Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Department of the Treasury

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

**Open to Public** 

2021 A For the 2020 calendar year, or tax year beginning MAY 1, 2020 and ending APR 30, C Name of organization D Employer identification number Check if applicable Address change AMERICAN ASSOCIATION OF AVIAN PATHOLOGIS Name 04-2349061 change Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 904-425-5735 12627 SAN JOSE BLVD. - SUITE 202 734,595. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended 32223-8638 JACKSONVILLE, FL H(a) Is this a group return Applica-tion pending F Name and address of principal officer: BOB BEVANS-KERR Yes X No for subordinates? 12687 SAN JOSE BLVD, JACKSONVILLE, FL 32223 **H(b)** Are all subordinates included? Yes 501(c)(3) **X** 501(c) ( 6 ) ◀ (insert no.) 4947(a)(1) or Tax-exempt status: If "No," attach a list. See instructions J Website: ► WWW.AAAP.INFO **H(c)** Group exemption number ▶ K Form of organization: X Corporation Other > Year of formation: 1960 M State of legal domicile; FL Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: THE ORGANIZATION INFORMS AND **Activities & Governance** SUPPORTS PRACTITIONERS OF AVIAN MEDICINE VIA SUBSCRIPTIONS, 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 11 3 Number of voting members of the governing body (Part VI, line 1a)  $\overline{11}$ Number of independent voting members of the governing body (Part VI, line 1b) 4 4 0 Total number of individuals employed in calendar year 2020 (Part V. line 2a) 5 60 Total number of volunteers (estimate if necessary) 6 9,240. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 6,496. 7h **Current Year Prior Year** 270,891. 132,770. Contributions and grants (Part VIII, line 1h) 8 Revenue 177,077. 377,545. Program service revenue (Part VIII, line 2g) 20.264. 10,082. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 99,978. 116,997. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 568,210. 637,394. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 14 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 607,932. 446,324. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 607,932. 446,324. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -39,722. 191,070. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 5 1,269,645. 996,533. 20 Total assets (Part X, line 16) 8,004. 8,004. 21 Total liabilities (Part X, line 26) 三年 988,529. 261,641 22 Net 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 accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign BOB BEVANS-KERR, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Check Preparer's signature Print/Type preparer's name ROBERT T. LOVERICH 12/21/21 P00218080 Paid self-employed Firm's name ► SMOAK, DAVIS & NIXON LLP Firm's EIN ▶ 59-0602635 Preparer Firm's address 5011 GATE PARKWAY BLDG 100 STE 300 Use Only Phone no. 904-396-5831 JACKSONVILLE, FL 32256-0562

May the IRS discuss this return with the preparer shown above? See instructions

No

X Yes

Form	990 (2020) AMERICAN ASSOCIATION OF AVIAN PATHOLOGIS 04-2349061 Page 2
Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE ORGANIZATION INFORMS AND SUPPORTS PRACTITIONERS OF AVIAN MEDICINE
	VIA SUBSCRIPTIONS, PERIODICALS, CONFERENCES, AND AWARDS.
	VIA DODDERII I TOND, I ERTODICALD, CONFERENCED, AND AWARDS.
2	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.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	SUBSCRIPTIONS - QUARTERLY PERIODICALS AND SALES OF EDUCATIONAL
	MATERIALS RELATED TO AVIAN MEDICINE WERE MADE AVAILABLE TO HUNDREDS OF
	PRACTITIONERS OF AVIAN MEDICINE.
	PIBIL.
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	CONFERENCES - AN ANNUAL MEETING FOR ALL MEMBERS AND GUESTS WHERE
	PARTICIPANTS SHARE KNOWLEDGE ON THE LATEST FINDINGS IN THE FIELD OF
	AVIAN MEDICINE. ALSO INCLUDES PERIODIC COMMITTEE MEETINGS.
	III IIII IIII IIII IIII IIII IIII IIII IIII
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
40	EDUCATIONAL MATERIALS - PROVIDE EDUCATIONAL MATERIALS TO INDIVIDUALS IN
	THE FORM OF SLIDES, MANUALS AND VIDEOS RELATING TO THE FIELD OF AVIAN
	MEDICINE.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
46	Total program service expenses

032002 12-23-20

Form **990** (2020)

			Yes	No		
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?					
	If "Yes," complete Schedule A	1		X		
2	Is the organization required to complete Schedule B, 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		Х		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect					
	during the tax year? If "Yes," complete Schedule C, Part II	4				
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or					
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Х			
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>				
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<b>└</b>				
′		7		х		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>-</b>				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v		
	Schedule D, Part III	8		<u> </u>		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for					
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?					
	If "Yes," complete Schedule D, Part IV	9		<u> X</u>		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments					
	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, VII, VIII, IX, or X					
	as applicable.					
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,					
	Part VI	11a	X			
b	the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total					
	sets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII					
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total					
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х		
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in					
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х		
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х			
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses					
•	the organization's separate of consolidated final class statements for the tax year moldide a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х		
10-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete					
ıza		40-		Х		
	Schedule D, Parts XI and XII	12a				
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,					
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000					
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> X</u>		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any					
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to					
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,					
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines					
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"					
	complete Schedule G, Part III	19		Х		
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b				
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х		
	democracy government on the art ix, column (x), into 1: 11 Tes, complete scriedule i, Parts Land II			-2		

