Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation)

Image: Control   Imag	(Re	v. Janu	rary 2020) (the Treasury		er social security numb				Open to Publi
Content of organization   Content of organization   Content of organization   Content org	/ inten		ure Service	D Go to wy	ow.krs.gov/Form990 for	r instructions a	nd the lates	Information.	Inspection
AMEBICAN HOLISTIC VETERINARY  MEDICAL POUNDATION INC.    Emergence   Doing Business as   26-1583307     Emergence   City or town, state or province, country, and 219 or torsign postal code   Go one newspas   243_22     Emergence   City or town, state or province, country, and 219 or torsign postal code   Go one newspas   243_22     Emergence   City or town, state or province, country, and 219 or torsign postal code   Go one newspas   243_22     Emergence   City or town, state or province, country, and 219 or torsign postal code   Help is the a group proteins	AI	For the	2019 catend	ar year, or tax year begin	ining JUN 1	2019 en	d ending	AY 31, 202	0
Received   Recommendation   Recommenda	B	Check if	× 1 '					D Employer identi	fication number
Delica Discressa as   Delica Discressa   Delica Discre			AREK						
Contemporaries   Cont				CAL FOUNDATIC	N, INC.	_		Ì	
Number and street (or P.D. box of mail in not delivered to street addresss)   Promywalls   Extended normalized (5.20) 9.26-9.895		Name change						26-1583	307/
City or town, state or provinces, country, and 2iP or torsign postal code		Initial			ail is not delivered to street	enthrees)	Boom/suite		
City or town, state or provinces, country, and 2iP or torsign postal code	3 =	Final							
COLUMBLA, ND 21044    Second   Columbla   Co	,	- California California					, <u>200</u>		
F Name and address of principal officer.DARLENE KNOWLES   Power of the principal of the p	, [-	Amend				u boszsi cone			
Taxedearrept statist:						****		I	
Taxedearrept statist:	<u> </u>	tiën pandin					~ ;		
Metatric   New ARVMY - ORG	-				· - · · · · · · · · · · · · · · · · · ·			H(b) Are all subordinates	included? Yes!
Part I Summary  1 Berthy describe the organization in must in a second in the part of the					(insert no.)	) 4947(a)(1	) or 2/527	If "No," attach	a list. (see instructions)
Part   Surmmary									
Brefly describe the organization's mission or most significant activities: THE ORGANIZATION'S PURPOSE IS TO ENCOURAGE REGRARCH AND EDUCATION IN ALL ASPECTS OF INTEGRATIVE  2 hock this box b. — If the organization disconinued is operations or disposed of more than 25% of its not assets.  3 Number of voting members of the governing body (Part VI, line 1a)  4 Number of independent voting members of the governing body (Part VI, line 1b)  5 Total number of individuals employed in calendar year 2019 (Part VI, line 1b)  6 Total number of volunteers (estimate if necessary)  7 Total number of volunteers (estimate if necessary)  8 Contributions and grants (Part VIII, column (Q, line 12)  9 Not unrelated business taxable income from Form 990 T, line 39  10 Investment income (Part VIII, column (A), line 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)  12 Total revenue- add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 1-3)  15 Sabures, other compensation, employes benefits (Part IX, column (A), lines 1-5)  16 Sabures, other compensation, employes benefits (Part IX, column (A), lines 1-5)  17 Other revenue (Part IX, column (A), line 11-1)  18 Ortal assets (Part X, line 16)  19 Total fundrishing less (Part IX, column (A), line 11-1)  19 Total fundrishing expenses (Part IX, column (A), line 11-1)  10 Total supenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  10 Total sabelite (Part X, line 16)  11 Total sabelites (Part X, line 16)  12 Total sabelites (Part X, line 16)  13 Grants and similar amounts paid (Part IX, column (A), line 12)  14 Total expenses (Part IX, column (A), line 11-1)  15 Total sabelites (Part X, line 16)  16 Sabures, other compensation, employes benefits (Part IX, column (A), line 25)  17 Total expenses (Part IX, column (A), line 11-1)  18 Print fundrishing expenses (Part IX, column (A), line 11-1)  19 Total sabelites				Corporation Trus	Association	Other	L Year	of formation: 2007	M State of legal domicile;
ENCOURAGE RESEARCH AND BUUCATION IN ALL ASPECTS OF INTEGRATIVE  2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets.  3 Number of voting members of the governing body (Part VI, line 12)  4 Number of voting members of the governing body (Part VI, line 12)  5 Total number of independent voting members of the governing body (Part VI, line 12)  6 Total number of independent voting members of the governing body (Part VI, line 12)  7 To Total number of independent voting members of the governing body (Part VI, line 12)  8 Contributions and grants (Part VIII, Inne 1h)  8 Contributions and grants (Part VIII, Inne 2p)  9 Priograms services evenue (Part VIII, Inne 2p)  10 Investment income (Part VIII, Inne 2p)  11 Other revenue (Part VIII, Inne 2p)  12 Total revenue (Part VIII, Inne 3p)  13 Grants and similar amounts paid (Part IX, column (A), Inne 3 -1)  14 Benefits paids to or for members (Part IX, column (A), Inne 1-1)  15 Salaries, other compensation, employee benefits (Part IX, column (A), Inne 5-10)  16 Total augeniesses Add lines 15-17 (must equal Part IX, column (A), Inne 25)  17 Other expenses (Part IX, column (A), Inne 12)  20 Total assets (Part IX, column (A), Inne 12)  21 Total augeniesses Add lines 15-17 (must equal Part IX, column (A), Inne 25)  21 Total supeniesses Add lines 15-17 (must equal Part IX, column (A), Inne 25)  22 Total augeniesses Add lines 15-17 (must equal Part IX, column (A), Inne 25)  21 Total supeniesses Add lines 15-17 (must equal Part IX, column (A), Inne 25)  22 Total salasets (Part IX, inne 16)  23 Total augeniesses Add lines 15-17 (must equal Part IX, column (A), Inne 25)  24 Total salasets (Part IX, inne 16)  25 Total salasets (Part IX, inne 16)  26 Total salasets (Part IX, inne 16)  27 Total augeniesses Add lines 15-17 (must equal Part IX, column (A), Inne 25)  28 Total salasets (Part IX, inne 16)  29 Total salasets (Part IX, inne 16)  20 Total salasets (Part IX, inne 16)  21 Total salasets (Part IX, inne 16)  22 Total s	PE			······································					
ENCOURAGE RESEARCH AND BUUCATION IN ALL ASPECTS OF INTEGRATIVE  2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets.  3 Number of voting members of the governing body (Part VI, line 12)  4 Number of voting members of the governing body (Part VI, line 12)  5 Total number of independent voting members of the governing body (Part VI, line 12)  6 Total number of independent voting members of the governing body (Part VI, line 12)  7 To Total number of independent voting members of the governing body (Part VI, line 12)  8 Contributions and grants (Part VIII, Inne 1h)  8 Contributions and grants (Part VIII, Inne 2p)  9 Priograms services evenue (Part VIII, Inne 2p)  10 Investment income (Part VIII, Inne 2p)  11 Other revenue (Part VIII, Inne 2p)  12 Total revenue (Part VIII, Inne 3p)  13 Grants and similar amounts paid (Part IX, column (A), Inne 3 -1)  14 Benefits paids to or for members (Part IX, column (A), Inne 1-1)  15 Salaries, other compensation, employee benefits (Part IX, column (A), Inne 5-10)  16 Total augeniesses Add lines 15-17 (must equal Part IX, column (A), Inne 25)  17 Other expenses (Part IX, column (A), Inne 12)  20 Total assets (Part IX, column (A), Inne 12)  21 Total augeniesses Add lines 15-17 (must equal Part IX, column (A), Inne 25)  21 Total supeniesses Add lines 15-17 (must equal Part IX, column (A), Inne 25)  22 Total augeniesses Add lines 15-17 (must equal Part IX, column (A), Inne 25)  21 Total supeniesses Add lines 15-17 (must equal Part IX, column (A), Inne 25)  22 Total salasets (Part IX, inne 16)  23 Total augeniesses Add lines 15-17 (must equal Part IX, column (A), Inne 25)  24 Total salasets (Part IX, inne 16)  25 Total salasets (Part IX, inne 16)  26 Total salasets (Part IX, inne 16)  27 Total augeniesses Add lines 15-17 (must equal Part IX, column (A), Inne 25)  28 Total salasets (Part IX, inne 16)  29 Total salasets (Part IX, inne 16)  20 Total salasets (Part IX, inne 16)  21 Total salasets (Part IX, inne 16)  22 Total s	•	1 1	Briefly describe	e the organization's missic	on or most-significant ac	tivities: THE	ORGANI	ZATION'S PU	TRPOSE IS TO
** Number of suspendent voting members of the governing body (Part V, line 1b) 4  6 Total number of Individuals employed in calendar year 2019 (Part V, line 2a) 5  7 Total number of Individuals employed in Calendar year 2019 (Part V, line 2a) 5  8 Total number of Individuals employed in Calendar year 2019 (Part V, line 2a) 6  8 Total number of Individuals employed in Calendar year 2019 (Part V, line 2a) 7  8 Total number of Individuals employed in Calendar year 2019 (Part V, line 2a) 7  8 Contributions and grants (Part VIII, inc mp 1990 T, line 39) 7  9 Prior Year Current Year Current Year 10 Individuals employed in Calendar 10 Individuals employed Individuals Individuals employed Individua	Ş								
** Number of suspendent voting members of the governing body (Part V, line 1b) 4  6 Total number of Individuals employed in calendar year 2019 (Part V, line 2a) 5  7 Total number of Individuals employed in Calendar year 2019 (Part V, line 2a) 5  8 Total number of Individuals employed in Calendar year 2019 (Part V, line 2a) 6  8 Total number of Individuals employed in Calendar year 2019 (Part V, line 2a) 7  8 Total number of Individuals employed in Calendar year 2019 (Part V, line 2a) 7  8 Contributions and grants (Part VIII, inc mp 1990 T, line 39) 7  9 Prior Year Current Year Current Year 10 Individuals employed in Calendar 10 Individuals employed Individuals Individuals employed Individua	Ë								
** Number of suspendent voting members of the governing body (Part V, line 1b) 4  6 Total number of Individuals employed in calendar year 2019 (Part V, line 2a) 5  7 Total number of Individuals employed in Calendar year 2019 (Part V, line 2a) 5  8 Total number of Individuals employed in Calendar year 2019 (Part V, line 2a) 6  8 Total number of Individuals employed in Calendar year 2019 (Part V, line 2a) 7  8 Total number of Individuals employed in Calendar year 2019 (Part V, line 2a) 7  8 Contributions and grants (Part VIII, inc mp 1990 T, line 39) 7  9 Prior Year Current Year Current Year 10 Individuals employed in Calendar 10 Individuals employed Individuals Individuals employed Individua	<b>§</b>								
\$ Total number of Individuals employed in calendar year 2019 (Part V, line 2a)  \$ Total number of volunteers (estimate if necessary)  \$ To Total unrelated business revenue from Part VIII, column (C), line 12  \$ Net unrelated business taxable income from Form 990 T, line 39  \$ Contributions and grants (Part VIII, line 1h)  \$ Contributions and grants (Part VIII, line 2g)  \$ Prior Year  \$ Current Yeer  \$ 213,588. 225,59  \$ 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.									
7 Total number of volunteers (estimate if nocessary) 7 Total number of volunteers (estimate if nocessary) 7 Total unrelated business revenue from Port Vill, column (C), line 12 7 Total number of volunteers (estimate if nocessary) 8 Contributions and grants (Part Vill, line 1) 9 Prior Year Current Year 9 Prior Year Current Year 10 Investment income (Part Vill, line 1) 11 Cither revenue (Part Vill, column (A), lines 3, 4, and 7d) 12 Total revenue end lines 6 through 11 (must equal Part Vill, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 17 Other expenses (Part IX, column (D), lines 11-11d, 111-24e) 18 Total expenses (Part IX, column (D), lines 11-11d, 111-24e) 19 Total expenses (Part IX, column (D), lines 11-11d, 111-24e) 19 Total expenses (Part IX, column (D), lines 11-11d, 111-24e) 19 Total expenses (Part IX, column (D), lines 11-11d, 111-24e) 19 Total expenses (Part IX, column (D), lines 11-11d, 111-24e) 19 Total expenses (Part IX, column (D), lines 11-11d, 111-24e) 19 Total expenses (Part IX, column (D), lines 11-11d, 111-24e) 19 Total expenses (Part IX, column (D), lines 11-11d, 111-24e) 10 Total expenses (Part IX, column (D), lines 11-11d, 111-24e) 10 Total expenses (Part IX, column (D), lines 11-11d, 111-24e) 11 Total expenses (Part IX, column (D), lines 11-11d, 111-24e) 12 Total islabilities (Part X, lines 16) 11 Total expenses (Part X, lines 16) 12 Total islabilities (Part X, lines 26) 13 Total expenses (Part X, lines 26) 14 Total islabilities (Part X, lines 26) 15 Total expenses (Part X, lines 26) 16 Total expenses (Part X, lines 26) 17 Total expenses (Part X, lines 26) 18 Total expenses (Part X, lines 26) 19 Total expenses (Part X, lines 26) 19 Total expenses (Part X, lines 26) 19 Total expenses (Part X, lines 26) 10 Total exp		5 1	Total number of	of individuals employed in	relander veer 2019 (Pa	et V line 2at	•••••	···· · · · · · · · · · · · · · · · · ·	
