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2019

OMB No. 1545-0052

Return of Private Foundation

Department of the Treasury Internal Revenue Service

Form 990-PF

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

		ndar year 2019, or tax year beginning 01-01-2	2019 , a		ing 12-31-		
		Indation ABLE VETS INTERNATIONAL INC			A Employer id	entification numbe	or
				,	46-3269449		
		d street (or P.O. box number if mail is not delivered to street addres ST ST SW	s) Room/suite		B Telephone nu	mber (see instructio	ns)
					(701) 690-7339	ı	
		n, state or province, country, and ZIP or foreign postal code , ND 58601			C If exemption	application is pendin	g, check here
G Ch	neck al	l that apply: 🔲 Initial return 🗹 Initial return of	a former public charity	,	D 1. Foreign or	ganizations, check he	ere
		\square Final return \square Amended retur	n			ganizations meeting	
		Address change Name change			·	k here and attach co	· -
1 Ch	eck ty	pe of organization: $lacksquare$ Section 501(c)(3) exempt privat	e foundation			undation status was f n 507(b)(1)(A), chec	
	Section	n 4947(a)(1) nonexempt charitable trust	ble private foundation				
of '	year (f	xet value of all assets at end from Part II, col. (c), ▶\$ 914,242 J Accounting method: □ Other (specify) (Part I, column (d) mu		ual		ation is in a 60-mont n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and	T			(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	expenses per books	(b) Ne	t investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach	216,224	,			
	2	schedule) Check ▶ ☐ if the foundation is not required to attach	210,22-	1			
	3	Sch. B Interest on savings and temporary cash investments					
	4	Dividends and interest from securities					
	5a	Gross rents					
	b	Net rental income or (loss)					
rie	6a	Net gain or (loss) from sale of assets not on line 10					
Revenue	ь 7	Gross sales price for all assets on line 6a			0		
~	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less: Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	216,224	4	0		
	13	Compensation of officers, directors, trustees, etc.	(ס	0		(
	14	Other employee salaries and wages					
ses	15	Pension plans, employee benefits					
Ē	16a	Legal fees (attach schedule)	900		0		,
EX	b	Accounting fees (attach schedule)	900	1			
Хe	_ C	,					
ra E	17 18	Interest		+			
?	19	Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion	82,737	7	0		
<u>=</u>	20	Occupancy	52,757				
AG	21	Travel, conferences, and meetings	1,066	5	0		1,066
<u> </u>	22	Printing and publications	,				,
Operating and Administrative Expenses	23	Other expenses (attach schedule)	42,340		0		24,759
at.	24	Total operating and administrative expenses.					
<u>p</u>		Add lines 13 through 23	127,043	3	0		25,825
0	25	Contributions, gifts, grants paid	19,290	ס		_	19,290
	26	Total expenses and disbursements. Add lines 24 and 25	146,333	3	0		45,115
	27	Subtract line 26 from line 12:					
	а	Excess of revenue over expenses and	69,891	1			
	b	disbursements Net investment income (if negative, enter -0-)	05,691	-	0		
	c	Adjusted net income (if negative, enter -0-)					
							1

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69,891

177,881

177,881 Form **990-PF** (2019)