	· (continued)		Vaa	Na	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No	
22		22		x	
23				<del> </del>	
	Part IX, column (A), line 27 // "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part IVI, Section A, ins. 3, 4, or 5 about compensation of the organization's current and former officers, directors, frustess, key employees, and highest compensated employees? If "Yes," complete Schedule J  a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule IX I" "No", go fo ince 25a  b) Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c) Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  d) Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? a section 501(6), 501(6)(4), and 501(c)(29) organizations. Did the organization gage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part I is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year?  Schedule II., Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, fusites, key employee, creator or founder, substantial contributor, or 35% controlled entity for family member of any of these persons? If "Yes," complete Schedule I., Part II Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, fusites, key employee, creator or founder, substantial contributor, or a53% controlled entity for family member of any of these persons? If "Yes," complete Schedule I., Part III Did the organization provide a grant or other assistance to any current or former officer, director, fusites, for employee, creator or founder, substantial contr			X	
24a					
	Part IX, column (A), line 27 // 1"xes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule IA "No" go to line 25s.  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization acts as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(6)3, 501(6)4), and 501(c)(2)9 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part II is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization spit or forms 980 or 990-627 If "Yes," complete Schedule I, Part II bid the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor, or a5% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part II II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee foresons? If "Yes," complete Schedule I, Part III II Did the organization and party to a business transaction with a folial final parties. Schedule I, Part II II II Did the organization and				
		24a		X	
b	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  2 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Ye				
	any tax-exempt bonds?	24c			
d	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustess, key employees, and highest compensated employees? If "Yes," complete Schedule J  22  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24th through 24d and complete Schedule K If "No," go to line 25a  Did the organization wasts any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization acts as an "on behalf or!" issuer for bonds outstanding at any time during the year?  24b Section 501(6)3, 501(c)43, and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I  25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27. If "Yes," complete Schedule I, Part II  25b Is the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, fusates, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part III  25c Did the organization provide a grant or other assistance to any current or former officer, director, fusates, hey employee, creator or founder, substantial contributor, or or for to a 55% controlled entity (including an employee thereof) or family huestifer for any or these special part is a section of the				
25a	Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3. 4, or 5 about compensation of the organization's current and former officers, directors, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule J and Did the organization have at ax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II "Tho", go to line 26a  Did the organization miest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year?  Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I  Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I  Did the organization propertion on any of the organization's prior Forms 990 or 990 E27 If "Yes," complete Schedule I, Part II  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor, or employee thereof a gain relievable of the organization provide a grant or other assistance to any current or former officer, director, frustee, key employee, creator or founder, substantial contributors or any of these persons? If "Yes," complete Schedule I, Part III  Did the organization party to a business transaction with goe of this pilonizing parties Schedule II. Part IV instructions, for applicable filing thresholds, conditions, and exceptions?				
	Part IX, column (A), line 2" (If "Yes," complete Schedule I, Parts I and III   Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current in and former officers, directors, fusitess, key employees, and highest compensated employees? If "Yes," complete Schedule I   Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the liast day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule III "No. 7 por to line 25e Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization maintain an escrow account other than a refunding escrow at any time during the year of defease any tax-exempt bonds? Did the organization on behalf of "issue for bonds outstanding at any time during the year?   24d   Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year?   1 "Yes," complete Schedule I., Part I   25d   Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year?   1 "Yes," complete Schedule I., Part I   25d   Did the organization report any amount on Part X, line 5 or 22, for receivables from or psyables to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family insurance on any or the organization apart of a 35% controlled entity of really member of any or these persons? If "Yes," complete Schedule I., Part III   2   2   2   2   2   2   2   2   2				
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete				
	Schedule L, Part I	25b			
26					
		26		X	
27					
		27		X	
28					
_					
а		00-		X	
h	"Yes," complete Schedule L, Part IV			X	
		200		<u> </u>	
C		280	Х		
29		29		x	
	Part IX. column (A), line 27 /f. "Yes," complete Schedule (, Parts I and III)  off the organization answer "Yes" to Part VII, Section A, line 3.4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule / If "No.", or to line 25 about 1, 2002" If "Yes," answer lines 24b through 24d and complete Schedule / If "No.", or to line 25 about 1 are provided and complete Schedule / If "No.", or to line 25 about 1 are provided and complete Schedule / If "No.", or to line 25 about 1 are provided and complete Schedule / If "No.", or to line 25 about 1 are provided and complete Schedule / If "No.", or to line 25 about 1 are provided and complete Schedule organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax exempt bonds?  Did the organization and as an 'on behalf of' issuer for bonds outstanding at any time during the year?  24 Did the organization and as an 'on behalf of' issuer for bonds outstanding at any time during the year?  25 Did the organization aware that it lengaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction who a disqualified person during the year? If "Yes," complete Schedule L, Part II  26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or forms officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity for family member of any of these persons? If "Yes," complete Schedule L, Part II  27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part II  28 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, and parties presented i				