b Net unrelated business taxable income from Form 990-T, line 39  8 Contributions and grants (Part Vill, line 1h)  9 Prior Year  Current Year  213_588. 225_59  10 Investment income (Part Vill, line 1h)  11 Other revenue (Part Vill, lone (N, lines 3.4, and 7d)  12 Total revenue - add lines 8 through 11 (must equal Part Vill, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 1-3)  15 Sataries, other compensation, employee benefits (Part IX, column (A), lines 4-4)  16 Benefits paid to or for members (Part IX, column (A), lines 1-3)  17 Other expenses (Part IX, column (A), lines 1-10)  18 Prior Year  Current Year  Current Year  Current Year  Current Year  Current Year  213_588. 225_59  0.  10 Investment income (Part Vill, lines 3.4, and 7d)  0.  10 Investment income (Part Vill, lines 3.4, and 7d)  12 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 1-3)  15 Sataries, other compensation, employee benefits (Part IX, column (A), lines 1-3)  16 Sataries, other compensation, employee benefits (Part IX, column (A), lines 1-10)  17 Other expenses (Part IX, column (A), lines 1-10)  18 Foronue less expenses (Part IX, column (A), lines 1-10, line 25)  19 Revenue less expenses. Subtract line 18 from line 12 ECELIVED IN CORRES  20 Total assets (Part X, line 16)  21 Total sibilities (Part X, line 16)  22 Total sibilities (Part X, line 16)  23 Total sibilities (Part X, line 16)  24 Total sibilities (Part X, line 16)  25 Total sibilities (Part X, line 16)  26 Total sasets (Part X, line 16)  27 Total sasets (Part X, line 16)  28 Prior III Signature Block  29 Total sasets (Part X, line 16)  20 Total sasets (Part X, line 16)  21 Total sibilities (Part X, line 26)  22 Total sibilities (Part X, line 16)  23 Total sasets (Part X, line 16)  24 Total sibilities (Part X, line 16)  26 Total sasets (Part X, line 16)  27 Total sasets (Part X, line 16)  28 Total	₽.		Total number o	f volunteers (estimate if a	recessions your zone (r as		****	<u>5</u>	
b Net unrelated business taxable income from Form 990 T, line 39  8 Contributions and grants (Part VIII, line 1h)  9 Prior Year  Current Year  213,588. 225,59  10 Investment income (Part VIII, line 1h)  11 Other revenue (Part VIII, lockmrn (A), lines 3,4, and 7d)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 1-3)  15 Sataries, other compensation, employee benefits (Part IX, column (A), lines 4-4)  16 Benefits paid to or for members (Part IX, column (A), lines 1-3)  17 Other expenses (Part IX, column (A), lines 1-10)  18 Prior Year  Current Year  213,588. 225,59  0.  10 Investment income (Part VIII, lock of Column (A), lines 1-3)  10 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  11 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  12 Sataries, other compensation, employee benefits (Part IX, column (A), lines 1-3)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 1-10)  15 Sataries, other compensation, employee benefits (Part IX, column (A), lines 1-10)  16 Sataries, other compensation, employee benefits (Part IX, column (A), lines 1-10)  17 Other expenses (Part IX, column (A), lines 1-10)  18 Foronue less expenses (Part IX, column (A), lines 1-10)  19 Forth underlising expenses (Part IX, column (A), lines 1-10, line 25)  19 Forth underlising expenses (Part IX, column (A), lines 1-10, line 25)  19 Forth underlising expenses (Part IX, column (A), lines 1-10, line 25)  20 Total assets (Part X, line 16)  21 Total sibilities (Part X, line 16)  22 Total sibilities (Part X, line 16)  23 Total sasets (Part X, line 16)  24 Total sibilities (Part X, line 16)  24 Total sibilities (Part X, line 26)  25 Total sasets (Part X, line 16)  26 Total sasets (Part X, line 16)  27 Total sasets (Part X, line 16)  28 Total sasets (Part X, line 16)	촱	, ,	Potel (Incelated	ii volunteera jeasingte n n Lhuslaace museum from E	lost VIII antimo (Cl. Sec.	40	*********		
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue - add lines 6 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Sataries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Sataries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 17 Other expenses (Part IX, column (A), line 11e) 18 Total duplinating expenses (Part IX, column (A), line 11e) 19 Total fundralising tess (Part IX, column (A), lines 11-11d, 111-24e) 19 Total supernses Add lines 17-17 (must equal Part IX, column (A), line 25) 19 Total supernses Add lines 17-17 (must equal Part IX, column (A), line 25) 19 Total supernses Add lines 17-17 (must equal Part IX, column (A), line 25) 19 Total sasets (Part X, line 16) 20 Total sasets (Part X, line 16) 21 Total flabilities (Part X, line 16) 22 Total flabilities (Part X, line 26) 23 Total flabilities (Part X, line 26) 24 Total flabilities (Part X, line 26) 25 Total flabilities (Part X, line 26) 26 Total flabilities (Part X, line 26) 27 Total flabilities (Part X, line 26) 28 Total flabilities (Part X, line 26) 29 Total sasets or fund balances. Subtract fine 21 from line 20 20 Total sasets or fund balances. Subtract fine 21 from line 20 20 Total sasets or fund balances. Subtract fine 21 from line 20 21 Total flabilities (Part X, line 16) 22 Total flabilities (Part X, line 16) 23 Total flabilities (Part X, line 16) 24 Total flabilities (Part X, line 16) 25 Total flabilities (Part X, line 16) 26 Total flabilities (Part X, line 16) 27 Total flabilities (Part X, line 16) 28 Total flabilities (Part X, line 16) 29 Total flabilities (Part X, line 16) 20 Total flabilities (Part X, line 16) 20 Total flabilities (Part X, line 16) 21 Total flabilit	₹	1	tot versteted t	: puomeos igrenug num r	ten Sam 200 T. II 20	12 ,,,,,,,,,	********		<del> </del>
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2n) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Sataries, other compensation, employee benefits (Part IX, column (A), line 3) 16 Sataries, other compensation, employee benefits (Part IX, column (A), line 19) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Total assets (Part IX, column (A), line 11e) 20 Total assets (Part IX, column (A), line 11e) 21 Total labelities (Part IX, line 18) 22 Total assets (Part IX, column (A), line 12) 22 Total assets (Part IX, line 16) 23 Total assets (Part IX, line 16) 24 Total labelities (Part IX, line 26) 25 Total assets (Part IX, line 26) 26 Total assets (Part IX, line 26) 27 Total assets (Part IX, line 26) 28 Signature Block 29 Net assets or fund balances. Subtract line 21 from line 20 20 Total assets (Part IX, line 26) 21 Total labelities (Part IX, line 26) 22 Total assets (Part IX, line 26) 23 Signature Block 24 16 2. 540, 85 25 20 26 568, 4.64 27 17 594 28 21 Total labelities (Part IX, line 26) 29 Signature Block 20 Total assets or fund balances. Subtract line 21 from line 20 20 Total assets or fund balances. Subtract line 21 from line 20 21 Total labelities (Part IX, line 26) 22 Total assets (Part IX, line 26) 23 Signature Block 24 16 2. 540, 85 25 20 16 598 26 27 Firm's name MANN GELON GLODNEY GUMBROVE YEE LLP 25 Part II Signature Block 26 27 Prines no. 310-277-3633 27 Preparer 28 18 Ball CRNTURY PARK RAST , SUITE 950 28 29 16 593 29 17 Prines no. 310-277-3633 29 18 18 0 CRNTURY PARK RAST , SUITE 950 29 18 18 0 CRNTURY PARK RAST , SUITE 950 29 18 18 0 CRNTURY PARK RAST , SUITE 950 20		- 0 (	an dinastrad t	JUBITESS LAXABLE INCOME I	10m Form 880-1, 100 38		<del></del>		
Program service revenue (Part VIII, tine 2g)  10 Investment income (Part VIII, column (A), lines 3.4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5.6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Sataries, other compensation, employee benefits (Part IX, column (A), line 4) 16 Professional fundraising expenses (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total superises (Part IX, column (B), line 11e) 19 Total superises (Part IX, column (B), line 11e) 19 Total superises (Part IX, column (B), line 11e) 19 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Total superises (Part IX, line 18 from line 12nccillation). IN CORRES 19 Total sests (Part X, line 16) 10 Total sests (Part X, line 16) 10 Total sests (Part X, line 16) 11 Total fluidibilities (Part X, line 16) 12 Total flabilities (Part X, line 16) 13 Total fluidibilities (Part X, line 16) 14 Total flabilities (Part X, line 16) 15 Signature Block 17 Total flabilities (Part X, line 16) 18 Revenue less expenses. Subtract line 21 from line 20 19 Total sests (Part X, line 16) 19 Total fluidibilities (Part X, line 16) 10 Total fluidi		١.,							
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Sataries, other compensation, employee benefits (Part IX, column (A), line 4)  16 Profesalonal fundraising expenses (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 11e)  18 Total fundraising expenses (Part IX, column (A), line 11e)  19 Total fundraising expenses (Part IX, column (A), line 11e)  10 Total fundraising expenses (Part IX, column (A), line 11e)  11 Total fundraising expenses (Part IX, column (A), line 25)  12 Total expenses (Part IX, column (A), line 11-11d, 11f-24e)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from sine 12pccs (VED IN CORRES)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 16)  22 Total liabilities (Part X, line 26)  23 Total assets (Part X, line 26)  24 Total liabilities (Part X, line 26)  25 Institute Block  Under potenties of perjury, I declare that I have examined this return, including 500 miphyling surfieldles and statements, and to the best of my knowledge and belief, it true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  26 Part II Signature of officer  27 Part II Signature of officer  28 Part II Signature of officer  29 Part II Signature of officer  29 Part II Signature of officer  20 Part II Signature of officer  20 Part II Signature of officer  20 Part II Signature of officer  21 Part II Signature of officer  22 Part II Signature of officer  24 Part II Signature of officer  25 Part II Signature of officer  26 Part II Signature of officer  27 Part II Signature of officer  28 Part II Signature of officer  29 Part II Signature of officer  29 Part II Signature of off	9				• • • • • • • • • • • • • • • • • • • •				7
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Sataries, other compensation, employee benefits (Part IX, column (A), line 4)  16 Profesalonal fundraising expenses (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 11e)  18 Total fundraising expenses (Part IX, column (A), line 11e)  19 Total fundraising expenses (Part IX, column (A), line 11e)  10 Total fundraising expenses (Part IX, column (A), line 11e)  11 Total fundraising expenses (Part IX, column (A), line 25)  12 Total expenses (Part IX, column (A), line 11-11d, 11f-24e)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from sine 12pccs (VED IN CORRES)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 16)  22 Total liabilities (Part X, line 26)  23 Total assets (Part X, line 26)  24 Total liabilities (Part X, line 26)  25 Institute Block  Under potenties of perjury, I declare that I have examined this return, including 500 miphyling surfieldles and statements, and to the best of my knowledge and belief, it true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  26 Part II Signature of officer  27 Part II Signature of officer  28 Part II Signature of officer  29 Part II Signature of officer  29 Part II Signature of officer  20 Part II Signature of officer  20 Part II Signature of officer  20 Part II Signature of officer  21 Part II Signature of officer  22 Part II Signature of officer  24 Part II Signature of officer  25 Part II Signature of officer  26 Part II Signature of officer  27 Part II Signature of officer  28 Part II Signature of officer  29 Part II Signature of officer  29 Part II Signature of off	Ę	9 1	rogram servic	e revenue (Part VIII, line 2	(0)		}		
12 Total revenue - add lines 8 through 11 (must equal Part Vill, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Sakarles, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Sakarles, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 11e)  18 Total fundraising expenses (Part IX, column (A), line 11e)  19 Total fundraising expenses (Part IX, column (A), line 11e)  10 Total fundraising expenses (Part IX, column (A), line 11e)  10 Total fundraising expenses (Part IX, column (A), line 25)  18 Revenue less expenses. Subtract line 18 from sine 12pccs(VED IN CORRES)  20 Total assets (Part X, line 16)  21 Total flabilities (Part X, line 16)  22 Total flabilities (Part X, line 26)  23 Total sasets (Part X, line 26)  24 Total flabilities (Part X, line 26)  25 Total flabilities (Part X, line 26)  26 Total flabilities (Part X, line 26)  27 Total flabilities (Part X, line 26)  28 Total flabilities (Part X, line 26)  29 Total sasets or fund balances. Subtract line 21 from line 20  20 Total sasets or fund balances. Subtract line 21 from line 20  20 Total sasets or fund balances. Subtract line 21 from line 20  21 Total flabilities (Part X, line 26)  22 Total flabilities (Part X, line 26)  23 Total sasets or fund balances. Subtract line 21 from line 20  24 Total flabilities (Part X, line 26)  25 Total flabilities (Part X, line 26)  26 Total sasets (Part X, line 26)  27 Total flabilities (Part X, line 26)  28 Signature of officer  29 Total sasets (Part X, line 26)  20 Total sasets (Part X, line 26)  21 Total flabilities (Part X, line 26)  22 Total sasets (Part X, line 26)  23 Total sasets (Part X, line 26)  24 Total sasets (Part X, line 26)  25 Total sasets (Part X, line 26)  26 Total sasets (Part X, line 26)  27 Total sasets (Part X, line 26)  28 Signature of of	3							5,558.	5,18
Total aspets (Part X, line 16)  Total aspets (Part X, line 26)  Total aspets of printy, i declare that (B)  Total aspets of the best of my knowledge and belief, it true, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Total aspets of that (B)  Total aspets of the best of my knowledge and belief, it true, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Total aspets of that (B)  Total aspets	` -								