0

2

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4

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6

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Part I	Balance Sheets	Attached schedules and amounts in the description column	Beginning of year	End o	
	<u> </u>	should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash—non-interest-b	•	19,374	11,410	11,410
2	Savings and tempora	ary cash investments			
3		1,000			
	Less: allowance for c	loubtful accounts >		1,000	1,000
4	Pledges receivable 🕨	·			
	Less: allowance for c	loubtful accounts 🕨			
5	Grants receivable .				
6	Receivables due from	n officers, directors, trustees, and other			
	disqualified persons	(attach schedule) (see instructions)			
7	Other notes and loan	is receivable (attach schedule) 🟲			
	Less: allowance for o	loubtful accounts			
8 1	Inventories for sale of		8,828	46,922	46,922
8 9 9 10a	Prepaid expenses an	d deferred charges	·	·	
S 10a		nd state government obligations (attach schedule)			
b		ate stock (attach schedule)			
	,	· · · · · · · · · · · · · · · · · · ·			
l c	•	ate bonds (attach schedule)			
11		puildings, and equipment: basis ►			
		epreciation (attach schedule)			
12	_	age loans			
13		(attach schedule)			
14	Land, buildings, and	equipment: basis > 263,639		_	
		epreciation (attach schedule) ► 145,090	101,868	9 118,549	854,910
15	Other assets (describ	pe ▶)			
16	Total assets (to be	completed by all filers—see the			
	instructions. Also, se	e page 1, item I)	130,070	177,881	914,242
17	Accounts payable an	d accrued expenses			
18	Grants payable .				
o 19	Deferred revenue .				
19 20 21	Loans from officers,	directors, trustees, and other disqualified persons			
요 21		notes payable (attach schedule)			
□		, , , ,	22,080	∞ . 0	
23		l lines 17 through 22)	22,080	0	
23	Total Habilities (aud	Times 17 timough 22)	22,000		
es		ollow FASB ASC 958, check here ▶ 📙			
	and complete lines	24, 25, 29 and 30.			
<u>ਵ</u> ਿ 24	Net assets without d	onor restrictions			
m 25	Net assets with dono	r restrictions			
Fund Balanc	Foundations that d	lo not follow FASB ASC 958, check here 🕨 🗹			
	and complete lines				
ි 26	•	rincipal, or current funds	0	0	
S 27		plus, or land, bldg., and equipment fund	0	0	
Assets 28 28	•	ccumulated income, endowment, or other funds	107,990	177,881	
		fund balances (see instructions)	107,990	177,881	
Ž١		I net assets/fund balances (see instructions) .	130,070		
30 Part I		inges in Net Assets or Fund Balances	130,070	177,881	

2 Enter amount from Part I, line 27a

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

3 Other increases not included in line 2 (itemize) ▶ ___

Decreases not included in line 2 (itemize) ▶ _

Page **3**

		pe the kind(s) of property sold (e.g., arehouse; or common stock, 200 sh		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)	
1a	1						
	-						
		(f)		(g)	(h)	
	(e) Gross sales price	Depreciation allowed	Cost or	other basis	Gain o	r (loss)	
	Cross sales price	(or allowable)	plus exp	ense of sale	(e) plus (f) minus (g)	
a							
b							
С							
d							
e							
	Complete only for assets	s showing gain in column (h) and ow	vned by the foundation	on 12/31/69		I)	
	(i)	(i)		(k)		h) gain minus	
	F.M.V. as of 12/31/69	Adjusted basis as of 12/31/69	Excess of col. (i) over col. (j), if any		col. (k), but not less than -0-) o Losses (from col.(h))		
a		as 01 12/31/03	over cor	i. (j), ii aiiy	200000 (111		
b							
d							
e							
			If gain, also enter in P	Part I line 7			
2	Capital gain net income	e or (net capital loss)	If (loss), enter -0- in I		2		
3	•	gain or (loss) as defined in sections art I, line 8, column (c) (see instruct	. ,)- }	3		
				,			
Par	_	Under Section 4940(e) for Re					
For o	ptional use by domestic p	private foundations subject to the se	ction 4940(a) tax on ne	et investment inco	me.)		
f sect	ion 4940(d)(2) applies, le	eave this part blank.					
		ne section 4942 tax on the distributa ot qualify under section 4940(e). Do			d? ∐ Y	es 🗹 No	
1	Enter the appropriate an	nount in each column for each year;	see instructions before	e making any entri	es.		
	(a) se period years Calendar (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(d) Distribution rat (col. (b) divided by c		
,	2018				(0011 (2) 4111404 2) 0		
	2017						
	2016						
	2015						
	2014						
2	Total of line 1, column (d)		2			
	number of years the four	o for the 5-year base period—divide ndation has been in existence if less	than 5 years	.0, or by the 3			
		oncharitable-use assets for 2019 from	m Part X, line 5	4			
	Multiply line 4 by line 3			5			
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		6			
				7			
		ions from Part XII, line 4 ,					
	If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.						