-		30		X	
31	30 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trusteses, key employees, and highest compensated employees? "If "Yes," complete Schedule J "If Yes," complete Schedule J "If Yes, "complete Schedule J "If Yes," complete Schedule J "If Yes," complete Schedule J "If Yes, "complete Schedule J "If Yes," complete Schedule J "If Yes, "complete Schedule J "If Yes, "c			Х	
32	Part IX. column (A), line 27. If "Yes," complete Schedule I, Parts I and III.  Did the organization answer "Yes" to Part VII, Section A, Iline 3. 4, or 5 about compensation of the organization's current and former officiers, directors, frustess, key employees, and highest compensated employees? If "Yes," complete Schedule J.  But the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule J. If "Yes," organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maters are an "on behalf of" issuer for bonds outstanding at any time during the year? defease any tax exempt bonds?  Did the organization acts as an "on behalf of" issuer for bonds outstanding at any time during the year?  Did the organization wave that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I  Did the organization and that the transaction has not been reported on any of the organizations prior Forms 990 or 990-E27 If "Yes," complete Schedule I, Part II  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former office, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part III  Did the organization party to a business transaction via deep of this fellowing parties file member, or to a 39% controlled entity of inchering substantial contributors or employee thereof is primary between the schedule I, Part III  Did the organization applice Exchedule III and III and II				
	Part IX. column (A), line 2? If "Yes," completes Schedule I, Parts I and III  3 Did the organization answer "Yes" to Part VI, Section A, line 3.4, or 5 about compensation of the organization's current and former officers, directors, flustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  4a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the lisat day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule J "In", or to line 25e  5b Did the organization mixest any proceeds of flax-exempt bonds beyond a temporary period exception?  5c Did the organization mixest any proceeds of flax-exempt bonds beyond a temporary period exception?  5d Did the organization as as an 'on behalf of' issue for bonds outstanding at any time during the year to defease any tax-exempt bonds?  5d Did the organization as as an 'on behalf of' issue for bonds outstanding at any time during the year?  5d Section 501(x)(3), 501(x)(4), and 501(x)(2) organizations. Did the organization mappe in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  5d Did the organization aware that the rapaged in an excess benefit transaction with a disqualified person of the organizations prior Forms 900 or 900-E27 If "Yes," complete Schedule L, Part II  5d Did the organization aware that the rapaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 900 or 900-E27 If "Yes," complete Schedule L, Part II I  5d Did the organization ware that a transpaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of these persons? If "Yes," complete Schedule L, Part II I  5d Did the organization provide a great or other assistance to any current or former officer, di				
33					
		33		X	
34					
		34	Х		
35 a	Part IX. column (A). line 2? (** "he*, "complete Schedule (**, Parts I and III 20 bit the organization answer "he* to Part VIII, Section A, line 3.4, or 5 about compensation of the organization's current and former officers, directors, fusitees, key employees, and highest compensated employees?  (** "Yes," complete Schedule U 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002?  (** "Yes," answer lines 24b through 24d and complete Schedule U 4* "No." or of line 25e.  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization marks an a scrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization as an "on behalf of "sour for bonds outstanding at any time during the year to defease any tax-exempt bonds?  d Did the organization as an "on behalf of "sour for bonds outstanding at any time during the year? defease any tax-exempt bonds?  d Did the organization set as an "on behalf of" sour for bonds outstanding at any time during the year of defease any tax-exempt bonds?  d Did the organization set as an "on behalf of" sour for bonds outstanding at any time during the year? defease any tax-exempt bonds?  b Is the organization as as an "on behalf of" sour for sour for bonds outstanding at any time during the year? defease any tax-exempt bonds?  b Is the organization on exempt any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or former, director, force, director, trustee, key employee, creator or former, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II wish to organization expects out on the assistance to any current or former officer, director, trustee, key employee, creator or former			Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity				
	Part IX, column (A), line 27. If "Yes," completes Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3.4, or 5 about compensation of the organization's current and former officers, directors, fundates, key employees, and highest compensated employees? If "Yes," complete Schedule J.  a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule J. Thin," go to line 25e  Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception?  C Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization makes any "on behalf of" issuer for bonds outstanding at any time during the year of defease any tax-exempt bonds?  Did the organization acts as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 50(b(3), 501(b(4), and 501b(b(2)) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I be the organization waver that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I ii Did the organization avare that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990-E72 If "Yes," complete Schedule L, Part II  Did the organization varies that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of these organizations from prior to a system organization prior former offere, discording the prior of the organization prior or any of the organization prior organization prior organization prior organization				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?				
		36			
37	· · · · · · · · · · · · · · · · · · ·				
		37		X	
38			\ <b>.</b> ,		
Dai	Note: All Form 990 filers are required to complete Schedule 0	38	X		
Га					
	Grieck if Scriedule O contains a response or note to any line in this Part V			Н.	
<b>.</b>	Establic murchau vasastad in Bou O of Form 1000 Establic O if act and Packta		Yes	No	
_	•	-			
	Enter the Hamber of Fermi V 24 molecular mile fat Enter of milet applicable	-			
С		10	Х		
00000				(2020 <u>)</u>	