Benefits paid to or for members (Part IX, column (A), line 4)  15 Satartes, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising expenses (Part IX, column (A), line 11s)  17 Other expenses (Part IX, column (A), line 11s)  18 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  19 Revenue less expenses. Subtract line 18 from line 12accity (INCORRES)  20 Total assets (Part X, line 16)  21 Total sabets (Part X, line 26)  22 Not assets (Part X, line 26)  23 Total sabets (Part X, line 26)  24 Local Sabarture Block  Under pensities of perjury, I declare that I have examined this return, including schembering schembers, and to the best of my knowledge and belief, it true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Part II Signature Block  Under pensities of perjury, I declare that I have examined this return, including schembering schedules and statements, and to the best of my knowledge and belief, it true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Part II Signature Block  Date  Print/Type preparer's name  DONALD ZAMOST  Preparer  Preparer  LOS ANGELES, CA 90067  Phone no. 310-277-3633  May the IRS discuss this return with the preparer shown above? (see instructions)		12	otal revenue -	add lines 8 through 11 (m	nust equal Part VIII, colu	ımn (A), line 12)		219,146.	230,77
15 Sataries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 64,020. 66,04  10a Professional fundraising spenses (Part IX, column (A), line 11e) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		19 (	Prants and sim	iliar amounts paid (Part IX	, column (A), lines 1-3)	.,.,	L	116,605.	18,70
16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A), lines 11a-11d, 11t-24e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract fine 18 from line 12aCEINED.IN.CORRES  20 Total assets (Part X, line 16)  21 Total labelities (Part X, line 16)  22 Total labelities (Part X, line 26)  33		14 E	Senefits pald to	o or for members (Part IX,	column (A), line 4)	*********		<u> </u>	
16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11r24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract fine 18 from line 12pccfil/ED.IN.CORRES 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Not assets or fund balances. Subtract line 21 from line 20 23 Not assets or fund balances. Subtract line 21 from line 20 24 Not assets or fund balances. Subtract line 21 from line 20 25 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including softent penalties of perjury, I declare that I have examined this return, including softent penalties of perjury, I declare that I have examined this return, including softent penalties of perjury, I declare that I have examined this return, including softent penalties of perjury, I declare that I have examined this return, including softent penalties of perjury, I declare that I have examined this return, including softent penalties of perjury, I declare that I have examined this return, including softent penalties of perjury, I declare that I have examined this return, including softent penalties of perjury, I declare that I have examined this return, including softent penalties and statements, and to the best of my knowledge and belief, it true, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Print/Type preparer's name  Print/Type preparer's na	2	15 8	Salaries, other	compensation, employee	benefits (Part IX, colum	in (A), lines 5-10		/ 64,020.	66.04
b Total fundraising expenses (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A), line 11-11d, 111-24e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 123ECEIVED IN CORRES  20 Total assets (Part X, line 16)  21 Total assets (Part X, line 16)  22 Total assets (Part X, line 16)  23 Total assets (Part X, line 16)  24 Total assets (Part X, line 16)  25 Total assets (Part X, line 16)  26 Total assets (Part X, line 16)  27 Total assets (Part X, line 16)  28 Not assets or fund balances. Subtract line 21 from line 20  29 Part II Signature Block  Under penalties of peripry, I declare that 1 have examined this return, including Scholing Principles and statements, and to the best of my knowledge and belief, it true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  20 Date  21 Date  22 Part II Signature Block  Under penalties of peripry, I declare that 1 have examined this return, including Scholing Principles and statements, and to the best of my knowledge and belief, it true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  22 Part II Signature of officer  23 Date  24 17 594	Ž							/ 0.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12 ECEINED IN CORRES  2 5 48. 93,61  18 Revenue less expenses. Subtract line 18 from line 12 ECEINED IN CORRES  2 5 48. 93,61  18 Revenue less expenses. Subtract line 18 from line 12 ECEINED IN CORRES  2 5 48. 93,61  18 Revenue less expenses. Subtract line 18 from line 12 ECEINED IN CORRES  2 5 48. 93,61  18 Seginating of Current Year End of Year Action 18 From line 20	8	<b>b</b> 1	otal fundralsir	ng expenses (Part IX, colu	mn (D), tine 25)	7.7	779.		
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  18 Revenue less expenses. Subtract line 18 from line 12-12-12-10 IN CORRES  2.548, 93,61  18 Revenue less expenses. Subtract line 18 from line 12-12-10 IN CORRES  2.548, 93,61  18 Revenue less expenses. Subtract line 18 from line 12-12-10 IN CORRES  2.548, 93,61  18 Revenue less expenses. Subtract line 18 from line 12-12-10 IN CORRES  2.548, 93,61  18 Revenue less expenses. Subtract line 18 from line 12-12-10 IN CORRES  2.548, 93,61  18 Revenue less expenses. Subtract line 18 from line 12-12-10 IN CORRES  2.548, 93,61  2.548, 93,61  2.548, 93,61  2.548, 93,61  2.549,85  4.24,162, 540,85  6.568, 4,64  4.17,594, 536,20  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including action penalties and statements, and to the best of my knowledge and belief, it true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  Date  Print/Type preparer's name  Date  Certs  Print  Date  Certs  Print  Print  Date  Certs  Print  Date  Certs  Print  Signature  Date  Certs  Print  Sign	Ð							35,973.	52.42
18 Revenue less expenses. Subtract line 18 from line 12 CELVED. IN CORRES  2. 548. 93,61  RS - OSC - 02  Beginning of Current Year  End of Year  2. 1 Total assets (Part X, line 16)  2. 1 Total liabilities (Part X, line 26)  2. Not assets or fund balances. Subtract line 21 from line 20  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including action penalties of perjury, I declare that I have examined this return, including action penalties and statements, and to the best of my knowledge and belief, it true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  DARLENE KNOWLES, CHIEF FINANCIAL OFFICER  Type or print name and title  Print/Type preparer's name  DONALD ZAMOST  Firm's name MANN GELON GLODNEY GUMRROVE YEE LLP  Firm's name MANN GELON GLODNEY GUMRROVE YEE LLP  Firm's address 1880 CENTURY PARK EAST, SUITE 950  LOS ANGELES, CA 90067  Phone no. 310 - 277 - 3633  May the RS discuss this return with the preparer shown above? (see instructions)									
Total assets (Part X, line 16)  20 Total assets (Part X, line 26)  21 Total flabilities (Part X, line 28)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Net assets or fund balances. Subtract line 21 from line 20  25 Net assets or fund balances. Subtract line 21 from line 20  26 Local Line 21 from line 20  27 Net assets or fund balances. Subtract line 21 from line 20  28 Net assets or fund balances. Subtract line 21 from line 20  417.594.  417.594.  536.20  Part il Signature of periury, I declare that I have examined this return, including action penhyling schedules and statements, and to the best of my knowledge and belief, it true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  Date  Print/Type preparer's name  Print/Type p		19 F	Povenue less e	whences Ruhtrart line 18	tom ine taracti	ED IN CORE	YES -		
Part ii   Signature Block   A17,594   536,20	58	<u> </u>		Aportood. Cookied. (Alto 10	HEUSIA	08C - 02	Par		T
Part ii   Signature Block   A17,594   536,20	58	- T	atal assats (B	ad V Kan 401		-030 02	1 50		
Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying scriedules and statements, and to the best of my knowledge and belief, it true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Barlene Knowles, Chief Financial Officer  Date  Print/Type preparer's name  Print/	323	20 1	-			~ A A 2021	·· ·····		
Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including action penalties of perjury, I declare that I have examined this return, including action penalties and statements, and to the best of my knowledge and belief, it true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Signature of officer  Date  Print/Type or print name and title  Print/Type preparer's name  Preparer Signature  Date  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Print/Type preparer's name  Preparer's Signature  Print/		21 1		Part X, (me 26)	AM	KZ.Z.CULI			
Under penalties of perjury, I declare that I have examined this return, including action penyling scriedules and statements, and to the best of my knowledge and belief, it true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  Date  Date  Print/Type or print name and title  Print/Type preparer's name  Print/Type p				und palences. Subtract lin	<u>ie 21 from line 20</u>		<u> </u>	417.594.	5.56,20
Sign  Signature of officer  Print/Type preparer's name  Preparer's name  DONALD ZAMOST  Preparer  Firm's name  MANN GELON GLODNEY GUMRROVE YEE LLP  Firm's address  1880 CENTURY PARK BAST, SUITE 950  LOS ANGELES, CA 90067  May the Fis discuss this return with the preparer shown above? (see instructions)  PARLENE KNOWLES, CHIEF FINANCIAL OFFICER  Pale  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Print/Type preparer	Pe	IFT II	Signature	DIOCK		ATH ME	4	······	<del></del>
Signature of officer  Date  DARLENE KNOWLES, CHIEF FINANCIAL OFFICER Type or print name and title  Print/Type preparer's name  DONALD ZAMOST  Preparer  Firm's name  MANN GELON GLODNEY GUMBROVE YEE LLP  Firm's address  1880 CENTURY PARK BAST, SUITE 950  LOS ANGELES, CA 90067  May the Fis discuss this return with the preparer shown above? (see instructions)  Pate  Date  Print/Type preparer  Date  Print/Type preparer's name  Print/Type preparer's na									ly knowledge and belief, it
Signature of officer  Date  Date  Date  Date  Date  Date  Date  Print/Type or print name and title  Print/Type preparer's name  DONALD ZAMOST  Preparer  Preparer  Use Only  LOS ANGELES, CA 90067  May the FIS discuss this return with the preparer shown above? (see instructions)  Date  Date  Print/Type Date  Date  Print/Type preparer's name  Print/Type preparer's na	true,	correct	and complete.	Declaration of preparer (other	than officer) is based on a	ul information of v	rhich preparer		
Print/Type or print name and title  Print/Type preparer's name  Print/Type preparer's name  DONALD ZAMOST  Preparer  Firm's name  MANN GELON GLODNEY GUMBROVE YEE LLP  Firm's address  1880 CENTURY PARK BAST, SUITE 950  LOS ANGELES, CA 90067  Phone no.310-277-3633  May the Fis discuss this return with the preparer shown above? (see instructions)  X Yes		- 1	مريد		Δ		<del></del>		- 2020
Type or print name and title  Print/Type preparer's name  Paid  PonalD ZAMOST  Preparer  Firm's name MANN GELON GLODNEY GUMRROVE YEE LLP  Firm's eddress 1880 CENTURY PARK RAST, SUITE 950  LOS ANGELES, CA 90067  May the First discuss this return with the preparer shown above? (see instructions)  Print/Type preparer's name  Print/Type pre	Sign	•	Signature	OI OTHICET				Date	
Print/Type preparer's name  Polid  PonalD ZAMOST  Preparer  Firm's name MANN GELON GLODNEY GUMRROVE YEE LLP  Firm's address 1880 CENTURY PARK EAST, SUITE 950  LOS ANGELES, CA 90067  Phone no.310-277-3633  May the FIS discuss this return with the preparer shown above? (see instructions)  Print/Type preparer's name  Print/Type preparer's name  Poate  Poate  Pone  Pone  Print/Type preparer's name  Poate  Pone  Pone  Print/Type preparer's name  Poate  Pone  Pone  Pone  Phone  Pone  Phone  Pone  Phone  Pone  P	Here				CHIEF FINANC	IAL OFFI	CER		
Peld DONALD ZAMOST Firm's name MANN GELON GLODNEY GUMRROVE YEE LLP Firm's EIN 81-1227223 Use Only From's address 1880 CENTURY PARK RAST, SUITE 950 LOS ANGELES, CA 90067 Phone no.310-277-3633  May the FIS discuss this return with the preparer shown above? (see instructions)			Type of pr	int name and title	· · · · · · · · · · · · · · · · · · ·		Δ		
Preparer Firm's name MANN GELON GLODNEY GUMBROVE YEE LLP Firm's EIN 81-1227223  Use Only Common Los Angeles, CA 90067  May the First Glacues this return with the preparer shown above? (see instructions)  Amount of Campaigner P01250693  Firm's EIN 81-1227223  Phone no. 310-277-3633			Print/Type preoa	urer's name	Preparer's sion	rature		ate Check	PTIN
Preparer Firm's name MANN GELON GLODNEY GUMBROVE YEE LLP Firm's EIN 81-1227223  Use Only Firm's address 1880 CENTURY PARK BAST, SUITE 950  LOS ANGELES, CA 90067 Phone no.310-277-3633  May the FIS discuss this return with the preparer shown above? (see instructions)	Paid						4	- 11-2020 serense	P01250693
Use Only Firm's address 1880 CENTURY PARK BAST, SUITE 950  LOS ANGELES, CA 90067 Phone no.310-277-3633  May the FIS discuss this return with the preparer shown above? (see instructions)		۲-							
LOS ANGELES, CA 90067 Phone no.310-277-3633  May the IRS discuss this return with the preparer shown above? (see instructions)								1 PIN 3 LINE	
May the IRS discuss this return with the preparer shown above? (see instructions)		An.2	1 14111 3 GUU 535			20118 3		Dhann na 21	0-277-2622
			O allum or a section					I mione na. 3 1	
e32001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (20							***************************************		Form <b>990</b> (20

