public

☑ Yes ☐ No

Form **990** (2016)

Cat No 11282Y

iterna	incre	inde corrie						Inspection
Fo	or th	e 2016	calendar year, or tax year begi	inning 09-01-2016 , and ending 08-3	31-2017			
Che	ck ıf a	pplicable	C Name of organization STUDENT AMERICAN VETERINARY	MED ACCOC		D Employer	ıdentıf	ication number
□ Add	dress	change	STUDENT AMERICAN VETERINARY	MED ASSOC		36-324576	51	
	me ch	_	Doing business as					
Init Fin	tial ret al	turn	Doing Business as					
		minated	Number and street (or P.O. box if	mail is not delivered to street address) Room/si	uite	E Telephone r	number	
		d return	1931 N MEACHAM RD	, , , , , , , , , , , , , , , , , , , ,		(847) 925	-8070	
⊒ Aрı	olicatio	on pendin	City or town, state or province, co	untry, and ZIP or foreign postal code		(0 / 5 = 5		
			SCHAUMBURG, IL 60173			G Gross recei	pts \$ 48	85.621
			F Name and address of princip	pal officer	H(a) 1	s this a group retur		,
			DR DERRICK HALL			ubordinates?	11 101	□ _{Yes} ☑ _{No}
			1931 N MEACHAM RD SCHAUMBURG, IL 60173			re all subordinates		☐ Yes ☐No
Tax	-exer	npt status			┤ `´ 'r	ncluded?		
			□ 501(c)(3) ■ 501(c)(6) •	◀ (insert no)	1	f "No," attach a list	•	•
W	ebsit	te:► N/	A		''(c)	Group exemption nu	ımber	1017
					I Year of	formation 1989 M	l State	of legal domicile IL
Forn	n of or	rganızatıoı	Corporation Trust Ass	sociation L. Other >	_ rear or	Torridadon 1909	Juice	or regar donnere 12
Pa	rt I	Sun	nmary					
			escribe the organization's mission	or most significant activities				
ย				ENTERING THE FIELD OF VETERINARY ME	DICINE			
2	-							
<u> </u>	_							
•	,	Check ti	as boy • 🗖 if the organization d	iscontinued its operations or disposed of i	more than	25% of its net asse	atc	
5				ing body (Part VI, line 1a)			З	9
5	4	Number	of independent voting members of	of the governing body (Part VI, line 1b)			4	9
<u>ַ</u>			, -	alendar year 2016 (Part V, line 2a)			5	0
É				ecessary)			6	0
֝֝ ֡			·	rt VIII, column (C), line 12		• •	7a	0
•				om Form 990-T, line 34			7b	0
		ivec unit	elated business taxable income inc	5m Form 990-1, mie 54	' ' '	Prior Year	1,0	Current Year
		Cambuila	there and supply (Post VIII line 1	LX		Prior rear	1	Current rear
	_					274 120	SI.	410 661
Ġ				h)		374,129	+	418,661
ēnuēA	9	Program	service revenue (Part VIII, line 2	2g)		176,228	3	52,048
Ravenue	9 10	Program Investm	service revenue (Part VIII, line 2 ent income (Part VIII, column (A)	2g)		176,228 8,281	3	52,048 9,229
Rəvenue	9 10 11	Program Investm Other re	n service revenue (Part VIII, line 2 ent income (Part VIII, column (A) evenue (Part VIII, column (A), line	es 5, 6d, 8c, 9c, 10c, and 11e)		176,228 8,281	3 1	52,048 9,229 5,683
Ravenue	9 10 11 12	Program Investm Other re Total re	n service revenue (Part VIII, line 2 ent income (Part VIII, column (A) evenue (Part VIII, column (A), line evenue—add lines 8 through 11 (m	eg)		176,228 8,281	3 1	52,048 9,229
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Form	990 (2016)				Pa	ge 2
Par	t IIII Statemen	t of Program Service Acc	omplishments			
	Check if Sch	edule O contains a response or	note to any line in this Part III .			
1	Briefly describe the	organization's mission				
PRO	MOTE THE INTERESTS	S OF STUDENTS ENTERING THE	FIELD OF VETERINARY MEDICINE			
						<u> </u>
_	5 1 11					—
2	-	, , ,	gram services during the year which v	vere not listed on	□Yes ☑No	
		or 990-EZ?			⊔ Yes ⊻ No	
3	•	nese new services on Schedule	ງ ກາficant changes in how it conducts, ຄ	any program		
3	_		initicant changes in now it conducts, a	any program	□yes ✓N	_
					∟ Yes ⊾ N	3
4	•	nese changes on Schedule O				
•	Section $501(c)(3)$ a		plishments for each of its three large required to report the amount of grai ervice reported			
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)	
	See Additional Data					
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)	_
						—
						—
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						_
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)	—
	(0000	, (Expenses ¢	melading grants of \$) (Nevenue 4	,	
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A -	Oth	una (Danamba (n. Cale alud. O.)				
4d	Other program serv (Expenses \$	rices (Describe in Schedule O) including o	urants of \$	(Revenue \$)	
4-	Total program se) ()	(mevenue ψ	,	—
4e	i otai program sei	I VICE EXPENSES F				