Form 990 (2020) AMERICAN ASSOCIATION OF AVIAN PATHOLOGIS

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

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
	•			3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•	١.		77
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a		X
р	If "Yes," enter the name of the foreign country		+- (FDAD)			
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		,	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th			"		
	any contributions that were not tax deductible as charitable contributions?	3		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	$ Did the organization \ receive \ a \ payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ excess \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ excess \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess $	rvices p	provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			
	to file Form 8282?	 I	 I	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•	۱.,		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		t?	7e 7f		
f g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property, did the organization file Fo		90 as required?	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	-				
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	1	1			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1		
11	Gross income from members or shareholders	   11a	1			
	Gross income from other sources (Do not net amounts due or paid to other sources against	10				
~	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ı	I			
	organization is licensed to issue qualified health plans	13b	1			
	Enter the amount of reserves on hand	13c	•	4.0-		X
				14a		
ъ 15	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," provide an explanation on Scheduls the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			14b		
.5	excess parachute payment(s) during the year?			15		х
	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	t incor	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
				Γ	. aan	(0000)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec				
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11			
b				
2	•			
	officer division to the control of t	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated to advantive to an executive committee or similar committee, explain on Schedule 0.  Enter the number of voting members included on line 1a, above, who are independent  It 10 bid any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee as to a management company or other person?  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 become aware during the year of a significant diversion of the organization have members or stockholders?  Did the organization have members or stockholders?  Did the organization have members or stockholders?  Did the organization have members or stockholders?  Officers, director, trustee, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  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?  Each committee with authority to act on behalf of the governing body?  Each committee with authority to act on behalf of the governing body?  Est he organization contemporaneously document the members of stopking to the programization of the organization of the organization have written organization should be proposed to the organization of the organization have written organized to the organiz			
4		4		Х
5	a Enter the number of voting members of the governing body at the end of the tax year			Х
6	Did the assessing time to assess and as the latest O	6	Х	
7a	tale Enter the number of voting members of the governing body at the end of the tax year  If there are interrial differences in voting rights among members of the governing body, or if the governing body of 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 become aware during the year of a significant diversion of the granization sasests?  Did the organization become aware during the year of a significant diversion of the granization assests?  Did the organization bave members or stockholders?  A reary governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons who had the power to elect or appoint one or more members of the governing body?  A reary governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  Be an explored the transport of the organization become and the meetings held or written actions undertaken during the year by the following:  The governing body?  Be an explored the transport of the governing body?  Is there any officer, director, trustee, or key employee isde in Pay 11/1, Section A, who graning be reached at the organization have written policles and presented to such as the property of the property of the property of the such as the property of the property of the property of the such as the property of the property of the property of the such as the property of the property o			
		7a		Х
b				
	persons other than the governing body?	7b		Х
8				
а		8a	Х	
b		8b	Х	
9				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec				
	Bach 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 organization's mailing address? If "Yes," provide the names and addresses on Schedule O  Ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?			
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	id the organization have local chapters, branches, or affiliates?  "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?  as the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? escribe in Schedule O the process, if any, used by the organization to review this Form 990. id the organization have a written conflict of interest policy? If "No," go to line 13  Vere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			Х
b	"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?  Just the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
12a	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
		15b		Х
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
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			
		16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	officer, director, trustee, or key employee?  3 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?  4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  5 Did the organization have members or stockholders?  6 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 Are any governance decisions of the organization reserved to for subject to approval by) members, stockholders, or persons other than the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Sedion A, who example be reached at the organization smalling address? If "Yes", provides the names and addresses on Schedule O  ection B. Policies (This Section B requests infarmation shour policies for trustees of such chapters, affiliates, and branches to ensure their operations are occurred to 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 occusionated with the organization the properties are occusionated by the affirmal Revenue Code.)  7 Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consentent with the organization service by the form 990.  8 Did the organization have a written organization the organization to review this Form 990.  9 Did the organization have a written conflict of interest policy? ("Mw." or oclaine 18.  9 Did the organization have a written o			
19	of officers, directors, trustees, or key employees to a management company or other person?  Did the organization become aware during the year of a significant diversion of the organization's assests?  Did the organization have members or stockholders?  Did the organization have members or stockholders?  Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  The governing body?  Bid the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  The governing body?  Bid the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  The governing body?  Bid the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  The governing body?  Bid the organization face with authority to act on behalf of the governing body?  Bid the organization face with authority to act on behalf of the governing body?  Bid the organization smalling address? If "Yes," provide the names and softenses on Schedule O.  Cection B. Policies This Section B requests influmation should professes on Schedule O.  Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written golicies and procedures governing the activates of such chapters, affiliates, and branches to ensure their operations are consistent with the organization is governing body before filing the form?  Die secribe in Schedule O the process, if any, used by the organization is review this Form 990.  Did the organization have a written conflict of interest policy? If Mo. "			
	statements available to the public during the tax year.			
20	3 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?  4 Did the organization make any significant changes to its governing documents since the prior Form 990 was flied?  5 Did the organization become aware during the year of a significant diversion of the organization's assets?  5 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  5 Did the organization that suthority to act on behalf of the governing body?  6 Did the organization than suthority to act on behalf of the governing body?  8 Stere any officer, director, trustee, or key employee listed in Part VII. Section A, who safing the reached at the organization's mailing address? If Yes, organization and address? If Yes, organization safing address? If Yes, organization and address. If Yes, organization and address and yellow the organization become the organization and address and yellow the organization and provided a complete topey of this Form 990 to the organization for y			
	12627 SAN JOSE BOULEVARD SUITE 202, JACKSONVILLE, FL 32223-8638			