## AMERICAN HOLISTIC VETERINARY MEDICAL FOUNDATION, INC. 26-1583307 Page 2 Form 990 (2019) 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 ORGANIZATION'S PURPOSE IS TO ENCOURAGE RESEARCH AND EDUCATION IN ALL ASPECTS OF INTEGRATIVE MEDICINE PARTICULARLY AS IT RELATES TO HOLISTIC, ALTERNATIVE OR COMPLIMENTARY VETERINARY MEDICINE. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. If "Yes," describe these changes on Schedule O. 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 aflocations to others, the total expenses, and revenue, if any, for each program service reported. 111,379. Including grants of \$\_ 18,700.) (Revenue \$ ) (Expenses \$ \_\_\_\_ THE ORGANIZATION MADE NUMEROUS SCHOLARSHIPS AND RESEARCH GRANTS TO QUALIFIED VETERINARY STUDENTS AND ORGANIZATIONS. including grants of \$ Other program services (Describe on Schedule O.) ) (Beverue \$ including grants of \$ Total program service expenses Form 990 (2019) 932002 01-20-20

ABDDY

## AMERICAN HOLISTIC VETERINARY

Form 990 (2019) MEDICAL POUNDATION. INC.

Part IV Checklist of Required Schedules

26-1583307 Page 3

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			ĺ
	If "Yes," complete Schedule A	1	X	
2	ts the organization required to complete Schedule 8, Schedule of Contributors	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(o)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	ts the organization a section 501(c)(4), 501(c)(5), or 501(c)(8) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		,	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	8		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
8	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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		ļ '	
	or in quasi endowments? If "Yes;" complete Schedule D, Part V	10		X
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.		,	1
	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 if "Yes," complete Schedule D,			
	Part VI	118		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		
	assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VII	11b	X	
0	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44-	-	ж
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		-
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	444		х
	Part X, line 16? If 'Yes," complete Schedule D, Part IX	11d		X
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	110		_
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	118		x
_	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		<del></del>	-
125	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a		X
	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?			<u> </u>
p	Was the organization incauded in consolidated, independent audited linking statements for the lax year.  If "Yes," and if the organization enswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	120	ŀ	X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	140		X
14a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u> </u>
Þ	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		X
40	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
40	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
18	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
4-	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX,			
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Pert I	17	L	X
46	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	, , , , , , , , , , , , , , , , , , ,		Γ
18	1c and 8a? If "Yes," complete Schedule G, Part II	18	L	X
40	Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? If "Yes,"			
19	complete Schedute G, Part III	19	L	X
<b>3</b> 0-	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	200		X
20a	If "Yes" to line 20a, did the organization attach a copy of its sudited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			Γ
21	domestic government on Part IX, column (A), line 1? if "Yes," complete Schedule I, Parts I and II	21		X
	Arthitister Hande Lindig Sail and mit Schmitte & Atlanta		000	(2010)

	CATAMINA CAME		~
om 990 (2019)	MEDICAL	FOUNDATIO	ON INC

Par	t IV   Checklist of Required Schedules (continued)			
		اــــــا	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		J.	l
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1		i
	and former officers, directors, trustess, key employees, and highest compensated employees? If "Yes," complete	امما		X
	Schedule J	23		_
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			l
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	240		X
	Schedule K. If *No,* go to line 25a	24a 24b		
þ	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 to defease	240		İ
	any tax-exempt bonds?	246		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Old the organization engage in an excess benefit			<del></del>
258	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	250		X
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			_==
D.	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete	ļ <sup>i</sup>		l
		25b		X
	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
27	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			İ
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L., Part III	27		x
~~	Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV			
28	instructions, for applicable filling thresholds, conditions, and exceptions):			l
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	1	l	l
10	*Yes, * complete Schedule L. Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	280		X
•	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?#			
C	"Yes," complete Schedule L, Part IV	280		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of an, historical treasures, or other similar assets, or qualified conservation			
•	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	L	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		1	
-	Schedule N, Part II	322		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		l	1
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
.34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		],	ſ
	Part V, line 1	34	ļ	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
h	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1		l
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	36b	ļ	<u> </u>
38	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		1	
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the croanization conduct more than 5% of its activities through an entity that is not a related organization	-	ŀ	
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ļ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197	1		
	Note: All Form 990 filers are required to complete Schedule O	38	LX	<u> </u>
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			_
<del></del>	Check if Schedule O contains a response or note to any line in this Part V	مسمست	<del>,</del>	ــــــــــــــــــــــــــــــــــــــ
			Yes	No
12	Filler the fritting (and an artist to a control of the control of	<u>Q</u>	1	
b	Enter the number of Forms W-2G included in line 1s. Enter 0- if not applicable	의	1	
-	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1	1	
	(gambling) winnings to prize winners?	16		<u></u>
93200	4 01-20-20	Form	990	(2019

2019) MEDICAL FOUNDATION, INC.
Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
25	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?	26	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3e	Did the organization have unrelated business gross income of \$1,000 or more during the year?	30		X
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
40	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)?	48		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinČEN 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?	62		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
¢	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		
	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?	60		X
ь	if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	<b>6</b> b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7¢		X
đ	If "Yes," indicate the number of Forms 8282 filed during the year7d			
¢	Oid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79		
h	If the organization received a contribution of care, boats, simplanes, or other vehicles, did the organization file, a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised tunds. Did a donor advised fund maintained by the		1	
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		1	
a	Did the sponsoring organization make any taxable distributions under section 4966?	<u>9a</u>		
Þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	8b		
10	Section 601(c)(7) organizations, Enter:	- 1	ł	
	Initiation fees and capital contributions included on Part VIII, line 12	ı		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:		ı	
	Gross income from members or shareholders		1	
ь	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.)		- 1	
	Section 4947(a)(1) non-exempt charitable trusts. is the organization filing Form 990 in lieu of Form 1041?	120		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		I	
13	Section 601(o)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	1	- 1	
b	Enter the amount of reserves the organization is required to maintain by the states in which the	Ì		
	organization is licensed to issue qualified health plans	Ì	l	
¢	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	140		<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
16	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1		•
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.		}	**
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u> </u>
	If "Yes," complete Form 4720, Schedule O.		<del>~~</del> 1	00.461
		Form	990 (	2019)

26-1583307 MEDICAL FOUNDATION, INC. Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8s, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any fine in this Part VI Section A. Governing Body and Management No If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 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? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? ..... Did the organization make any significant changes to its governing documents since the prior Form 990 was fited? .............. Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 86 b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the omanization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code:) Yes No 10a X 10a Did the organization have local chapters, branches, or affiliates? b if "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 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 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done X Oid the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? ...... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 18a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Other (explain on Schedule O) \_\_ Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial. statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records DARLENE KNOWLES - (530) 926-9895 8 CARNATION CT W., HOMOSASSA. Form 990 (2019) 932008 01-20-20

Farm 990 (	2019) MEDICAL	FOUNDATION, INC.	26-1583307	Page 7
Part VII	Compensation of Officers,	Directors, Trustees, Key Employ	ees, Highest Compensated	
	Employees, and Independe	ent Contractors	-	
	Chack if Schedule O contains a res	ponse or note to any line in this Part VII	· · · · · · · · · · · · · · · · · · ·	🗀
Section A.	Officers, Directors, Trusteen, Ke	v Employees, and Highest Compensated	Employee	

- 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 O in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, it any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

· (A) Name and title	(B) Average hours par week	Average (do not check mo hours per box, untere perso				than	תם ת	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below ilno)	Individual Buston ex Sirector	Definitional treater	carpeo.	esignus ky	Highest compensated employes	Forture	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DARLENE ENOWLES .	40.00									
CHIEF PINANCIAL OFFICER		X						49,231.	0.	0
(2) MARGARET COFFEY	1.00	ľ						}		
PRESIDENT		X						0.	0.	0
(3) MADELINE YAMATE	1.00	1								
TRBASURER		X	<u> </u>			لبا		0.	0.	· 0
(4) ODETTE SUTER	1.00									
BOARD MEMBER		X						0.	0.	0
(5) TWILA PLOYD	1.00								_ 1	•
COARD MEMBER		X						0,	0.	0
(6) ANN SWART2	1.00			- [					_ 1	_
BOARD MEMBER		X						0.	0.	0
(7) LAUANA PARADINE	10.00			Į						_
EXECUTIVE DIRECTOR		X						12,041.	0.	0
				1	$\dashv$					<del></del>
				-	$\dashv$	-				
· ·	,		-	$\dashv$	-	-				
			-	+	-					<u></u>
			1	1						
**************************************			7			1				· · · · · · · · · · · · · · · · · · ·
				1						

Form 990 (2019)

om	990	(2019)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

MEDICAL FOUNDATION, INC.