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No

Form 990 (2016)

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Part IV Checklist of Required Schedules

organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

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

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

b Was the organization included in consolidated, independent audited financial statements for the tax year?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

lines 1c and 8a? If "Yes," complete Schedule G, Part II

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . .

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 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? 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

assessments, or similar amounts as defined in Revenue Procedure 98-19?

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?

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

Did the organization maintain collections of works of art, historical treasures, or other similar assets? 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

or X as applicable

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,

business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Р

29

(-	,		- ugc -
Part IV	Checklist of Required Schedules (continued)		
		Vec	No.

Par	Checklist of Required Schedules (Continued)			
			Yes	1
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

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,"

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

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

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

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

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

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

20a 20b

21

22

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

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35a

35h

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37

Yes

Form 990 (2016)

Yes

Yes

Νo

Νo

Νo

Nο

orm	990 (2016)			Page 5
Par	t 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
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 11			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return	4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
За	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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			140
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50		
·	If res, to fine 3a of 3b, did the organization merofin 6000-1.	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?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	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		
9a	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		
.0	Section 501(c)(7) organizations. Enter			
а	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			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	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			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		I

	tVI Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No	" roono	nco to l	Page 0
Fall	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	respo	nse to n	nes
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
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?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
			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		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	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? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T $(501(c)(3)s$ only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website 🗹 Upon request 🗆 Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶AVMA STUDENT ADVISOR 1931 N MEACHAM ROAD SCHAUMBURG, IL 60173 (847) 925-8070			

(A)

Name and Title

Part VII

(F)

Estimated

amount of other

(E)

Reportable

compensation

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Emp	loyees,
and Independent Contractors	

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

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

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

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

(C)

Position (do not check more

than one box, unless person

(D)

Reportable

compensation

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

(B)

Average

hours per

week (list is both an officer and a from the from related compensation anv hours director/trustee) organization (Worganizations from the for related 2/1099-MISC) (W- 2/1099organization and Highest or employee Individual trustee or director Former organizations related MISC) Institutional Trustee below dotted employee organizations line) compensated See Additional Data Table

Form 990 (2016) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per week (list any hours	than o	ne bo	ox, u in off tor/t	t che unles ficer ruste	and a	on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	Estima amount o compens from t	ited f other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organizati relate organiza	ed
See /	Additional Data Table											
-												
1b S	Sub-Total			<u> </u>			<u> </u>					
сТ	otal from continuation sheets to Pa	art VII, Sectio	nΑ.				•					
	otal (add lines 1b and 1c)						>		0	0		0
2	Total number of individuals (including of reportable compensation from the			e liste	ed al	bove	₃) who	rece	eived more than \$10	00,000		
											Yes	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule 2</i>			ee, ke	ey eı •	mplo •	yee, c	or his	ghest compensated	employee on		No
4	For any individual listed on line 1a, is									the		
	organization and related organization individual	s greater than \$.150,000	ס? <i>If</i> •	"Yes	," cc	mplet.	e Sc	hedule J for such	4	,	No

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

4	For any ind	ividua	il listed	on lir	ne la	1, 15	th
	organizatio	n and	relate	d orga	nızat	tions	s <u>c</u>
	ındıvıdual		•		•	•	