032006 12-23-20

Form **990** (2020)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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.

X Check this box if neither the organizat (A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	١,,	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot	n an	compensation	compensation	amount of
	week	_	_	nd a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	يو			ated		organization	(W-2/1099-MISC)	from the
	related	ıstee	truste		ap.	bens		(W-2/1099-MISC)		organization
	organizations below	ual tr	ional		ploye	t com				and related organizations
	line)	Individual trustee or director	Institutional trustee	Offlicer	Key employee	Highest compensated employee	Former			Organizations
(1) BOB BEVANS-KERR	0.25	=		L	Ť	1 0	ъ.			
EXECUTIVE DIRECTOR	0.15			x				0.	0.	0.
(2) DAVID FRAME	0.25							Ů.	•	
PRESIDENT 2021	0.15	х		x				0.	0.	0.
(3) SUZANNE DOUGHERTY	0.25									
EXECUTIVE VICE PRESIDENT 2	0.15	х		x		1		<b>₩</b> .	0.	0 .
(4) ERIC JENSEN	0.25			1				<del>JUIX</del>		-
PAST PRESIDENT 2021	0.15	Х		Х				0.	0.	0 .
(5) MICHELLE KROMM	0.25				_					
DIRECTOR 2023	0.15	x					) '	0.	0.	0 .
(6) KAREN GROGAN	0.25			$\Box$				Y		
DIRECTOR 2024	0.15	Х						0.	0.	0.
(7) JULIE HELM	0.25									
DIRECTOR 2024	0.15	Х						0.	0.	0 .
(8) ROSEMARY MARUSAK	0.25									
DIRECTOR 2021	0.15	Х				<u> </u>		0.	0.	0 .
(9) KAREL SCHAT	0.25	1								_
DIRECTOR 2021	0.15	Х				_		0.	0.	0 .
(10) SAMUEL CHRISTENBERRY	0.25	1								
DIRECTOR 2022	0.15	Х						0.	0.	0 .
(11) LOUISE DUFOUR-ZAVALA	0.25	4								_
PRESIDENT ELECT 2022	0.15	Х		<u> </u>			<u> </u>	0.	0.	0 .
(12) KELLY HEWITT	0.25	4								_
STUDENT REPRESENTATIVE 202		Х		_		_		0.	0.	0 .
		4								
		-	-	₩			<u> </u>			
		4								
		-	-	-		1	-			
		-								
		-	$\vdash$	$\vdash$		$\vdash$	_			
		+								
-		1	$\vdash$	$\vdash$		$\vdash$	<del>                                     </del>			
		1								
		1	<u> </u>					1	Į	

Form **990** (2020)