Check if Schedule Contrains a response or note to any limit in this Part VIII  (A)  Total revenue  Related a secure of function revenue  Production revenue  Total revenue  Related a secure of function revenue  Related a se	Pa	77	AIII				e or note to	any li	ne in this Part VIII			[-]
Business Code    2   2   5   5   5   5   5   5   5   5		-,-	<del>- (</del>	CHECK II SCHROLING O'	CONTRACT	is a respons	e di Tote to	4019	(A)		Unrelated	from tax under
Business Code    2   2   5   5   5   5   5   5   5   5	華	1		Federated campaigns	., , , , , , , ,	18						
Business Code    All other program service revenue	38		b	Membership dues		1b						
Business Code    2   2   5   5   5   5   5   5   5   5	35								]			
Business Code    All other program service revenue	5	1	đ	Related organizations		1d						
Business Code    2   2   5   5   5   5   5   5   5   5	€E		•	Government grants (contr	ribution	16) 10					į	
Business Code    2   2   5   5   5   5   5   5   5   5	50		f	All other contributions, grits,	grants,	and			İ			
Business Code    2   2   5   5   5   5   5   5   5   5	38			similar amounts not included	above	11	225,5	99.			1	
Business Code    2   2   5   5   5   5   5   5   5   5	<b>FS</b>		9	Noncesh contributions included in	i Nove Se	10 \$						
2 a	<u>3 &amp;</u>		h.	Total, Add lines 18-1f	******				225.599.			
a Total, Add lines 28:21  3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royattles  6 a Gross rents 6 b Less: rental expenses							Duelness	Code				<del></del>
a Total, Add lines 28:21  3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royattles  6 a Gross rents 6 b Less: rental expenses	8	2					<u> </u>					
a Total Add lines 2821  3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  6 a Gross rents 6 b Less: rental expenses 7 a Gross amount from sales of sasets other than inventory to less: cost or other basis and sales expenses 9 Can or (loes) 1	Ž.,		b									
a Total Add lines 2821  3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  6 a Gross rents 6 b Less: rental expenses 7 a Gross amount from sales of sasets other than inventory to less: cost or other basis and sales expenses 9 Can or (loes) 1	장로		C									
a Total Add lines 2821  3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  6 a Gross rents 6 b Less: rental expenses 7 a Gross amount from sales of sasets other than inventory to less: cost or other basis and sales expenses 9 Can or (loes) 1	1		đ							<u></u>	<u></u>	
a Total, Add lines 28:21  3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royattles  6 a Gross rents 6 b Less: rental expenses	3		•								ļ	
So investment income (including dividends, interest, and other similar amounts)  1 income from investment of lax-exampt bond proceeds  2 Royalties  3 Gross rants  4 Income from investment of lax-exampt bond proceeds  5 Royalties  9 Real (6) Personal  6 Gross rants  6 Gross rants  6 Gross rants (6 Gross and from sales of lax-exampt bond proceeds)  7 a Gross and from sales of lax-exampt bond proceeds  8 Gross rants (7 Gross)  9 Less: cost of other basis and sales expenses (1) Securities (1) Other assets other than free week of the lax proceed on the lax procee	4	1	f	All other program service	revenu	<b></b>	<u> </u>					
other similar amounts)  Income from investment of fau-exempt bond proceeds  Royalities  (i) Real (i) Personal  (ii) Real (ii) Personal  (iii) Real (iii) Per				Total, Add lines 29-21			***********				ļ	ļ
4 Income from Investment of Isse-exempt bond proceeds  6 Roysities  (i) Real (ii) Personal  b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 e Gross amount from sales of sasets other than inventory b Less: cost or other basis and sales expenses 7 to 12, 461. Gain or (loss) 7 to 12, 461. Gain or (loss) 9 a Gross income from fundrishing events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses 9 a Gross income from garning activities. See Part IV, line 19 b Less: direct expenses 0 Net income or (loss) from garning activities. See Part IV, line 19 b Less: direct expenses 0 Net income or gash from garning activities.  10 a Gross aales of inventory, less returns and silowences b Less: odd of goods sold 0 Net income or (loss) from sales of knyentory and silowences c Al other revenue 0 Total Add lines 11a-11d 0 Desired expenses 0 Total expenses Code 0 Al other revenue 0 Total expenses Set Instructions 0 A other revenue 0 Total expenses Set Instructions 0 A other revenue 0 Total expenses Set Instructions 0 A other revenue 0 Total expenses Set Instructions 0 A other revenue 0 Total expenses Set Instructions 0 A other revenue 0 Total expenses Set Instructions		3	}	investment income (includ	ding di	vidends, inte	rest, and					
6 Royatties								. 🕨	5,141.		ļ	· 5.141.
8 a Gross rents b Lass: rental expenses c Rental income or (loss) d Net rental income or (loss) f a Gross amount from sales of sests other than inventory b Lass: cost or other basis and sales expenses d Net gain or (loss) f a Gross income from fundraising events (ii) Other f 12,500.  12,461. 7c 39. 39. 39. 39. 39. 39. 39. 39. 39. 39.		4	,						L	<b></b>		
8 a Gross rents b Lass: rental expenses c Rental income or (loss) d Net rental income or (loss) f a Gross amount from sales of sests other than inventory b Lass: cost or other basis and sales expenses d Net gain or (loss) f a Gross income from fundraising events (ii) Other f 12,500.  12,461. 7c 39. 39. 39. 39. 39. 39. 39. 39. 39. 39.		5	•	Royalties		بمبينين	<del></del>	<u> </u>	<b></b>			
b Less: rental expenses 6 6 6 6 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		İ			-	(i) Real	(ii) Pers	onel		ļ		
Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7 b 12,461, c Gain or (loss) 7 c 39. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 0 Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and ablovances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Business Code  12 Total (avses, See Instructions) 12 Total (avses, See Instructions) 12 Total (avses, See Instructions)  23 0, Securities (i) Other 24 12, 461, 25 39.  12 0, Securities (i) Other 25 39.  12 0, Securities (i) Other 26 39.  12 0, Securities (i) Other 27 12, 461, 28 39.  39.  39.  39.  39.  39.  39.  39.		6										
d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory b Less: cost or other basits and sales expenses  9 Gain or (lose)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18  Less: direct expenses  9 Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19  Less: direct expenses  9 Net income or (loss) from gaming activities. See Part IV, line 19  Less: other or goods from gaming activities. See Part IV, line 19  Less: direct expenses  9 Net income or (loss) from gaming activities. See Part IV, line 19  Less: other or goods from gaming activities. See Part IV, line 19  Less: other or goods from gaming activities. See Part IV, line 19  Less: other or goods sold libb  10 a Gross asles of inventory, less returns and allowances and allowances or loss in the part IV, line			b	Less: rental expenses	00					Ì		
To a Gross amount from sales of assets other than inventiony b Less: cost or other basis and sales expenses		l	0	Rental income or (loss)	6c							
assets other than inventory b Less: cost or other basis and sales expenses c Gain or (lose) d Net gain or (lose)  8 a Gross income from fundraising events (not including \$ of contributions reported on fine 1c). See Part IV, line 18 b Less: direct expenses c Net income or (lose) from fundraising events 9 a Gross income from gaming activities 9 b Less: direct expenses c Net income or (lose) from gaming activities 10 a Gross asles of inventory, less returns and allowances b Less: cost of goods sold 10 c Net income or (lose) from sales of inventory  80 dead of the fine of the fin		İ	-	•			······					
b Less: cost or other basis and sales expenses		7	•	Gross amount from sales of		**		Her .	1			
and sales expenses   Tb   12,461.   Gain or (lose)   Tc   39.   Net gain or (lose)   To   39.   Search or (lose)   To   39.	1	ŀ		•	78	12,500	•					
Gain or (lose) 7c 39.  Registrictions reported on line 1c). See Part IV, line 18  b Less: direct expenses 8bb c Net income from gaming activities. See Part IV, line 19 b Less: direct expenses 9b Less: direct expenses 9c Net income or (lose) from gaming activities. See Part IV, line 19 b Less: direct expenses 9b Less: direct expenses 9b Less: direct expenses 9b Less: dorect expenses 9b Less: cost of goods sold 10b c Net income or (loss) from gaming activities 9b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory 9b Susiness Code 11 a 15 Total (avenue or floss) from sales of inventory 9b Susiness Code 11 a 15 Total (avenue or floss) from sales of inventory 9b Susiness Code 11 a 15 Total (avenue or floss) from sales of inventory 9b Susiness Code 11 a 15 Total (avenue or floss) from sales of inventory 9b Susiness Code 11 a 16 Total (avenue or floss) from sales of inventory 9b Susiness Code 11 a 17 Total (avenue or floss) from sales of inventory 9b Susiness Code 11 a 17 Total (avenue or floss) from sales of inventory 9b Susiness Code 11 a 17 Total (avenue or floss) from sales of inventory 9b Susiness Code 11 a 17 Total (avenue or floss) from sales of inventory 9b Susiness Code 11 a 17 Total (avenue or floss) from sales of inventory 9b Susiness Code 11 a 17 Total (avenue or floss) from sales of inventory 9b Susiness Code 11 a 17 Total (avenue or floss) from sales of inventory 9b Susiness Code 11 a 17 Total (avenue or floss) from sales of inventory 9b Susiness Code 11 a 17 Total (avenue or floss) from sales of inventory 9b Susiness Code 11 a 17 Total (avenue or floss) from sales of inventory 9b Susiness Code 11 a 17 Total (avenue or floss) from sales of inventory 9b Susiness Code 11 a 18 a 18 a 18 a 18 a 18 a 18 a 18			þ				İ					
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	뢷	ŀ		and sales expenses	76	12,401	•					
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	- 2	ŀ	٥	Gain or (loss)	7 <b>G</b>				30			30
contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (losa) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (losa) from gaming activities 10 a Gross sales of inventory, less returns and silowances b Less: cost of goods sold c Net income or (losa) from sales of inventory  Sualness Code  30 a 41 a b C d All other revenue • Total, Add lines 11a-11d  12 Total reverse, See instructions  23 0 779 . 0 . 0 . 5 , 180 .	4						<del>~~~~~</del>		33.			
Part IV, line 18	ő	8		including \$		d						
b Less: direct expenses							<b>.</b> i				j	
C Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Business Code  11 a b c d All other revenue Total, Add lines 11a-11d  12 Total revenue, See Instructions  > 230 , 779 . 0 . 0 . 5 . 180 .			ь									
9 a Gross income from gaming activities. See Part IV, line 19 b Lass: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Lass: cost of goods sold c Net income or (loss) from sales of inventory  Suelness Code  11 a b c d All other revenue e Total, Add lines 11a-11d  12 Total revenue, Sea instructions  Page  9a  9b  9a  9b  9a  9b  9a  9b  9a  9b  9b		l						•				
Part IV, line 19		وا					T					
b Lass: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Suelness Code  11 a b C d All other revenue e Total, Add lines 11a-11d  12 Total revenue, Sea instructions  230,779.  0. 0. 5,180.		ľ	_						[			
O Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  C Net income or (loss) from sales of inventory  Business Code  11 a  C d All other revenue  Total, Add lines 11a-11d  12 Total revenue, Sea instructions  > O . O . 5 . 180 .		l	ь									
10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Susiness Code  4 All other revenue Total, Add lines 11a-11d  12 Total revenue, Sea instructions  20			•	Net income or (loss) from	gaming	activities		. ▶				
and allowances 50s b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory 50s b 50s c d All other revenue 50s d All other reven		10										
b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Sueliness Code  11 a Sueliness Code  4 All other revenue Total, Add lines 11a-11d Total (avenue, See Instructions 230,779. 0. 0. 5,180.			_									
C Net income or (loss) from sales of inventory  Business Code  11 a  C  d All other revenue  • Total, Add lines 11s-11d  12 Total (avenue, Sea instructions  > 230,779.  0.  0.  5,180.		ŀ	ь				b					
Susiness Code    Susiness Code				•			***	•				
Total Add lines 11s-11d  12 Total revenue, See Instructions  230,779.  0.  5,180.								Code				
Total Add lines 11s-11d  12 Total revenue, See Instructions  230,779.  0.  5,180.	3.	11	8									
Total Add lines 11s-11d  12 Total revenue, See Instructions  230,779.  0.  5,180.	Ē		b									
Total Add lines 11s-11d  12 Total revenue, See Instructions  230,779.  0.  5,180.	黄色		c									
Total Add lines 11s-11d  12 Total revenue, See Instructions  230,779.  0.  5,180.	T.C.	1	d	All other revenue								
12 Total revenue, See instructions > 230,779. 0. 0. 5,180.	<u>-</u>											
		12						. ▶	230,779.	0.	<u> </u>	

26-1583307 Page 10

	Check if Schedule O contains a respons			MARIA ALTRA MANAGEMENT DE LA LICE	
	ot include emounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,615.	1,615.		
2	Grants and other assistance to domestic				
	Individuals. See Part IV, line 22	17,085.	17,085.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	1		1	
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	61,272.	49,018.	7,352.	4,902
6	Compensation not included above to disqualified	ł		1	
	persons (as defined under section 4958(1)(1)) and	į	-		
_	persons described in section 4958(c)(3)(B)				<del></del>
	Other salaries and wages				
8	Pension plan accruals and contributions (include	j			
	section 401(k) and 403(b) employer contributions)	·····			<del></del>
8	Other employee benefits				
10	Payroll taxes	4,772.	3,818.	477.	477
11	Fess for services (nonemployees):	}	j		
8	Management				
þ	Legal	12,723.	12,723.		
	Accounting	1,217.	611.	558.	48
	Lobbying				
•	Professional fundraising services. See Part IV, line 17				~~
f	Investment management fees				· · · · · · · · · · · · · · · · · · ·
9	Other. (If line 11g amount exceeds 10% of line 25,		İ		
	column (A) amount, list line 11g expanses on Sch O.)				
12	Advertising and promotion	2,615.	2,615.		
18	Office expenses				<del></del>
14	Information technology				<del></del>
15	Royalties				300
16	Occupancy	3,900.	3,120.	390.	390
17	Travel ,	404.	324.	40.	40
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates			E 000	· · · · · · · · · · · · · · · · · · ·
22	Depreciation, depletion, and amortization	5.000.		5,000. 2,703.	
23	Insurance	2,703.		6,103.	
24	Other expenses, Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
•	REIMBURSEMENTS EXPENSES	6,554.	6,554.		
b	SOFTWARE RENTAL	5.017.	4,013.	502.	502
	LICENSE & PERMITS	2.749.	2,694.	55.	
d	OFFICE & SUPPLIES EXPEN	1,819.	1,092.	182.	545
	All other expenses	7,720.	6,097.	748.	875
26	Total functional expenses. Add lines 1 through 24e	137,165.	111.379.	18,007.	7,779
	Joint costs. Complete this line only if the organization				
				· · · · · · · · · · · · · · · · · · ·	Au .
	· · · · · · · · · · · · · · · · · · ·	1		20.0	100
26	reported in column (B) joint costs from a combined educational campaign and fundralsing solicitation.		8:010	130.0	600

932010 01-20-30

Form **990** (2019)-

di l A	Check if Schedule O contains a response or note to any line in this Part X			<del></del>
	Check is scribbone of contains a response of note to any line in this Part X	(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	301,402.	1	413,984
2	Savings and temporary cash investments	43,133.	2	64,707
3	Pledges and grants receivable, net		3	<del></del>
4	Accounts receivable, net	···	4	
5	Loans and other receivables from any current or former officer, director,			
1	trustee, key employee, creator or founder, substantial contributor, or 35%		1	
-	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined		.]	
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	·····	8	
7	Notes and loans receivable, net		_7	<del></del>
8	Inventories for sale or use		8	<del></del>
9	Prepaid expenses and defense charges		0	
10	Land, buildings, and equipment: cost or other	ĺ	į	
- {	basis. Complete Part VI of Schedule D	į	1	
} '	Less: accumulated depreciation		100	<del></del>
11	Investments - publicity traded securities		11	
12	Investments - other securities. See Part IV, line 11	74,627.	12	62,166
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets	5,000.	14	0
15	Other assets. See Part IV, line 11	484 458	15	
10	Total assets. Add lines 1 through 15 (must equal line 33)	424,162.	10	540,857
17	Accounts payable and accrued expenses	6,568.	17	4,649
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account flability. Complete Part IV of Schedule D		21	
22	· · · · · · · · · · · · · · · · · · ·		1	
22	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		22	<del></del>
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
26				
- 1	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	6 560	25	4.649
26		6.568.	26	4,043
,	Organizations that follow FASB ASC 958, check here		1	
	and complete lines 27, 28, 32, and 33.	120 422		262 456
27	Net assets without donor restrictions	128,423. 289,171.	27	263,456 272,752
28		203.1/1.	28	414,134
	Organizations that do not follow FASB ASC 968, check here			
	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		28	
27 28 29 30 31 32			30	
31	Retained earnings, endowment, accumulated income, or other funds	417 504	31	E26 200
32		417,594.	32	536,208 540,857
33	Total liabilities and net assets/jund balances	424,162.	33	Form <b>990</b> (201)

	990 (2019) MEDICAL FOUNDATION, INC.	26-158	3307	Page 12
Pa	rt XI Reconciliation of Net Assets			
-	Check if Schedule O contains a response or note to any line in this Part XI	<del> </del>		
		}		
1	Total revenue (must equal Part VIII, column (A), line 12)	11		779.
2	Total expenses (must equal Part IX, column (A), line 25)			,165.
3	Revenue less expenses. Subtract line 2 from line 1		93	614.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	417	,594.
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	25	,000.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	536	,208.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>
	'			es No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		23	X
	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		1 1	
ь	Were the organization's financial statements audited by an independent accountant?		20	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat			
	consolidated basis, or both:		1	ſ
	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	e audit,	1 1	
	review, or compilation of its financial statements and selection of an independent accountant?		20	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci			
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si			
	Act and OMB Circular A-1337	_	3a	X
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		
_	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		36	L
			Fa (	190 1201 0