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श्च		ing Activities for Which	Form 4720 May Be	Required (continued)				
ā	During the year did the foundation p	·					Yes	No
	(1) Carry on propaganda, or otherw	ise attempt to influence legisl	ation (section 4945(e))?	☐ Yes 【	⊘ No			
	(2) Influence the outcome of any sp	ecific public election (see sect	tion 4955); or to carry					
	on, directly or indirectly, any vot	er registration drive?		· · 🔲 Yes	✓ No			
	(3) Provide a grant to an individual (for travel, study, or other sim	ilar purposes?	☐ Yes S	☑ No			
	(4) Provide a grant to an organization	on other than a charitable, etc	, organization described		<u> </u>			
	in section 4945(d)(4)(A)? See in	structions		· · □ v •	⊘ No			
	(5) Provide for any purpose other th	an religious, charitable, scien	tific, literary, or	· · · · Yes	✓ No			
	educational purposes, or for the		* * * * * * * * * * * * * * * * * * * *	— —	,			
b	If any answer is "Yes" to $5a(1)-(5)$,	•		centions described in	⊻ No			
_	Regulations section 53.4945 or in a c	•				5b		
	Organizations relying on a current no			_	_,			
_	If the answer is "Yes" to question 5a			[_			
C	•	• • •	•		_			
	tax because it maintained expenditu	, ,		''	⊔ No			
	If "Yes," attach the statement requir	· -						
ìа	Did the foundation, during the year,	receive any funds, directly or	indirectly, to pay premi	ums on				
	a personal benefit contract?			· 🗌 Yes	Z No │			
b	Did the foundation, during the year,	pay premiums, directly or ind	lirectly, on a personal be		[6b		No
	If "Yes" to 6b, file Form 8870.							
'a	At any time during the tax year, was	the foundation a party to a p	prohibited tax shelter tra	nsaction?	✓ No			
b	If "Yes", did the foundation receive a	iny proceeds or have any net	income attributable to the	ne transaction?	<u>- </u>	7b		
3	Is the foundation subject to the secti	ion 4960 tax on payment(s) o	of more than \$1,000,000	in remuneration or	Γ			
	excess parachute payment during th				.			
					✓ No L			
Pai	and Contractors	fficers, Directors, Trust	lees, roundation Ma	magers, migniy Paid	Employ	ees,		
_								
1	List all officers, directors, trustee				1			
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans a			se acc	
	(-,	devoted to position	-0-)	deferred compensation		her al	lowand	es
ee A	Additional Data Table							
								,,
2	Compensation of five highest-pai	d employees (other than ti	nose included on line :		none, en	ter "	NONE.	
- \ I	Name and address of each employee :	(b) Title, and average		(d) Contributions to employee benefit	(a) F	vnanc	se acco	unt
u ,	more than \$50,000	nours per week	(c) Compensation	plans and deferred			owance	
	. ,	devoted to position		compensation				
ONE								
ota	I number of other employees paid ove	r \$50,000	<u></u> .					
					Forr	n 99 0	D-PF (2019

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	, Foundation Managers, Highly Paid	Employees,
3 Five highest-paid independent contractors for professional servi	ices (see instructions). If none, enter "NC	DNE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		0
Part IX-A Summary of Direct Charitable Activities		•
List the foundation's four largest direct charitable activities during the tax year. Include re organizations and other beneficiaries served, conferences convened, research papers prod	levant statistical information such as the number of	Expenses
1 CREATE SUSTAINABLE VETERINARY MEDICINE OPPORTUNITIES IN UNDE		<u> </u>
WORLD.		145,434
2		
3		
1		
<u> </u>		
Part IX-B Summary of Program-Related Investments (see	instructions)	
Describe the two largest program-related investments made by the foundation during	•	Amount
1		
2		
All other program-related investments. See instructions.		
3		
-		1
		1
Total. Add lines 1 through 3		0
		Form 990-PF (2019)

2a |

2b

2c

3

4

5

6

7

1a

1b

2

3a 3b

4

5

921

921

921

45,115

45,115

45,115

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O

Tax on investment income for 2019 from Part VI, line 5.

Distributable amount before adjustments. Subtract line 2c from line 1.

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Income tax for 2019. (This does not include the tax from Part VI.). . .

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

the section 4940(e) reduction of tax in those years.