Part VII Section A. Officers, Directors, Trus	Average hours per week (list any) hours for related organizations below line)  In a state of the compensation of the organization (W.2/1099-MISC)  In a state of the compensation of the organization of the organization (W.2/1099-MISC)  In a state of the compensation of the organization												
(A)	(B)			(C	<b>)</b>							(F)	
Name and title	1	(do					ne	Reportable	Reportable		Esti	mated	b
		box,	, unles	ss per	son is	s both	an			I			f
			Jer an	iu a uii	recto	ritusi	ee)						
		directo						•					
	1	e or c	stee			sated			(00-2/1099-10110	,0,			
	organizations	truste	al trus		yee	mper		(** 27 1000 111100)			•		
	1	ridual	tution	.e.	oldme	est co loyee	Jer				organ	izatio	ns
	line)	Indi	Insti	Offic	Key	High emp	Form						
										-+			
			L										
	$\Box$		Н			Н							
	P		Ш		)	Ц							
1h Subtotal								0.		0.			0.
	Section A					J: '			_				
						/		0.					
•	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	 <del>}</del>			
compensation from the organization									•				0
					ı II.					_	\	es	No
3 Did the organization list any former officer,	director, truste	e <b>e</b> , k	ey e	emplo	oye	e, or	hig	hest compensated emp	loyee on				
										📙	3		X
4 For any individual listed on line 1a, is the su	ım of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from t	he organization				
											4		<u>X</u>
, .	•				,			•			_		37
	plete Schedule	e J fo	or su	ıch p	ers	on .					5		Λ
·	mneneated ind	lana	nder	at co	ntra	actor	e th	nat received more than \$	100 000 of com		n from	<u> </u>	
	•	•								Jerisatio	// // O//	'	
	Name and title    Average   hours per week   (list arry   hours for related organizations   below with   hours for related organizations   hellow   line)												
	address								ervices	Cor		ation	
BK ASSOCIATION MANAGEMENT	LLC,	12	62	7 \$	SA	N	$\sqcap$						
JOSE BOULEVARD, #202, JAC	KSONVIL	LE	,	FL			_	MANAGEMENT C	OMPANY		<u> 173</u>	<u>, 49</u>	4.

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

Form **990** (2020)

\$100,000 of compensation from the organization

Part VIII

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events ..... 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 132,770. 1f g Noncash contributions included in lines 1a-1f 132,770. h Total. Add lines 1a-1f **Business Code** 155,330. 541900 155,330. 2 a MEMBERSHIP DUES Program Service Revenue b ANNUAL MEETING 541900 81,145. 81,145. 76,794. 67,554. 9,240. c AVIAN DISEASES JOURNAL 511120 d SALE OF EDUCATIONAL MA 611710 64,276. 64,276. f All other program service revenue ..... 377,545. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 9,293. 9,293. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 116,997 116,997. 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 97,990. assets other than inventory b Less: cost or other basis 97,201 Other Revenue and sales expenses ...... 789. c Gain or (loss) 789. 789. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities  $\triangleright$ 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 637,394. 368,305. 9,240. 127,079. Total revenue. See instructions 12

032009 12-23-20

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying ..... Professional fundraising services. See Part IV, line 17 2,857. Investment management fees ... Other. (If line 11g amount exceeds 10% of line 25, 84,274 column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 119,222 Office expenses 13 **11**,97*6* Information technology 14 Royalties 15 16,464 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 38,715. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 63. 22 Depreciation, depletion, and amortization ..... 2,136. 23 Other expenses. Itemize expenses not covered 24 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.) 1,751. TAX EXPENSE PUBLICATION OF EDUCATIO 15,327. 4,204. DUES AND SUBSCRIPTIONS 2,649. AWARDS 150. All other expenses 446,324. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 1 Cash - non-interest-bearing 663,133. 848,975. Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 6,255. basis. Complete Part VI of Schedule D \_\_\_\_\_\_ 10a 135. b Less: accumulated depreciation 10b 10c 420.598. 333,265. 11 11 Investments - publicly traded securities Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 1,269,645. 996,533. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue .... 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, 22 Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 8,004. 8,004. of Schedule D 8,004. 8,004. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here 🕨 🗓 and complete lines 29 through 33. 988,529. 1,261,641. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 0. 30 30 0. 31 Retained earnings, endowment, accumulated income, or other funds 31 1,261,641. 988,529. Total net assets or fund balances 32 32 996,533. 1,269,645.