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Tressury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(e)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name	of t	he organization AMER	ICAN HOLIST	PIC VETERINA	RY			_	Identification number
			CAL FOUNDAT						<u>6-1583307                                   </u>
Par	ŧIJ	Reason for Public (	Charity Status (A	di organizations must co	mplete thi	s part.) Se	e instruction	6.	
The o	rgani	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)			^
1 [		A church, convention of chi	urches, or association	n of churches described	l in section	n 170(b)(1	XAXI).		$\sigma \alpha$
2		A school described in secti	ion 170(b)(1)(A)(li). (4	Attach Schedule E (Form	990 ar 99	10-EZ).)			4)1
3 [		A hospital or a cooperative					i).		$\cdot \cup 1$
4	$\overline{}$	A medical research organiza						(iii), Enter t	the hospital's name,
•		city, and state:	•	•			• • • • •	.,	
<b>a</b> [	_	An organization operated for	or the benefit of a col	leae or university owned	or operat	ed by a go	vernmental i	ınit descnb	ed in
		section 170(b)(1)(A)(iv). (C							
	_	A federal, state, or local gov	•	ental unit described in a	wation 17	WHY TYAH	NA.		
- [	=	An organization that normal						he general	public described in
, ,		section 170(b)(1)(A)(vi). (Co		tem par or to seppore	on a gov				
<b>a</b> [		A community trust describe		tVAV-N /Complete Pari	11.3				
0 1	=	An agricultural research org				d in consu	nction with a	land-grant	college
9 L	J.	or university or a non-land-g							
		,	listir couede or struct	nima (aga sistiocomis)		itanio, cary	, mid state o	r trio conce	
1	40	university:		About 00 \$ 1000 of the over				abla food o	ad areas receipts from
10	له	An organization that normal	Jly receives: (1) more	than 33 1/37 of its sup	boit nous		, 100 1 100 1 100 100 100 100 100 100 10	an coord	to gross receiped morn
		activities related to its exen	npt functions - subjec	n to centan exceptions,	uno (2) no	more una	inal by the e	nocierios	ntan gross miresunom.
		Income and unrelated bush		(less/section,511 tax) if	ושרוואטט וואס	saes acqu	RACION UNIO	Agustanou.	alter June 30, 1973.
		See section 509(a)(2). (Cor			4-A. O		-04_1/41		
11. ļ		An organization organized (	and operated exclusi	very to test for public se	16ty, 566 t	section of	ю <b>то уч</b> учучучучучучучучучучучучучучучучучуч		aumanaa af ana ar
12	لـــا	An organization organized a	and operated exclusi	vely for the benefit of, it	periorni i	ne runcuo	ons or, or to c	miy out the	those the how in
		more publicly supported or							SIOCK (IIG DOX III
	,,,,,,,,	lines 12a through 12d that	describes the type of	f supporting organizatio	n and com	ipiete lines	3 120, 121, 8n	0 12g.	at dua
8	L_	Type I. A supporting orga	anization operated, si	upervised, or controlled	by its sup	ported org	janization(s),	typically by	giving
		the supported organization			majority o	of the direc	otors of trust	263 OT THE S	upporting
		organization. You must o	complete Part IV, Se	ections A and B.					4
b		Type II. A supporting org	janization supervised	or controlled in connec	tion with it	a support	ed organizati	on(a), by na	ving
		control or management of			ame perso	ons that co	ontrol or man	age me sup	ропео
		organization(s). You mus	it complete Part IV,	Sections A and C.					
C		Type III functionally inte	ograted. A supporting	g organization operated	in connect	tion with, a	and functions	uly integrate	ed.with,
		its supported organizatio	ın(a) (see instructions	i). You must complete l	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	y integrated. A supp	orting organization oper	rated in co	nnection v	with its suppo	inted organi	zation(s)
ŕ		that is not functionally int	tegrated. The organiz	ration generally must sa	tisfy a dist	ribution re	quirement ar	id an attent	lveness
		requirement (see instruct	tions). You must con	nplete Part IV, Sections	s A and D,	, and Part	V.		
		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	<b>.</b> Туре I, Тур	ii, Type ill	
-		functionally integrated, o	r Type III non-function	nally integrated support	ing organi	zation.			
1	Ente	er the number of supported							. L <u>.                                   </u>
		vide the following information		d organization(s).					
		(i) Name of supported	(F) EIN	(祖) Type of organization	TO ABOU BENCALIF	ing decument?	(v) Amount o		(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see	instructions)	support (see instructions)
					l				
								•	
					1		İ		
			<del></del>						'
					l				
*****			<del> </del>		1		1		
				1		1			
		·	+	<del></del>	<del> </del>	<del>                                     </del>		<del> </del>	
									İ
			<del> </del>		<del> </del>	<del> </del>	<del> </del>		
Tota	<u> </u>		1	<u></u>		<del></del>	<del></del>		

Sch Pa	ndule A (Form 990 or 990-EZ) 2019 M rt II Support Schedule for	EDICAL FO Organizations	UNDATION.  Described in	Sections 170	(b)(1)(A)(iv) an	<u>26-158</u> d 170(b)(1)(A)(	3307 Page 2 vi)
	(Complete only if you checke	d the box on line 5	5, 7, or 8 of Part I o	or if the organizatio			
	fails to qualify under the tests	listed below, plea	ase complete Part	11t.)		<del></del>	/
	tion A. Public Support	r	<u> </u>	1		T	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(6) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organ-	<del></del>					/
~	ization's benefit and either paid to					-	/
	or expended on its behalf		1		1		] [
3	The value of services or facilities						
	turnished by a governmental unit to				}		1
	the organization without charge				<u> </u>		
4	Total. Add lines 1 through 3						
5	The portion of total contributions		}				ļ
	by each person (other than a		]			V	
	governmental unit or publicly		1		1 /	1 、	ļ
	supported organization) included		İ			`	
	on line 1 that exceeds 2% of the			}		1	
	amount shown on line 11,					}	}
	column (f)		<del> </del>	<del> </del>	<del>                                     </del>	<del> </del>	
	Public support. Subtract fine 5 from fine 4	<u> </u>	L.,	<u> </u>	L-/	.1	L
	etion B. Total Support	(a) 2015	(b) 2016	(c) 2017 /	(0) 2018	(e) 2019	(f) Total
	nder year (or fiscal year beginning in)	/ar co io	10/2010	187-47	10/20:0		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
8	Gross income from interest,	<del></del>	<del> </del>				
•	dividends, payments received on		]			1	
	securities loans, rents, royaities,				i		
	and income from similar sources				<u> </u>	<u> </u>	<u> </u>
9	Net income from unrelated business			/			<u> </u>
_	activities, whether or not the	•		1		İ	}
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		<del>                                     </del>		ļ	<del></del>	
	Total support. Add lines 7 through 10	<u> </u>		1	1	+	L
12	Gross receipts from related activities	, etc. (see instructi	iona)			12	<del></del>
13	First five years. If the Form 990 is fo						<b>▶</b> □
مة	organization, check this box and ator ction C. Computation of Pub	c Support Pe	ercentage				
	Public support percentage for 2019 (			column (f))		14	
14	Public support percentage from 2018	Schedule A. Paid	t II. line 14			15	
16	33 1/3% support test - 2019. If the	organization did n	ot check the box o	on line 13, and line	14 is 33 1/396 or	more, check this b	ox and
	eton here. The organization qualifies	as a publicly supp	ported organization	ባ		**** ***************	, ▶ ــــ
1	33 1/3% support test - 2018, If the	organization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3	% or more, check t	his bax
	and stop here. The organization qua	Iffies as a publicly	supported organiz	zation	.,	******** ********** ****	▶┕
17	10% -facts-and-circumstances the	it - 2019. If the on	ganization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts and circumstar	nces" test, check	this box and stop I	here. Explain in P	art VI how the orga	nization
	meets the "facts and circumstances"	test. The organiz	ation qualifies as a	publicly supporte	d organization	., ,,,	Ph
1	10% -fects-and-circumstances tes	nt - 2018. If the on	ganization did not	check a box on lin	e 13, 16a, 16b, o	178, and the 15 is	10% 07
	more, and if the organization meets t	he "facts-and-circ	umstances" test, o	check this box and	stop here, Expla	in in Part VI now th	•
	organization meets the facts and cir	cumstances" test	. The organization	qualifies as a publ	liciy supported on	ganization	
18	Private foundation. If the organization	an did not check a	box on line 13, 1	58, 165, 178, OF 17	D. CHECK THIS DOX	AND SEE MEANINGER	Day 000, 571 004
	/				Scf	iedule A (Form 99	A CAL GARD-EXT (ST)
	/						
	/						

26-1583307 Page 3

Schedule A (Form 990 or 990-EZ) 2019 MKDICAL FOUNDATION, INC.

[Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization falled to qualify under Part II. If the organization falls to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year for fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 445.021 287,162. 213,588 218,694 225,599 1390064. 2 Gross receipts from admissions. merchandise sold or services performed, or facilities furnished in any activity that is related to the 2,806 .890 7,696. organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 287,162. 213,588 225,599 8 Total. Add lines 1 through 5 ...... 447.827 223,584 1397760. 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 0. D Amounts included on lines 2 and 8 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 0. arricums on line 15 for the year c Add (ines 7a and 7b ...... ٥. .397760. Public support. (Substitut Tehonins 6.) Section B. Total Support (a) 2015 (e) 2017 (d) 2018 (e) 2019 (f) Total Calendar year (or fiscal year beginning in) (b) 2016 287,162 225,599 9 Amounts from line 6 \_\_\_\_\_ 447,827 1397760. 223,584 213,588 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties, 436 5,418 5,141 10,997. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 553 140 1 436 ,558 5,180 554 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital essets (Explain in Part VI.) ..... 449,381, 223,585, 287,598, 219.146. 13 Total support. (Add lines 9, 100, 11, and 12.) First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization. check this box and atop here... Section C. Computation of Public Support Percentage 99.10 96 15 18 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 99.50 96 Public support percentage from 2018 Schedule A. Part III, line 15 Section D. Computation of Investment Income Percentage 90 96 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17 50 18 Investment income percentage from 2018 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and 

20 Private foundation. If the organization did not check a box on line 14, 192, or 19b, check this box and see instructions

Schedule A (Form 980 or 990-EZ) 2019

932023 09-25-19

#### Schedule A (Form 990 or 990-EZ) 2019 MEDICAL FOUNDATION, INC.

Part IV Supporting Organizations

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

Sec	tion	A. All	Supp	orting	Organ	izations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the toreign 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.
- c 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.
- 5a Did the organization add, substitute, or remove any supported arganizations during the tax year? If "Yes," answer (b) and (c) 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).
- b Type I only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 filling organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other smilar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in 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.
- 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," answer 10b below.
  - b Old the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
<b></b>		
2		
1		
38		
36		
30		
40		
46		
1		
4c		
1 1		
[ ]		
5a		
_6b_		
6c		
6		
-7-		
а		
99		
90		
9c	.	
<del></del>		
10a		· 
106	لييا	
990 ar 99	10-EZ)	2019