2a

3

4 5

6

1

2

3

4

5

b

Part XII

921

921

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2019

Form 990-PF (2	019)
Part XIII	Undi

rm 990-PF (2	019)
Part XIII	Und

	•	<u> </u>	
P	art XIII	Undistributed Income (see instru-	ctions)
1	Distributab	le amount for 2019 from Part XI, line 7	
2	بقرر والمرفوز لمروا ا	-d in is -u.,s the -ud -s 2010.	

(a)

Corpus

44.194

44,194

44,194

44.194

(b)

Years prior to 2018

(c)

2018

- or 2019 from Part XI, line 7 Undistributed income, if any, as of the end of 2019: **b** Total for prior years: 20______, 20______
- a Enter amount for 2018 only. Excess distributions carryover, if any, to 2019:
- a From 2014. **b** From 2015. c From 2016. . .
- d From 2017. e From 2018.
- f Total of lines 3a through e. 4 Qualifying distributions for 2019 from Part
 - XII, line 4: ▶ \$
- a Applied to 2018, but not more than line 2a
- **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election

same amount must be shown in column (a).)

required—see instructions).

d Applied to 2019 distributable amount. e Remaining amount distributed out of corpus

5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5

6 Enter the net total of each column as

b Prior years' undistributed income. Subtract c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. **d** Subtract line 6c from line 6b. Taxable amount —see instructions e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020

7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) . . .

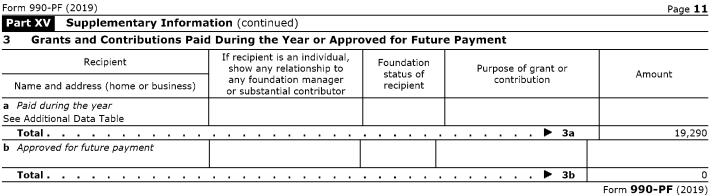
9 Excess distributions carryover to 2020.

10 Analysis of line 9: a Excess from 2015. . . **b** Excess from 2016. . c Excess from 2017. . . . d Excess from 2018. . . e Excess from 2019. . .

Subtract lines 7 and 8 from line 6a

indicated below:

- - **b** The form in which applications should be submitted and information and materials they should include:
 - c Any submission deadlines:
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:



ter gross amounts unless otherwise indicated.		usiness income	Excluded by section		(e) Related or exempt
. Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
a b					
с					
d					
e					
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash investments					
Dividends and interest from securities					
Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
Other investment income.					
Gain or (loss) from sales of assets other than					
inventory					
Net income or (loss) from special events:					
Gross profit or (loss) from sales of inventory					
Other revenue: a					
·					
c					
d e					
e					
		0	-	(
	lations.)	0	1	3	
Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities to the	lations.) le Accomplis	hment of Exem	ot Purposes	3	(
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculate to the columns of the columns (b). Explain below how each activity for which the accomplishment of the foundation's explain to the columns.	lations.) le Accomplis income is report	hment of Exempleted in column (e) of	ot Purposes Part XVI-A contribu	3uted importantly to	C
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expression.	lations.) le Accomplis income is report	hment of Exempleted in column (e) of	ot Purposes Part XVI-A contribu	3uted importantly to	(
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculate to the columns of the columns (b). Explain below how each activity for which the accomplishment of the foundation's explain to the columns.	lations.) le Accomplis income is report	hment of Exempleted in column (e) of	ot Purposes Part XVI-A contribu	3uted importantly to	(
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculate to the second s	lations.) le Accomplis income is report	hment of Exempleted in column (e) of	ot Purposes Part XVI-A contribu	3uted importantly to	(
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculated the No. Explain below how each activity for which the accomplishment of the foundation's explain below how the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the foundation's explain the foundation is accomplished by the foundation of the foundation is accomplished by t	lations.) le Accomplis income is report	hment of Exempleted in column (e) of	ot Purposes Part XVI-A contribu	3uted importantly to	(
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculated the columns of activities to the columns. Explain below how each activity for which the accomplishment of the foundation's explain below how the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the foundation's explain below how each activity for which the foundation's explain below how each activity for which the foundation's explain below how each activity for which the foundation's explain below how each activity for which the foundation's explain below how each activity for which the foundation's explain below how each activity for which the foundation's explain below how each activity for which the foundation's explain below how each activity for which the foundation below the foundation below how each activity for which the foundatio	lations.) le Accomplis income is report	hment of Exempleted in column (e) of	ot Purposes Part XVI-A contribu	3uted importantly to	(
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculated the columns of the columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculated the columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculated the columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculated the columns (b), (d), and (e) (See worksheet in line 12, columns (b), (d), and (e)	lations.) le Accomplis income is report	hment of Exempleted in column (e) of	ot Purposes Part XVI-A contribu	3uted importantly to	(
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculated the columns of the columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculated the columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculated the columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculated the columns (b), (d), and (e) (See worksheet in line 12, columns (b), (d), and (e)	lations.) le Accomplis income is report	hment of Exempleted in column (e) of	ot Purposes Part XVI-A contribu	3uted importantly to	(
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculated the columns of the columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculated the columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculated the columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculated the columns (b), (d), and (e) (See worksheet in line 12, columns (b), (d), and (e)	lations.) le Accomplis income is report	hment of Exempleted in column (e) of	ot Purposes Part XVI-A contribu	3uted importantly to	(
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculated the columns of the columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculated the columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculated the columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculated the columns (b), (d), and (e) (See worksheet in line 12, columns (b), (d), and (e)	lations.) le Accomplis income is report	hment of Exempleted in column (e) of	ot Purposes Part XVI-A contribu	3uted importantly to	(
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Fc	orm 990-PF (2019)			Page 13
	Part XVII Information Regarding Transfers To and Transactions and Relationships With Nor Exempt Organizations	charitab	le	
1	1 Did the organization directly or indirectly engage in any of the following with any other organization described in section (c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?	on 501	Ye	s No
•	a Transfers from the reporting foundation to a noncharitable exempt organization of:			
	(1) Cash	. 1a	(1)	No
	(2) Other assets	. 1a	(2)	No
ı	b Other transactions:			T
	(1) Sales of assets to a noncharitable exempt organization	. 1b	(1)	No
	(2) Purchases of assets from a noncharitable exempt organization	1b	(2)	No
	(3) Rental of facilities, equipment, or other assets	1b	(3)	No
	(4) Reimbursement arrangements	. 1b	(4)	No
	(5) Loans or loan guarantees.	. 1b	(5)	No

(. ,	······ J -····					(-)	
(5) Lo	ans or loan guarantees.					1b(5)	No
(6) Per	formance of services or m	nembership or fund	raising solicitations			1b(6)	No
c Sharing	g of facilities, equipment, r	mailing lists, other	assets, or paid employees			1c	No
of the c	goods, other assets, or ser	vices given by the	reporting foundation. If th	ne foundatio	should always show the fair market in received less than fair market va ther assets, or services received.		
(a) Line No.	(b) Amount involved	(c) Name of noncha	aritable exempt organization	(d) Des	cription of transfers, transactions, and sl	naring arrangem	nents
	oundation directly or indire ed in section 501(c) (othe	,	, ,		·	☑ No	
b If "Yes,	" complete the following s	chedule.					
	(a) Name of organization	on	(b) Type of organiza	ation	(c) Description of rela	tionship	

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 taxpayer) is based on all information of which preparer has any knowledge. Sign May the IRS discuss this 2020-10-07 return with the preparer shown Signature of officer or trustee Title Date (see instr.) 🗹 Yes 🗆 No

Here	•
Paid Prepa Use (
036 (,,,,

Print/Type preparer's name Preparer's Signature Date PTIN Check if self-P01707107 employed ▶ 🔲 OAKLEY THOENY 2020-10-06 er Firm's name ▶ **BRADY MARTZ & ASSOCIATES** Firm's EIN ▶45-0310328 ıly 2257 3RD AVENUE WEST Firm's address ▶ Phone no. (701) 483-6000 DICKINSON, ND 586012605

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, not paid, enter Contributions to (e) other allowances hours per week (b) devoted to position -0-) employee benefit plans and deferred compensation SHELLEY LENZ PRESIDENT 5.00 1920 21ST ST W DICKINSON, ND 58601