Section B. Independent Contractors

compensation from the organization ▶ 0

5

Nο Νo

(C)

Compensation

Form 990 (2016)

5

(B)

Description of services

Part \	<u>'/+</u>			a resno	onse or note to	any line ir	this Part VIII			
		Check if Schedul	e o contains	и гезр	on hote to		(A) al revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a	Federated campaig	ns	1a				revenue		512-514
ints unts	ı	b Membership dues		1b						
6r2 mo		c Fundraising events		1c						
ffs. ⊨r A		d Related organizatio	ns	1d						
n 13 €	•	e Government grants (co	ontributions)	1e						
Contributions, Gifts, Grants and Other Similar Amounts	1	All other contributions and similar amounts n above	, gıfts, grants, ot ıncluded	1f	418,	661				
	9	9 Noncash contribution in lines 1a-1f \$	ons included							
	h	Total.Add lines 1a-1	.f		•		418,661			
<u>ə</u> .						ıness Code	,			
Program Service Revenue	2 a	MEMBERSHIP DUES & A	SSE			90009	9 !	52,048	52,048	
<u>a</u> *	ь			_						
ΑC	c									
3	d									
Jran.	e f	All other program se	rvice revenue							
δ		Total.Add lines 2a-2i			•	52,04	-8			
		Investment income (i			interest, and o	ther				
	S	similar amounts) .				<u> </u>	9,229			9,229
		Income from investm Royalties				▶				
	٠,	itoyaities	(ı) Rea		(II) Person					
	6a	Gross rents								
	b	Less rental expenses								
	C	Rental income or (loss)								
	d	Net rental income o	r (loss)			▶				
			(ı) Securi	ties	(II) Other	r				
	7a	Gross amount from sales of								
		assets other than inventory								
	b	Less cost or								
		other basis and sales expenses								
		Gain or (loss)								
		Net gain or (loss) . Gross income from f				<u> </u>				
		(not including \$	-	of						
Other Revenue		contributions reporte See Part IV, line 18	ed on line 1c)	. a	 					
Re	b	Less direct expense	s	b						
er		: Net income or (loss)		_	ents	•				
0	9a	Gross income from g See Part IV, line 19		ıes						
				а						
		Less direct expense		b						
		: Net income or (loss) Gross sales of invent		activit	iles	<u> </u>				
		returns and allowand]					
	L		-14	a						
		Less cost of goods so Net income or (loss)		b						
•	_	Miscellaneous		lilveili	Business Co	ode				
Ì	11	a _{MISCELL} ANEOUS			9	00099	5,683	5,6	83	
	b)								
	c									
		- 								
		All other revenue .								
		Total. Add lines 11a				-	5,683	1		
	12	Total revenue. See	instructions			>	485,621	57,7	31	0 9,229

Part IX	Statement of	Functional	Expenses
1 41 6 47	otatement of	. anceiona.	-xpc::3c3

Form 990 (2016)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all col	umns All other orga	anizations must com	plete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX			<u> </u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	70,818			
2 Grants and other assistance to domestic individuals See Part IV, line 22	61,693			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
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				
c Accounting	2,800			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses	8,699			
14 Information technology	1,838			
15 Royalties				
16 Occupancy				
17 Travel	74,377			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	7,964			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a SYMPOSIA EXPENSE	330,615			
b MISCELLANEOUS	14,905			
c BANK FEES	681			
d POSTAGE	467			
e All other expenses	-			
25 Total functional expenses. Add lines 1 through 24e	574,857			-
26 Joint costs. Complete this line only if the organization	3/4,03/			
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Check here ► ☐ If following SOP 98-2 (ASC 958-720)				

30

31

32

33

34

Net

Savings and temporary cash investments . .

Page **11**

		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	553,467	1	455,
2	Savings and temporary cash investments	750,619	2	759.

3	Pledges and grants receivable, net	3	
4	Accounts receivable, net	4	
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	5	
6	Loans and other receivables from other disqualified persons (as defined under		

section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets Notes and loans receivable, net Inventories for sale or use . . 8 9 Prepaid expenses and deferred charges .