932024 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

Perf. IV   Supporting Organizations (continued)  11	Yes	
a A person who directly or indirectly controls, either abone or together with persons described in (b) and (c) below, the governing body of a supported organization?  1 A family member of a person described in (a) above?  1 A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to e, b, arc, provide detail in Pert VI.  1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly 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 Pert VI have the supported organization's directors or trustees at all times during the tax year If "No," describe in Pert VI have the supported organization's effectively operated, supported organization, describe how the powers to appoint end/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if end, applied to such powers during the tax year.  2 Did the organization operate for the benefit of any supported organization other than the supported organization operated supporting organization of If "Yes," explain in Pert VI have providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organizations  1 Were a majority of the organization's supported organizations of the supporting organizations  1 Were a majority of the organization's supported organization of the supported organization's supported organization's in the control or management of the supporting organizations was vested in the same persons that controlled or managed the supported organization organization organization and the supported organization's governing observable organizations.  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's governing observable organizations, on the extent not previously provided?  1 Did the organization organization offic		
a A person who directly or indirectly controls, either abone or together with persons described in (b) and (c) below, the governing body of a supported organization? 1 A family member of a person described in (a) above? 1 A 35% controlled entity of a person described in (a) above? 1 Type I Supporting Organizations  1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or efect 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 person describe how the powers to appoint end/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint end/or remove directors or trustees were allocated among the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year. 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. 2 Did the organization person benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organizations. 3 Did the organization provide to each of its supported organization(s)? If "No," describe in Part VI how control or management of the supporting organizations as vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled ormanized managed the supported organization and fine organization and fine organization and fine organization and fine organization and provided organizations and provided organization organization and fine organization and fine organization and fine organization and fine organization and fine organization and fine organization and fine organization and fine organization and fine organization and fine organization and fine organization and fine organizatio	Yes	No
below, the governing body of a supported organization?  1 A 34% controlled entity of a person described in (a) above?  1 A 35% controlled entity of a person described in (a) are (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  1 1tc  Section B. Type I Supporting Organizations  1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or effect 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 elifectors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organizations) elifectively 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 organization prorate 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 camed out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organizations  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's usual provided organizations in the organization's usual provided organization in the organization of the activation was vested in the same persons that controlled or managed the supported organization governing organization.  1 Di	Yes	No
b A family member of a person described in (a) above?  c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Pert VI.  11c.  Section B. Type I Supporting Organizations  1 Did the directors, trustees, or membership of one or more supported organizations have the power to requirity 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 Pert 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 endor remove directors or trustees were allocated among the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year.  1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supported organization of the trust how providing such benefit carried out the purposes of the supported organization(s) that operated, supporting organization.  2 Section C. Type II Supporting Organizations  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Pert VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization or supported organization or the same persons that controlled or managed the supported organization or supported organization's upported organization's or the organization's poverning documents in effect on the date of notification, to the extent not previously provided?  1 Did the organization's provide to each of its supported organization, to the extent not previously provided?  2 Were any of the organization's officers, directors, or trustees eith	Yea	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly 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 electively 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.  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 carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organizations  1 Were a majority of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization's controlled or managed the supported organization's controlled or managed the supported organization's controlled or managed the supported organization's controlled or managed the supported organization's controlled or managed the supported organization's controlled or managed the supported organization's controlled or managed the supported organization's controlled or managed the supported organization's controlled or managed the supported organization's controlled or managed the supported organization's controlled or managed the organization's controlled or managed the organization's controlled or managed the organization's controlled organization's organization's contr	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly 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 efficated among the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year.  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 carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organizations.  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's overhing downers in effect on the date of notification, to the extent not previously provided?  1 Were any of the organization's officers, directors, or trustees either (i) appointed organization and (iii) copies of the organization organization's in part VI how the organization's integrated organization's	Yes	No
regularly appoint or elect at least a majority of the organization's directors or fustees at all times during the lax 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 end/or remove directors or fustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  2 Did the organization operated for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization or the supported organization(s) that operated, supervised, or controlled the supporting organization.  2 Section C. Type II Supporting Organizations  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization's officers, directors, or trustees either (i) appointed organization(s).  3 By reason of the relationship described in (2), did the organization's supported organization's have a significant voice in the organization's investment policies and in directing the use	Yeş	No
regularly appoint or elect at least a majority of the organization's directors or fustees at all times during the lax 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 end/or remove directors or fustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  2 Did the organization operated for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization or the supported organization(s) that operated, supervised, or controlled the supporting organization.  2 Section C. Type II Supporting Organizations  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization's officers, directors, or trustees either (i) appointed organization(s).  3 By reason of the relationship described in (2), did the organization's supported organization's have a significant voice in the organization's investment policies and in directing the use		
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.  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 carried out the purposes of the supported arganization(s) that operated, supervised, or controlled the supporting organizations  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees of each of the organization's directors or trustees of each of the organization's unsupported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a copy of the Form 950 that was most recently filed as of the date of notification, and (ii) copies of the organization's governing documents in effect on the date of notification, not (iii) copies of the organization's governing documents in effect on the date of notification, and (iii) copies of the organization's organization's supported organization and parkationish described in (2), did the organization's supported organization have a significant volce in the organization's investment policies and in directing the use of the organization's supported organization's supported organization's supported organization's supported organ		
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 fusitees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  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 carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.  2 Section C. Type II Supporting Organizations  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organizations.  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (ii) copies of the organization's governing body of a supported organization? If "No," explain in Part VI how the organization of the organization's infects, directors, or trustees either (i) appointed organization(s).  3 By reason of the relationship described in (2), did the organization's usported organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's insupported organization's integered.  3 Section E. Type III Functionally integrated Suppo		1
describe haw 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.  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 carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.  2 Section C. Type II Supporting Organizations  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization or the relationship described in (2), did the organizationship with the supported organization(s).  3 By reason of the relationship described in (2), did the organizationship with the supported organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's insupported organization is usported organization is usupported organization ino		
organizations and what conditions or restrictions, if any, applied to such powers during the tex year.  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(s) that operated.  Supervised, or controlled the supporting organizations.  2 Section C. Type II Supporting Organizations  1 Were a majority of the organization's directors of trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).  3 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization's officers, directors, or trustees either (ii) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization if "No," explain in Part VI how the organization mainteined a close and continuous working relationship with the supported organization(s).  3 By reason of the retationship described in (2), did the organization's upported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the		1
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 carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.  2 Section C. Type II Supporting Organizations  1 Were a majority of the organization's directors of trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent previously provided?  2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization's income or assets at all itimes during the tax year? If "Yes," describe in Part VI the role the organization's income or assets at all itimes during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  3 Section E. Type III Functionally integrated Supporting Organizations  1. Check the box next to the method that the organization used to satisfy		ł
organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.  2 Section C. Type II Supporting Organizations  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).  3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all itimes during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  Section E. Type III Functionally integrated Supporting Organizations  1. Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructio		<b> </b>
Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organizations.  2 Section C, Type II Supporting Organizations  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).  3 By reason of the relationship described in (2), did the organization's supported organizations precise and in this regard.  3 By reason of the relationship described in (2), did the organization in Part VI the role the organization's supported organization's played in this regard.  3 Section E. Type III Functionally Integrated Supporting Organizations  1. Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).		
Section C. Type II Supporting Organizations  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Pert VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization provide to each of its supported organizations.  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization or elected by the supported organization maintelined a close and continuous working relationship with the supported organization(s).  3 By reason of the relationship described in (2), did the organization's supported organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  Section E. Type III Functionally integrated Supporting Organizations  1. Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions).	1	
Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).  3 By reason of the relationship described in (2), did the organization's supported organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organization's lift functionally integrated Supporting Organizations  1. Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).	. '	
1 Were a majority of the organization's directors of trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).  3 By reason of the relationship described in (2), did the organization's supported organization's nincome or assets at all itmes during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  Section E. Type III Functionally Integrated Supporting Organizations  1. Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instructions).	<u></u>	<u></u>
or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).  1 Did the organization provide to each of its supported organizations.  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization mainteined a close and continuous working relationship with the supported organization(s).  2 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  3 Section E. Type III Functionally Integrated Supporting Organizations  1. Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instructions).	Twan	1
or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).  1 Did the organization provide to each of its supported organizations.  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization mainteined a close and continuous working relationship with the supported organization(s).  2 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  3 Section E. Type III Functionally Integrated Supporting Organizations  1. Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instructions).	Yes	No
or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? if "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).  3 By reason of the relationship described in (2), did the organization's supported organization have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  Section E. Type III Functionally integrated Supporting Organizations  1. Check the box next to the method that the organization used to satisfy the integral Part Test during the yeatsee instructions).		
Section D. All Type III Supporting Organizations  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).  3 By reason of the relationship described in (2), did the organization's supported organization have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organization's played in this regard.  3 Section E. Type III Functionally integrated Supporting Organizations  1. Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).	1	
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).  3 By reason of the relationship described in (2), did the organization's supported organization have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  3 Section E. Type III Functionally integrated Supporting Organizations  1. Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instructions).		
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).  3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  3 Section E. Type III Functionally Integrated Supporting Organizations  1. Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instructions).	<u>.                                    </u>	٠
organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintelined a close and continuous working relationship with the supported organization(s).  By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  Section E. Type III Functionally integrated Supporting Organizations  Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instructions).	Yes	No
organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintelined a close and continuous working relationship with the supported organization(s).  By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  Section E. Type III Functionally integrated Supporting Organizations  Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instructions).		
year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).  3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  3 Section E. Type III Functionally integrated Supporting Organizations  1. Check the box next to the method that the organization used to satisfy the integral Part Test during the yeatee instructions).		
organization's governing documents in effect on the date of notification, to the extent not previously provided?  Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization mainteined a close and continuous working relationship with the supported organization(s).  By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  Section E. Type III Functionally integrated Supporting Organizations  Check the box next to the method that the organization used to satisfy the integral Part Test during the yeatee instructions).	1	1
Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).  3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  3 Section E. Type III Functionally integrated Supporting Organizations  1. Check the box next to the method that the organization used to satisfy the integral Part Test during the yeatsee instructions).		
organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).  3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  3 Section E. Type III Functionally integrated Supporting Organizations  1. Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions).		
the organization maintained a close and continuous working relationship with the supported organization(s).  3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  3 Section E. Type III Functionally integrated Supporting Organizations  1. Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatses instructions).	1	1
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  3 Section E. Type III Functionally integrated Supporting Organizations  1. Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instructions).		
significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  3  Section E. Type III Functionally integrated Supporting Organizations  1. Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instructions).		
income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  Section E. Type III Functionally Integrated Supporting Organizations  1. Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatses instructions).	1	1
supported organizations played in this regard.  Section E. Type III Functionally Integrated Supporting Organizations  1. Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions).		1
Section E. Type III Functionally integrated Supporting Organizations  1. Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions).		<del>ا ۔</del>
a The organization satisfied the Activities Test. Complete line 2 below.		
b The organization is the parent of each of its supported organizations. Complete line 3 below.		
c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions	<u>s).</u>	т
2 Activities Test. Answer (a) and (b) below.	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		1 .
those supported organizations and explain how these activities directly furthered their exempt purposes,		
how the organization was responsive to those supported organizations; and how the organization determined	1	
that these activities constituted substantially all of its activities.	↓	↓
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		
of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		İ
reasons for the organization's position that its supported organization(s) would have engaged in these		
ectivities but for the organization's involvement.	<del> </del>	↓
3 Parent of Supported Organizations. Answer (a) and (b) below.	1	
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
trustees of each of the supported organizations? Provide details in Part VI.	1	1_
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		1
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	1	
932025 09-25-19 Schedule A (Form 990 or 96		

tions 20, 1970 (explain in a A through E.  (A) Prior Year  (A) Prior Year	Part VI). See instructions. (B) Current Year (optional)
ne A through E.  (A) Prior Year	(8) Current Year (optional)
(A) Prior Year	(optional)
	(optional)
(A) Prior Year	(B) Current Year
(A) Prior Year	(B) Current Year
(A) Prior Year	(B) Current Year
(A) Prior Year	(B) Current Year
(A) Prior Year	(B) Current Year
(A) Prior Year	(B) Current Year
(A) Prior Year	(B) Current Year
(A) Prior Year	(B) Current Year
(A) Prior Year	(B) Current Year
(A) Prior Year	(B) Current Year
(A) Prior Year	(B) Current Year
	(optional)
	T
	<u></u>
	T
····	
	Current Year
	<del></del>
	<u> </u>
	<u> </u>
ype III supporting or	ganization (see

	dule A (Form 980 or 980-EZ) 2019 MEDICAL FOUND	ATION, INC.		6-1583307 Page 7
	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	7
Sect	on D - Distributions			Current Year
_1_	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt	pt purposes of supported		į
	organizations, in excess of income from activity		<del></del>	
_3_	Administrative expenses paid to accomplish exempt purpos	es of supported organization	18	
4	Amounts paid to acquire exempt-use assets			
_5_	Qualified set-aside amounts (prior IRS approval required)			
_6_	Other distributions (describe in Part VI). See instructions.		<del> </del>	<del> </del>
	Total annual distributions. Add lines 1 through 6.		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
8	Distributions to attentive supported organizations to which to	he organization is responsive	•	
	(provide details in Part VI), See instructions.		<del></del>	<del></del>
_0_	Distributable amount for 2019 from Section C, line 6			ļ
10	Line B amount divided by line 9 amount	<u> </u>		
Sect	ion E - Distribution Allocations (see instructions)	(I) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
•	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)			
	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4s and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			<del> </del>
6	Remaining underdistributions for 2019. Subtract lines 3h			ļ
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See Instructions.			
7	Excess distributions carryover to 2020. Add lines 3			
	and 4c.			
	Breakdown of line 7:			<del> </del>
	Excess from 2015		<u> </u>	
	Excess from 2018			
	Excess from 2017			<del> </del>
	Excess from 2018			
•	Excess from 2019	<u> </u>	<u></u>	
			Schedule A	(Form 980 or 990-EZ) 2019

Schedule A	(Form 990 or 990-E2	SO18 WRDI	AL FOUN	DATION	INC.		26-158	3307 Page
Part VI	tine 1; Part IV, Sect Section D, fines 5.	lines 1, 2, 35, 3c, ion D, lines 2 and	40, 40, 58, 6, 99 3: Part IV, Secti	1, 95, 95, 112, ion E. lines 1c,	110, and 110; Pa 2a, 2b, 3a, and	an IV, Section B, 3b; Part V, line 1	17a or 17b; Part III, I lines 1 and 2; Part IV ; Part V, Section B, Iir additional information	ne 12; , Section C, le 1e: Part V.
	(See instructions.)	·	<del></del>	<del></del>	<del> </del>	<del></del>		
<del></del>		· · · · · · · · · · · · · · · · · · ·	<del></del>			····	·····	<del></del>
								*********
	······································				<del></del>			
····		·····				· · · · · · · · · · · · · · · · · · ·	<del></del>	
· · · · · · · · · · · · · · · · · · ·				<del></del>				
<del></del>		<del></del>	····			····		····
··		·		······································				<del></del>
				<del></del>				· <del></del>
							······································	
		······································		<del></del>	- <del></del>		**************************************	
			`		<del>7 )</del>	····		
		·····						
<del></del>		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	<del></del>					
				<del></del>				<del></del>
		·····	······································	<del></del>				<del>- 1 - 7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 </del>
						<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		
				····				
		<del></del>	<del></del>		· · · · · · · · · · · · · · · · · · ·		······································	
		<del></del>	<del></del>		·			
		· · · /····			······································	·····		
			*****					
92028 00.26.	10					So	hodule A (Form 990	or 990-EZ) 201