DIRECTOR	0	0	0
1.00			
DIRECTOR	0	0	0
1.00			
	1.00	DIRECTOR 0	1.00 DIRECTOR 0 0

PO BOX 749 KILLDEER, ND 58640	1.00			
DAVE TUROFF	DIRECTOR	0	0	0
3281 LUNEMAN RD PLACERVILLE, CA 95667	1.00			
ABBIE FIELDS	DIRECTOR	0	0	0
PISTA DE LA RESISTENCIA MANAGUA NU	1.00			
DENICE CANDVICK	DIRECTOR	0	0	0

PLACERVILLE, CA 95667					
ABBIE FIELDS	DIRECTOR	0	0	0	
PISTA DE LA RESISTENCIA MANAGUA NU	1.00				
DENISE SANDVICK	DIRECTOR	0	0	0	
PO BOX 631	1.00				

KILLDEER, ND 58640

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

a Paid during the year

Recipient Security If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Recipient Purpose of grant or contribution

recipient contribution

INTERNATIONAL VETERINARY CONSULTANTS 1708 ALGUNO RD AUSTIN, TX 78757	COLLEAGUE	NC	AID IN PROVIDING VETERINARY TRAINING AND EDUCATION IN ECONOMICALLY AND RESOURCE CHALLENGED COLLEGES AND TRAINING CENTERS.	9,740
NAMUKWAYA JOANITA PLOT 107 KAMPALA ROAD ENTERBE	SCHOLARSHIP RECIPIENT		SCHOLARSHIP TO PROVIDE TRAINING ON WASTE MANAGEMENT	2,650

NAMUKWAYA JOANITA PLOT 107 KAMPALA ROAD ENTEBBE UG	SCHOLARSHIP RECIPIENT	SCHOLARSHIP TO PROVIDE TRAINING ON WASTE MANAGEMENT.	2,650
RICARDO DUERTE300MT AL SUR 48800 RIVAS NU	VET INTERN	VET INTERSHIP SCHOLARSHIP.	300

19,290

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

a Paid during the year			
JOSELYN PALACIO300MT AL SUR 48800 RIVAS NU	VET INTERN	VET INTERNSHIP SCHOLARSHIP	1,800

NU			
DAVIANA GONAZLEZ FLORES 300MT AL SUR 48800 RIVAS	VET INTERN	VET INTERNSHIP SCHOLARSHIP	4,80

NU Total		b 22	19 290
DAVIANA GONAZLEZ FLORES BOOMT AL SUR 48800 RIVAS	VET INTERN	VET INTERNSHIP SCHOLARSHIP	4,800

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TY 2019 Accounting Fees Schedule								
Name: SUSTAINABLE VETS INTERNATIONAL INC								
EIN: 46-3269449								
Category			Investment Income	Adjusted No Income	et	Disbursements for Charitable Purposes		
ACCOUNTING		900		0			0	