10a Land, buildings, and equipment cost or other 10a basis Complete Part VI of Schedule D b Less accumulated depreciation 10b 10c 11 Investments—publicly traded securities . 11

12 12 Investments—other securities See Part IV, line 11 . 13 13 Investments—program-related See Part IV, line 11 14 14 Intangible assets 15

15 Other assets See Part IV, line 11 1,304,086 16 **Total assets.**Add lines 1 through 15 (must equal line 34) . . . 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable . . . 19 19 Deferred revenue

1.214.850 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . 22

Liabilities 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 24 Unsecured notes and loans payable to unrelated third parties .

Other liabilities (including federal income tax, payables to related third parties, 25 25 and other liabilities not included on lines 17-24) Complete Part X of Schedule D

0 0 26 Total liabilities. Add lines 17 through 25 . 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

complete lines 27 through 29, and lines 33 and 34. 27 1.304.086 27 Unrestricted net assets

Fund Balances 1.214.850 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34. Assets or

30

31 32

33

34

1,214,850

1.214.850

Form **990** (2016)

1,304,086

1.304.086

Capital stock or trust principal, or current funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Form	990 (2016)				Page 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	. 🗆
	Total margin (margh annual Doub VIII) and margin (A) line (12)				405 624
1	Total revenue (must equal Part VIII, column (A), line 12)	1			485,621
2	Total expenses (must equal Part IX, column (A), line 25)	2			574,857
3	Revenue less expenses Subtract line 2 from line 1	3			-89,236
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			,304,086
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1,	,214,850
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 🗹 Cash 🗌 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2ь		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	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		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
2-	As a way that a fadayal away do not be a warping to a warping to a wall and a wall and a wall and a safe fault in the Co	1 -		, !	

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
 b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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Form **990** (2016)

3b

Additional Data

Software ID: **Software Version:**

EIN: 36-3245761

Name: STUDENT AMERICAN VETERINARY MED ASSOC

Form 990 (2016)

Form 990, Part III, Line 4a: ANNUAL CONVENTION HELD IN MARCH TO PROMOTE THE INTERESTS OF STUDENTS ENTERING THE PROFESSION

Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W- 2/1099-(W- 2/1099organization and Highest compensated employee Former Individual trustee or director key employee Institutional MISC) MISC) organizations related below dotted organizations line) Trustee

JEFF OLIVAREZ	5 00		۸		0	
PRESIDENT - NEW						
KATY MARTIN	5 00		<		0	
SECRETARY - NEW					0	
CHRIS DEEGAN	5 00		,			
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KAYLA CATURAY

ORI EIZENBERG

MATT HOLLAND

PRESIDENT - PAST

SECRETARY - PAST

MEGHANA PENDURTHI

INTERNATIONAL EXCHANGE OFFICER ELECT - NEW

VETERINARY ECONOMICS OFFICER - NEW

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

JEFF OLIVAREZ]		νI				
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SECRETARY - NEW			^		Ĭ		
CHRIS DEEGAN	5 00		Ţ		0	0	
TREASURER - NEW			^		Ĭ		
MARSTON JONES	5 00						

SECRETARY - NEW						0	0	
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Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation and a director/trustee) any hours organization organizations from the for related (W- 2/1099-(W-2/1099organization and Highest compensat Former Individual trustee or director Institutional MISC) organizations MISC) related below dotted organizations employee line) 5 00

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ABIGAIL SHARP	5 00						

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

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ABIGAIL SHARP	5 00			
COMMUNICATIONS & PUBLIC RELATIONS OFF ELECT - NEW	•••••		×	
ALEXANDRIA SCHAUER	5 00			

THE VET GAZETTE EDITOR - PAST

GLOBAL & PUBLIC HEALTH OFFICER - NEW

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CULTURAL OUTREACH OFFICER- PAST

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ELIZABETH MALCOLM

DR DERRICK HALL

SARAH NEUSER

WHITNEY PATZ

ASHIKA SESHADRI

KYLE HOHU

AVMA ADVISOR TO SAVMA

PRESIDENT ELECT - NEW

SECRETARY FLECT - NEW

TREASURER ELECT - NEW

Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Highest compo Individual or director Former key employed Institutional related organizations MISC) MISC) below dotted organizations line)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