#### SCHEDULE D

(Farm 980)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

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

2019 Open to Public

Name of the organization

AMERICAN HOLISTIC VETERINARY

Employer identification number 26-1583307

MEDICAL FOUNDATION, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year \_\_\_\_\_ Aggregate value of contributions to (during year) ...... Aggregate value of grants from (during year) ..... Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. 20 Total number of conservation easements Total acreage restricted by conservation easements 25 20 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2d listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(l) and section 170(h)(4)(B)(8)? in Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets Included in Form 990, Part X Schedule D (Form 990) 2019 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

982051 10-02-19

Sche	till   Organizations Maintaining C	FOUNDATIO				r Oth	or Cin			833U		age Z
										Carconia	iuud)	
	Using the organization's acquisition, accessi	on, and other record	IS, CTIECK 8	ny or the	IONOWING UNA	i make s	agrance	BIL USE	01 (12)			
	collection items (check all that apply):	_	СТ.		•	_						
8	Public exhibition	a			hange progra							
Ь	Scholarly research	•	L O	her								<del></del>
C	Preservation for future generations											
	Provide a description of the organization's or								in Parl	XIII.		
5	During the year, did the organization solicit o	r receive donations (	of art, histo	orical trea	usures, or othe	er simila	r asset:	3		,		7
	to be sold to raise funds rather than to be m									Yes		No
Par	t IV Escrow and Gustodial Arran reported an amount on Form 990, Pa		ete if the o	ganizatio	in answered "	'Yes' on	Form	990, P	art IV.	line 9, or		
1a	Is the organization an agent, trustee, custod on Form 990, Part X?									Yes		] No
	if "Yes," explain the arrangement in Part XIII	and complete the fo	llowino tat	ole:								
•	ii i da, arpitali ali ali garranti i i i ali ali							T	<del></del>	Amoun	ì	
_	Cosinging holonos						1				·	
	Beginning balance						···			<del></del>		
							***				<del></del>	
•	Distributions during the year								····	<u>:</u>		
7	Ending balance								7	Yes	_	No
	If "Yes," explain the arrangement in Part XIII.							••••				าี ""
		Check reste is the ex	COMPAND T	oe" oo E	om 220 Part	IV line	10	********		********		<del></del>
Far	t V   Endowment Funds. Complete				(c) Two year			00 V00F	n hoek	(a) Four		hack
		(a) Current year	(D) Pric	year	(C) I WO Year	SOMUK	(0) (1)	en Agan	S USEIN	(4) (00	Acers	UOUN
18	Beginning of year balance			<del></del>	<del> </del>							
þ	Contributions				<del> </del>							
C	Net investment earnings, gains, and losses				<del> </del>							
d	Grants or scholarships				<b>_</b>							
•	Other expenditures for facilities											
	and programs				<b></b>							
f	Administrative expenses		<u> </u>									
Ω	End of year balance		<u> </u>		<u> </u>					L		
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g,	column (	a)) held as:							
a	Board designated or quasi-endowment		_%									
b	Permanent endowment	96										
-	<del></del>	%										
•	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.										
30	Are there endowment funds not in the poss	ession of the organiz	ation that	are held a	and administe	ared for	the org	anizati	on			
•••	by:										Yes	No
		** ** ******** ****** *****								30(1)		<u> </u>
	(ii) Related organizations	++ +++++** -+****								3a(ii)		<u> </u>
	If "Yes" on line 3a(ii), are the related organiz	stions listed as requi	ired on Sci	hedule R	?	,						
	Describe in Part XIII the intended uses of the				***************************************	**********	.,					
1	rt VI Land, Buildings, and Equipm				<del></del>							
	Complete if the organization answers	wi "Yee" on Form 99	O Pert IV	line 11a.	See Form 990	). Part X	(, line 1	0.				
		(a) Cost or o			t or other		Accumi			(d) Boo	k vah	JO
	Description of property	basis (invest		• •	(other)		precia					
18	Land											
ь	Buildings											
_	Lessehold improvements											
نا		I	1			,			- 1			
d	Equipment					ļ						
	Equipment Other Add lines 1a through 1e, (Column (d) must											0.

## AMERICAN HOLISTIC VETERINARY MEDICAL FOUNDATION, INC.

Schedule D (Form 990) 2019 MEDICAL FOU	NDATION, INC.	26	-1583307 Page 3
Part VII Investments - Other Securities.			
Complete:if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Clasely held equity interests			
(3) Other			
(A) 800 SHARES - PITNEY BOWES	19,996.	COST	······································
(B) 400 SHARES - RILEY FIN SR			
(C) NOTE	10,024.	COST	<del></del>
(D) 800 SHARES - RILEY FIN SR			
(E) NOTE	19,628.	COST	· · · · · · · · · · · · · · · · · · ·
(F) 199 GLADSTONE	12,518.	COST	······································
(G)	20,340,		· · · · · · · · · · · · · · · · · · ·
(H)			
Total, (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	62,166.		
Part VIII Investments - Program Related.	02,4041		
	Com 000 Ded 8/ Eng 1	Ita Cas Form DOO Dad V Bro 19	
Compiste if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d. of way market wat a
······································	(N) DOWN TOWN	(a) monito di tandironi così in dia	a an John Hills Kell Adille
(1)		**************************************	
(2)	<del></del>		
(3)			<u></u>
[4)			
(5)			
(6)			
<u>m</u>			· · · · · · · · · · · · · · · · · · ·
(8)			<del></del>
(9) Tetal. (Col. (b) must equal Form 990, Part X, col. (8) line 13.)			
Part IX Other Assets.  Complete if the organization answered "Yes" (a) I	on Form 990, Part IV, line 1 Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1)			
(2)			ļ
(3)	~ <del>~~~</del>		
(6)	<del> </del>		
(6)	· · · · · · · · · · · · · · · · · · ·		
<u> </u>	<del></del>		
(8)	· · · · · · · · · · · · · · · · · · ·		
(9)	· · · · · · · · · · · · · · · · · · ·		
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" (		11e or 11f. See Form 990. Part X. line 25	j.
(a) Description of liability			(b) Book value
(1) Federal income taxes			<del> </del>
(2)		<del></del>	
(3)			
<u>(4)</u>			
(5)			
(6)			<del> </del>
<u>Ø</u>			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) fine	25.)		<u>                                     </u>
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	the organization's tinancial statements	trial reports the
organization's liability for uncertain tax positions under	FASB ASC 740. Check he		redute D (Form 990) 2019

edule D (Form 990) 2019 MEDICAL FOUNDATION, INC. irt XI Reconciliation of Revenue per Audited Financial State	amente With Reve	mia nar Dahim
Complete if the organization answered "Yes" on Form 990, Part IV, line		
Total revenue, gains, and other support per audited financial statements	· · · · · · · · · · · · · · · · · · ·	
Amounts included on line 1 but not on Form 980. Part VIII. line 12:	******* *** ****** ******* *******	
Net unrealized gains (losses) on investments	20	1
Donated services and use of facilities		
Recoveries of prior year grants		
Other (Describe in Part XIII.)		<del></del>
Add lines 2s through 2d		20
Subtract line 2e from line 1		
Amounts included on Form 990, Part VIII, line 12, but not on line 1:	** *********************************	
Investment expenses not included on Form 990, Part VIII, line 7b	امها	ļ ļ
Other (Describe in Part XIII.)		
Add lines 4a and 4b		40
Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	*************************	8
rt XII   Reconciliation of Expenses per Audited Financial State	ements With Exp	ness ner Return
Complete if the organization answered "Yes" on Form 990, Part IV, line	-	mises per matern.
Total expenses and losses per audited financial statements		T 4 T
Amounts included on line 1 but not on Form 990, Part IX. line 25:	********************	
	1 0 1	
Donated services and use of facilities		
Prior year adjustments		
Other losses		
Other (Describe in Part XIII.)		
Add lines 2s through 2d		
Subtract line 2e from line 1		
Amounts included on Form 990, Part IX, line 25, but not on line 1;		1 1
• • • •	1 . 1	
Investment expenses not included on Form 990, Part VIII, Ilna 7b		
Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	46	
Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. Int XIII Supplemental Information.	45	6
Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses, Add lines 3 and 4c, (This must equal Form 990, Part I, line 18.	Part IV, lines 1b and 2b	6
Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c, (This must equal Form 990, Part I, line 18, art XIII Supplemental Information. Add the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	6
Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c, (This must equal Form 990, Part I, line 18, art XIII Supplemental Information. Add the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	6
Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c, (This must equal Form 990, Part I, line 18, art XIII Supplemental Information. Add the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	6
Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c, (This must equal Form 990, Part I, line 18, art XIII Supplemental Information. Add the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	6
Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c, (This must equal Form 990, Part I, line 18, art XIII Supplemental Information. Add the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	6
Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c, (This must equal Form 990, Part I, line 18, rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	6
Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c, (This must equal Form 990, Part I, line 18, rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	6
Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses, Add lines 3 and 4c, (This must equal Form 990, Part I, line 18, rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	6
Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses, Add lines 3 and 4c, (This must equal Form 990, Part I, line 18, rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	6
Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses, Add lines 3 and 4c, (This must equal Form 990, Part I, line 18, rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	6
Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses, Add lines 3 and 4c, (This must equal Form 990, Part I, line 18, rt XIII] Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	6
Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses, Add lines 3 and 4c, (This must equal Form 990, Part I, line 18, rt XIII] Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	6
Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses, Add lines 3 and 4c, (This must equal Form 990, Part I, line 18, rt XIII] Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	6
Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses, Add lines 3 and 4c, (This must equal Form 990, Part I, line 18, rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	6
Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses, Add lines 3 and 4c, (This must equal Form 990, Part I, line 18, rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	6
Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c, (This must equal Form 990, Part I, line 18, rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	6
Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c, (This must equal Form 990, Part I, line 18, art XIII Supplemental Information. Add the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	6
Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c, (This must equal Form 990, Part I, line 18, rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	6
Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c, (This must equal Form 990, Part I, line 18, art XIII Supplemental Information. Add the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	6
Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c, (This must equal Form 990, Part I, line 18, art XIII Supplemental Information. Add the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	6
Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c, (This must equal Form 990, Part I, line 18, art XIII Supplemental Information. Add the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	6
Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c, (This must equal Form 990, Part I, line 18, art XIII Supplemental Information. Add the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	6
Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c, (This must equal Form 990, Part I, line 18, art XIII Supplemental Information. Add the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	6
Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c, (This must equal Form 990, Part I, line 18, art XIII Supplemental Information. Add the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	6
Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c, (This must equal Form 990, Part I, line 18, art XIII Supplemental Information. Add the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b	6

Employer Identification number OMB No. 1545-0047 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Go to www.ire.gov/Form680 for the latest information. ► Attach to Form 990. AMERICAN HOLISTIC VETERINARY MEDICAL FOUNDATION, INC. Name of the organization Department of the Tressury Internal Revenue Service SCHEDULE Form 900)

. 1	ŀ
•	
·	
١.	
. 1	
4	

Open to Public Inspection

Schedule I (Form 990) (2019) 26-1583307 (h) Purpose of grant or assistance X Xes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, the 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' efigibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ..... recipient that received more than \$5,000. Part It can be duplicated if additional space is needed. (d) Amount of criteria used to award the grants or assistance? : cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) For Paperwork Reduction Act Notice, see the Instructions for Form 980. Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (D) EIN 1 (a) Name and address of organization or government Part # Tad

Page 2

26-1583307

Schedule | (Form 990) (2019) MBDICAL, FOUNDATION, INC.

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(e) Method of valuation	(f) Description of noncash assistance
	activality	ſ	ON MINESCO I CON		
SCHÖLARSHIPE	11	17,085,	0		
	,				
Part IV Supplemental Information. Provide the information required in Part I, tine 2; Part III, column (b); and any other additional information.	uired in Part I, fir	e 2; Part III, column	(b); and any other a	dditional information.	
912107 10-28-19		30			Schedule I (Form 990) (2019)

#### **SCHEDULE O** (Form 900 or 900-EZ)

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

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

Attach to Form 990 or 990-EZ.

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

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN HOLISTIC VETERINARY

Inspection Employer identification number

MEDICAL FOUNDATION, INC.	26-1583307
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION	MISSION:
MEDICINE PARTICULARLY AS IT RELATES TO HOLISTIC, ALRE	NATIVE OR
COMPLIMENTARY VETERMINARY MEDICINE.	
FORM 990, PART VI. SECTION B. LINE 11B:	
ORGANIZATION'S PROCESS TO REVIEW FROM 990: THE ORGANI	ZATION PROVIDES A COPY
OF ITS FORM 990 TO ALL BOARD MEMBERS. THE BOARD MEMB	ERS ARE THEN
ENCOURAGED TO SUMBIT ANY QUESTIONS OR COMMENTS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ENFORCEMENT OF CONFLICTS POLICY: THE ORGANIZATION WIL	L INQUIRE OF EACH OF
ITS BOARD MEMBERS ABOUT POSSIBLE CONFLICTS OF INTERES	T.
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION: NO DOCUME	
PUBLIC.	

LHA For Paperwork Reduction Act Natice, see the instructions for Form 990 or 880-EZ.

Schedule O (Form 990 or 990-EZ) (2019)