DLN: 93491281009230

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2019 Depreciation Schedule

Name: SUSTAINABLE VETS INTERNATIONAL INC

EIN: 46-3269449

Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
IDEXX CHEMISTRY MACHINE	2014-12-31	8,289	3,861	200DB	5.000000000000	283	0		
FARRIER EQUIPMENT	2014-12-31	4,680	2,180	200DB	5.00000000000	160	0		
ISO MACHINE	2014-12-31	2,000	932	200DB	5.00000000000	68	0		
X-RAY MACHINE	2014-12-31	2,000	932	200DB	5.000000000000	68	0		
X-RAY PLATES	2014-12-31	600	279	200DB	5.00000000000	21	0		
BUILDING INCLUDING BODEGA	2015-11-30	39,732	3,184	SL	39.00000000000	1,019	0		
EXTERNAL FIXATOR EQUIPMENT	2015-11-30	1,694	673	200DB	5.00000000000	116	0		
ORTHO EQUIPMENT	2015-10-30	2,584	1,027	200DB	5.000000000000	177	0		
CR DIGITAL RADIOGRAPH MACHINE	2016-11-30	23,000	7,567	200DB	5.00000000000	1,573	0		
BUILDING INCLUDING BODEGA	2016-10-31	10,207	579	SL	39.00000000000	262	0		
BUILDING INCLUDING BODEGA	2017-09-29	7,470	248	SL	39.00000000000	192	0		
ORTHO EQUIPMENT	2017-04-06	22,500	5,850	200DB	5.00000000000	2,160	0		
BUILDING - CLINIC HOUSE	2018-12-28	12,385	13	SL	39.00000000000	318	0		
VETSCAN ABAXIS	2018-12-11	5,000	250	200DB	5.000000000000	1,900	0		
2014 TOYOTA LANDCRUISER	2018-12-27	22,080	1,104	200DB	5.00000000000	8,390	0		
ULTRASOUND	2019-07-01	9,500		200DB	5.000000000000	9,500	0		
ULTRA 12040HF DIGITAL XRAY	2019-07-01	6,500		200DB	5.000000000000	6,500	0		
DR WIZARD 2.0 WIRELESS XRAY	2019-07-01	32,495		200DB	5.000000000000	32,495	0		
ANESTHESIA MACHINE	2019-07-01	2,500		200DB	5.00000000000	2,500	0		
CHEMISTRY MACHINE	2019-07-01	15,000		200DB	5.00000000000	15,000	0		

Description of Computation Method Date Cost or Other Prior Years' Rate / Current Year's Net Investment Adjusted Net Cost of Goods Depreciation Property Acquired Basis Life (# of years) Depreciation Income Sold Not Income

Depreciation Schedule

6.000

2019-12-05

NEXT TO CLINIC

SOLAR CLINIC HOUSE

	_				Expense		Included
BUILDING - HOUSE	2019-12-05	27,423	SL	39.00000000000	29	0	

39.000000000000

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TY 2019 Land, Etc. Schedule

Name: SUSTAINABLE VETS INTERNATIONAL INC

EIN: 46-3269449

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
IDEXX CHEMISTRY MACHINE	8,289	8,289	0	
FARRIER EQUIPMENT	4,680	4,680	0	
ISO MACHINE	2,000	2,000	0	
X-RAY MACHINE	2,000	2,000	0	
X-RAY PLATES	600	600	0	
BUILDING INCLUDING BODEGA	39,732	4,203	35,529	
EXTERNAL FIXATOR EQUIPMENT	1,694	1,636	58	
ORTHO EQUIPMENT	2,584	2,496	88	
CR DIGITAL RADIOGRAPH MACHINE	23,000	20,640	2,360	
BUILDING INCLUDING BODEGA	10,207	841	9,366	
BUILDING INCLUDING BODEGA	7,470	440	7,030	
ORTHO EQUIPMENT	22,500	19,260	3,240	
BUILDING - CLINIC HOUSE	12,385	331	12,054	
VETSCAN ABAXIS	5,000	2,150	2,850	
2014 TOYOTA LANDCRUISER	22,080	9,494	12,586	
ULTRASOUND	9,500	9,500	0	
ULTRA 12040HF DIGITAL XRAY	6,500	6,500	0	
DR WIZARD 2.0 WIRELESS XRAY	32,495	32,495	0	
ANESTHESIA MACHINE	2,500	2,500	0	
CHEMISTRY MACHINE	15,000	15,000	0	
BUILDING - HOUSE NEXT TO CLINIC	27,423	29	27,394	
SOLAR CLINIC HOUSE	6,000	6	5,994	

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TY 2019 Other Expenses Schedule					
Name:	SUSTAINABLE \	/ETS INTERNATIO	DNAL INC		
EIN: 46-3269449					
Other Expenses Schedule					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
CHILDREN FOOD PROGRAM	2,389	0		2,389	
JOB CREATION	18,812	0		18,812	