Form **990** (2020)

33

Total liabilities and net assets/fund balances

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

Form **990** (2020)

#### SCHEDULE C

(Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

<ul> <li>Section 501(c)(4), (5), or (6) organizat</li> </ul>	ions: Complete Part III.										
Name of organization	AMERICAN ASSOCIATION OF AVIAN PATHOLOGIS  I-A Complete if the organization is exempt under section 501(c) or is a section ovide a description of the organization's direct and indirect political campaign activities in Part IV.  Iditical campaign activity expenditures indirect political campaign activities in Part IV.  I-B Complete if the organization is exempt under section 501(c)(3). Iter the amount of any excise tax incurred by the organization under section 4955 inter the amount of any excise tax incurred by organization managers under section 4955 inter the amount of any excise tax incurred by organization managers under section 4955 inter the amount of any excise tax incurred by organization managers under section 4955 inter the amount of any excise tax, and it file Form 4720 for this year?  I-C Complete if the organization is exempt under section 501(c), except sect the term amount directly expended by the filling organization for section 527 exempt function activities the amount of the filling organization's funds contributed to other organizations for section 527 empt function activities  I tall exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, and the filling organization file Form 1120-POL for this year?  I ter the names, addresses and employer identification number (EIN) of all section 527 political organization and payments. For each organization listed, enter the amount paid from the filling organization, such a difficult action committee (PAC). If additional space is needed, provide information in Part IV.  I c) Amount filling organization in Part IV.  I c) Amount filling organization in Part IV.  I c) Amount filling organization filling organization organization, such a littical action committee (PAC). If additional space is needed, provide information in Part IV.		Empl	oyer identification number							
	AMERICAN ASSOCIATION OF AVIAN PATHOLOGIS  AMERICAN ASSOCIATION OF AVIAN PATHOLOGIS  ACCOMPLETE IF the organization is exempt under section 501(c) or is a section ovide a description of the organization's direct and indirect political campaign activities in Part IV.   Ilitical campaign activity expenditures lunteer hours for political campaign activities  B Complete if the organization is exempt under section 501(c)(3).   The ter the amount of any excise tax incurred by the organization under section 4955 the organization incurred a section 4955 tax, did it file Form 4720 for this year?   It is a correction made?  Yes, "describe in Part IV.  C Complete if the organization is exempt under section 501(c), except section ter the amount directly expended by the filing organization for section 527 exempt function activities ter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities tal exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, a 17b.   It the filing organization file Form 1120-POL for this year?   Iter the names, addresses and employer identification number (EIN) of all section 527 political organization did payments. For each organization listed, enter the amount paid from the filing organization's funds. Als intributions received that were promptly and directly delivered to a separate political organization, such as litical action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name (b) Address (c) EIN (d) Amount profiling organization filing organization fili			04-2349061							
Part I-A   Complete if the org	anization is exempt unde	er section 501(c) o	r is a section 527 or	ganization.							
2 Political campaign activity expenditu	ures		<b>&gt;</b> \$								
Part I-B   Complete if the org	anization is exempt unde	er section 501(c)(3	3).								
<ul> <li>2 Enter the amount of any excise tax is</li> <li>3 If the organization incurred a section</li> <li>4a Was a correction made?</li> <li>b If "Yes," describe in Part IV.</li> </ul>	Enter the amount of any excise tax incurred by organization managers under section 4955  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Wes No  B If "Yes," describe in Part IV.										
Part I-C   Complete if the org	anization is exempt unde	er section 501(c), e	except section 501(c	)(3).							
2 Enter the amount of the filing organi	ization's funds contributed to oth	er organizations for sec	ction 527								
<ul> <li>line 17b</li> <li>Did the filing organization file Form</li> <li>Enter the names, addresses and emmade payments. For each organization contributions received that were pro-</li> </ul>	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b  Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a										
<b>(a)</b> Name	<b>(b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0							
	CAN ASSOCIATION OF AVIAN PATHOLOGIS  organization is exempt under section 501(c) or is a section 527 organization.  anization's direct and indirect political campaign activities in Part IV. Inditures Impaign activities  organization is exempt under section 501(c)(3).  tax incurred by the organization under section 4955  tax incurred by organization managers under section 4955  tax incurred by organization managers under section 4955  totion 4955 tax, did it file Form 4720 for this year?  Yes  No  organization is exempt under section 501(c), except section 501(c)(3).  Indeed by the filing organization for section 527 exempt function activities  Indeed by the filing organization for section 527 exempt function activities  Indeed by the filing organization for section 527 exempt function activities  Indeed by the filing organization for section 527 exempt function activities  Indeed by the filing organization for section 527 exempt function activities  Indeed by the filing organization for section 527 exempt function activities  Indeed by the filing organization for section 527 exempt function activities  Indeed by the filing organization for section 527 exempt function activities  Indeed by the filing organization for section 527 exempt function activities  Indeed by the filing organization for section 527 exempt function activities  Indeed by the filing organization to the filing organization for section 527  Indeed by the filing organization to which the filing organization is funds. Also enter the amount of political expromptly and directly delivered to a separate political organization for filing organization organization.  Indeed by the filing organization for filing organization organization organization organization organization organization organization organization.										