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MARSTON JONES	5 00								
INFORMATION TECHNOLOGY OFFICER FLECT - DACT				×		l	l ⁰	0	

INTL EXCHANGE OFFICER ELECT - PAST			^		5		
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MEREDITH CHAMBERLAIN THE VET GAZETTE EDITOR ELECT - PAST	5 00		x		0	0	
ELIZABETH MALCOLM	5 00		,		0		

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VETERINARY ECONOMICS OFFICER ELECT - PAST

CULTURAL OUTREACH OFFICER ELECT - PAST

INFORMATION TECHNOLOGY OFFICER - PAST

GLOBAL & PUBLIC HEALTH OFFICER - PAST

INTL EXCHANGE OFFICER - PAST

THE VET GAZETTE EDITOR ELE

CAITLIN CONNER

BRIAN JOCHEMS

MICHAEL MCENTIRE

MELISSA FELDMAN

KYNDEL LANN

NFORMATION TECHNOLOGY OFFICER ELECT - PAST			^		0	0	
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ILOBAL AND PUBLIC HEALTH OFFICER ELECT - PAST			^		0	0	
DRI EIZENBERG	5 00						

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ELIZABETH MALCOLM GLOBAL AND PUBLIC HEALTH OFFICER ELECT - PAST	5 00		×		0	0	
ORI EIZENBERG	5 00		×		0	0	

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (C) (E) (F) (D) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer from the week (list from related compensation any hours and a director/trustee) from the organization organizations for related (W- 2/1099-(W- 2/1099organization and Highest employe Individu or direct Officer Xey Former Instituti organizations MISC) MISC) related below dotted organizations en m line)

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PETER CZAJKOWSKI VETERINARY ECONOMICS OFFICER - PAST	5 00			×			0	0	0
JEFF OLIVAREZ PRESIDENT ELECT - PAST	5 00			x			0	0	0
KATY MARTIN SECRETARY ELECT - PAST	5 00			x			0	0	0
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SECRETARY ELECT - PAST							
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FREASURER ELECT - PAST	•••••		X			0	0	
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SLOBAL & PUBLIC HEALTH OFFICER FLECT - NEW			^		l	l	ŭ	

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VETERINARY ECONOMICS OFFICER ELECT - NEW

CULTURAL OUTREACH OFFICER ELECT - NEW

STEPHIE-ANNE DULIEPRE

ALLISON SIU GLOBAL & PUBLIC HEALTH OFFICER ELECT - NEW	5 00		×			0	0	
		\vdash		\sqcup				
TAYLOR DEWITT	5 00							

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Schedule I (Form 990)		OMB No 1545-0047 2016 Open to Public Inspection					
Treasury Internal Revenue Service	► Infor	mation about Schedul	le I (Form 990) and its	instructions is at <u>ww</u>	w.irs.gov/form990.	<u>,</u>	
Name of the organization STUDENT AMERICAN VETERI	NARY MED ASSOC					36-3245761	ification number
Part I General Info	rmation on Grants	and Assistance				l	
			the grants or assistance,		for the grants or assistance	e, and	☑ Yes ☐ No
2 Describe in Part IV the	organization's procedu	res for monitoring the us	se of grant funds in the Ur	ited States			
		nestic Organizations a I can be duplicated if add		nts. Complete if the or	ganızatıon answered "Yes"	on Form 990, Part IV, li	ne 21, for any recipient
(a) Name and address o organization or government	f (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
		=					2
							1
For Paperwork Reduction Act I	Notice, see the Instruction	ns for Form 990.		Cat No 50055	iP	S	Schedule I (Form 990) 2016

Page **2**

Schedule I (Form 990) 2016

(1) TRAVEL STIPENDS 101 34,423 FMV (2) EXAM SCHOLARSHIPS 3,000 FMV (3) AWARDS

FMV

THE BOARD CAREFULLY REVIEWS ALL REQUESTS FOR DONATIONS AND GRANTS PRIOR TO THEIR APPROVAL AND DISBURSEMENT APPROVAL IS GRANTED ONLY TO REPUTABLE ORGANIZATIONS WHO HAVE SATISFIED THE BOARD'S DUE DILIGENCE THE BOARD PERFORMS NO SUBSEQUENT MONITORING OF THE USE OF THE