2,911

4,439

2,248

3,273

6,236

269

344

303

0

0

0

0

0

0

2,911

303

0

0

0

0

0

344

SUPPLIES

UGANDA

REPAIRS

GASOLINE

UTILITIES

FARMING

FEES

SPANISH TEACHER

Description

Revenue and
Expenses per
Books

Revenue and
Expenses per
Income
Income
Purposes

Disbursements for
Charitable
Purposes

	Books		Purposes
CUSTOMS	175	0	0

941

Other Expenses Schedule

ENGLISH TEACHER

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TY 2019 Other Liabilities Schedule					
Name: SUSTAINABLE VETS INTERNATIONAL INC EIN: 46-3269449					
Description		-	ning of Year ook Value	End of Year - Book Value	
OUTSTANDING CHECK			22,080		0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491281009230
TY 2019 Substantial Contribut Schedule	tors		
	SUSTAINABLE 46-3269449	VETS INT	TERNATIONAL INC
Name			Address
KILLDEER VETERINARY CLINIC INC			1920 21ST ST W DICKINSON, ND 58601
SHELLEY LENZ			1920 21ST ST W DICKINSON, ND 58601
HANS LENZ			355 109TH AVE NORTHWEST KILLDEER, ND 58640
TISHA HARWOOD			93 VAN RIPPER LANE ORINDA, CA 94563

Schedule B	OO NOT PROCESS AS	Schodulo of Contrib	uitore	DLN: 93491281009230 OMB No. 1545-0047			
(Form 990, 990-EZ, or 990-PF)		Schedule of Contributors ► Attach to Form 990, 990-EZ, or 990-PF.					
Department of the Treasury Internal Revenue Service	test information.	2019					
Name of the organization SUSTAINABLE VETS INT				Employer identification number			
Organization type (ch	eck one):			46-3269449			
Filers of:	Section:						
Form 990 or 990-EZ	☐ 501(c)() (ente	501(c)() (enter number) organization					
	☐ 4947(a)(1) non	nexempt charitable trust not trea	ted as a private foundati	on			
	☐ 527 political or	rganization					
Form 990-PF	✓ 501(c)(3) exem	npt private foundation					
	☐ 4947(a)(1) non	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	☐ 501(c)(3) taxab	501(c)(3) taxable private foundation					
General Rule For an organiz	ation filing Form 990, 990-	ization can check boxes for both I-EZ, or 990-PF that received, du contributor. Complete Parts I and	ring the year, contributio	ons totaling \$5,000 or more (in			
Special Rules							
under sections received from a	i09(a)(1) and 170(b)(1)(A) ny one contributor, during		orm 990 or 990-EZ), Pa	support test of the regulations art II, line 13, 16a, or 16b, and that or (2) 2% of the amount on (i) Form			
during the year,	total contributions of more	501(c)(7), (8), or (10) filing Form e than \$1,000 <i>exclusively</i> for reliqto children or animals. Complete	gious, charitable, scienti				
during the year, If this box is che purpose. Don't o	contributions exclusively for cked, enter here the total complete any of the parts to		poses, but no such cont during the year for an <i>e</i> to this organization bec	ributions totaled more than \$1,000. exclusively religious, charitable, etc. cause it received nonexclusively			
990-EZ, or 990-PF), bu	it must answer "No" on P	e General Rule and/or the Specia Part IV, line 2, of its Form 990; or it doesn't meet the filing requirer	check the box on line H	of its Form 990-EZ			
For Paperwork Reduction for Form 990, 990-EZ, or 9	Act Notice, see the Instructior 0-PF.	ns Cat. No. 30613	SChedul	e B (Form 990, 990-EZ, or 990-PF) (2019			

\$

Payroll

Noncash

(Complete Part II for noncash

Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)			Page 4
	rganization BLE VETS INTERNATIONAL INC			Employer identification number 46-3269449
Part III	than \$1,000 for the year from any one cont	ributor. Complete co total of exclusively instructions.) ► \$	lumns <mark>(a)</mark> througl religious, charitab	n section 501(c)(7), (8), or (10) that total more in (e) and the following line entry. For sele, etc., contributions of \$1,000 or less for
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, and z	١,,	(e) Transfer of gift Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, and z		sfer of gift Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	c) Use of gift		(d) Description of how gift is held
	(e) Transfer of Transferee's name, address, and ZIP 4			nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Us	e of gift	(d) Description of how gift is held
	Transferee's name, address, and 2		sfer of gift Relatio	nship of transferor to transferee
			Sch	edule B (Form 990, 990-EZ, or 990-PF) (2019)