2,325 FMV 16,895 FMV 49

5,050

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

DONATION OR GRANT. ALL RECORDS REGARDING THE DISBURSEMENT OF THE FUNDS ARE MAINTAINED AT THE ORGANIZATION'S OFFICE

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

89

(6) (7)

Explanation

Schedule I (Form 990) 2016

(5) EDUCATION CONTEST AWARDS

Part III

(4) GRANTS

Part IV

Return Reference PART I, LINE 2

(5)

Additional Data

SCHAUMBURG, IL 60173

10242 KINGSTON PIKE KNOXVILLE, TN 37922

JOSHCO LLC

Software ID: **Software Version:**

62-1759422

EIN: 36-3245761

Name: STUDENT AMERICAN VETERINARY MED ASSOC

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN VETERINARY	36-6117739	501(C)(3)	36,000		FMV		GENERAL SUPPORT

5,000

or government			,	assistance	other
AMERICAN VETERINARY MEDICAL FOUNDATION 1931 N MEACHAM ROAD	36-6117739	501(C)(3)	36,000		FMV

N/A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

FMV

int

GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN (c) IRC section organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(C)(3) 10.000 lFM∨ VERTERINARY LEADERSHIP 45-4470142 GENERAL SUPPORT INSTITUTE PO BOX 1476

TEMECULA, CA 92593

efile GRAPH	IC print - DO NOT PROCESS	DLN	: 93493192002148
SCHEDUL (Form 990 or EZ)	2016 Open to Public Inspection		
	N VETERINARY MED ASSOC O, Supplemental Information	Employer ident 36-3245761	ification number
Return Reference	Explanation		
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS TWO CLASSES OF MEMBERS CHAPTER AN UDENTS AT EDUCATIONAL INSTITUTIONS WHERE A STUDENT CHAPT CAL ASSOCIATION HAS BEEN ESTABLISHED ASSOCIATE MEMBERS. UTIONS THAT DO NOT HAVE A STUDENT CHAPTER OF THE AMERICA ECAUSE THEY HAVE NOT YET MET THE REQUIREMENTS TO FORM A WITH A CHAPTER AND THOSE WHO HAVE FULFILLED THE REQUIREM TION ARE REPRESENTED IN THE SAVMA HOUSE OF DELEGATES SAUCATIONAL INSTITUTIONS ELECT THE DELEGATES TO REPRESENT OTE IN THE SAVMA HOUSE OF DELEGATES, HOLD OFFICE IN THE AS IVE BOARD ASSOCIATE ORGANIZATION DELEGATES HAVE NON-VOTY ATTEND MEMBERSHIP MEETINGS AND SOCIAL FUNCTIONS OF THE UAL SIGNIFICANT DECISIONS OF THE SAVMA AND NO MEMBERS SHAPE	ER OF THE AMERICAN VETE ARE STUDENTS AT EDUCATI N VETERINARY MEDICAL AS: CHAPTER EDUCATIONAL IN IENTS TO HAVE AN ASSOCIA VMA MEMBERS AT THOSE RI THEM ONLY CHAPTER DELE SOCIATION OR SERVE ON THE ING REPRESENTATION ALL ESAVMA NO MEMBERS VOT	RINARY MEDI ONAL INSTIT SOCIATION B STITUTIONS ITE ORGANIZA ESPECTIVE ED GATES MAY V HE EXECUT MEMBERS MA E ON INDIVID

Return Explanation

990 Schedule O, Supplemental Information

FORM 990, THE ORGANIZATION HAS ELECTIONS FOR ITS OFFICERS AS DICTATED BY ITS BY-LAWS
PART VI,
SECTION A,
LINE 7A

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. NO REVIEW WILL BE CONDUCTED PART VI, SECTION B. LINE 11B

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, ALL OFFICERS ARE ANNUALLY REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICTS IN WRITING THE SAV
PART VI, MA STUDENT ADVISOR REVIEWS ALL DISCLOSURES AND DISCUSSES WITH THE SAVMA PRESIDENT WHERE AC
SECTION B,
LINE 12C

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. AVAILABLE UPON REQUEST PART VI, SECTION C. LINE 19