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

Schedule C (Form 990 or 990-EZ) 2020 AM:  Part II-A Complete if the organic section 501(h)).									
A Check ▶ ☐ if the filing organization	belongs to an aff	iliated group (and list i	n Part IV each affiliated	group member's nam	ne, address, EIN,				
expenses, and share of	, ,	•							
B Check ▶ ☐ if the filing organization	checked box A a	nd "limited control" pr	ovisions apply.		T 4. 3. 4				
Limits or (The term "expenditur	n Lobbying Expe es" means amo		)	(a) Filing organization's totals	(b) Affiliated group totals				
1a Total lobbying expenditures to influence	e public opinion (	grassroots lobbying)							
<b>b</b> Total lobbying expenditures to influence	e a legislative bo	dy (direct lobbying) .							
c Total lobbying expenditures (add lines	Total lobbying expenditures (add lines 1a and 1b)								
d Other exempt purpose expenditures									
e Total exempt purpose expenditures (ac	ld lines 1c and 1d	d)							
f Lobbying nontaxable amount. Enter the	e amount from th	e following table in bot	h columns.						
If the amount on line 1e, column (a) or (b)	is: The lot	bying nontaxable am	nount is:						
Not over \$500,000		the amount on line 1e							
Over \$500,000 but not over \$1,000,000		00 plus 15% of the exc							
Over \$1,000,000 but not over \$1,500,0		00 plus 10% of the exc	. , , ,						
Over \$1,500,000 but not over \$17,000,		00 plus 5% of the exce	ess over \$1,500,000.						
Over \$17,000,000	\$1,000	,000.							
<ul> <li>h Subtract line 1g from line 1a. If zero or</li> <li>i Subtract line 1f from line 1c. If zero or I</li> <li>j If there is an amount other than zero or</li> <li>reporting section 4911 tax for this year</li> </ul>	ess, enter -0- n either line 1h or ?	line 1i, did the organiz			Yes No				
(Some organizations that r	nade a section 5 See the separ	01(h) election do not ate instructions for li	have to complete all ones 2a through 2f.)	of the five columns b	elow.				
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		1				
Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) Total				
2a Lobbying nontaxable amount		)()P	Y						
<b>b</b> Lobbying ceiling amount									
(150% of line 2a, column(e))									
c Total lobbying expenditures									
d Grassroots nontaxable amount									
e Grassroots riontaxable amount									
(150% of line 2d, column (e))									
(									

Schedule C (Form 990 or 990-EZ) 2020

# Schedule C (Form 990 or 990-EZ) 2020 AMERICAN ASSOCIATION OF AVIAN PATHOLOGI 04-2349061 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	)	(b	<b>)</b>
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
b	Volunteers?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Total. Add lines 1c through 1i  Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5	), or sec	tion	
	se i(e)(e).			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			Х	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th				X
_	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."			II-A, line	3, is 
1 2	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)				
2	expenses for which the section 527(f) tax was paid).	zai			
а	Current year		2a		
	Carryover from last year				
	Total				
3	4		١ .		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the exceeds the amount on line 3.				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (See instructions)		5		
Par	t IV Supplemental Information				
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information.	list); Part II-A	A, lines 1 a	nd 2 (See	

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

AMERICAN ASSOCIATION OF AVIAN PATHOLOGIS

**Employer identification number** 04 - 2349061

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's $% \left( 1\right) =\left( 1\right) \left( 1$		
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	
Da			
Par	Complete it are en		Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	`	
	Preservation of land for public use (for example, recrea	· —	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
•	Preservation of open space	final annual stine anatolic time in the famou	of a community and an electrical
2	Complete lines 2a through 2d if the organization held a quality of the tay year	nied conservation contribution in the form	Held at the End of the Tax Year
•	day of the tax year.  Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired a		
ŭ	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year >		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it	14-14-0	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	•	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	•	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
Do	organization's accounting for conservation easements.	f Art Historical Tracquires or O	thar Similar Assats
Pai	t III Organizations Maintaining Collections of		iller Sillillar Assets.
	Complete if the organization answered "Yes" on Form		
па	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for put	· · · · · · · · · · · · · · · · · · ·	•
h	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	c exhibition, education, or research in furti	lerance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under FASB A		ga, provido
а	Revenue included on Form 990, Part VIII, line 1	_	<b>&gt;</b> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2020

032051 12-01-20

Schedule D (Form 990) 2020

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

### **Transactions With Interested Persons**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ 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 the organization

ame of the organization	AMERICA	N ASSC	CIAT	ION	OF	AV:	IAN	PATI	HOL	OGIS	5			rident		on nui	mber
Part I Excess Be	enefit Transa											anizatio	ons on	ıly).			
Complete if t	he organization a	answered "	es" on F	orm 9	90, Pa	art IV,	line 25a	or 25b	o, or F	orm 99	90-EZ, F	Part V, I	ine 40	)b			
1 (a) Name of disqualifie	ed person	(b) Relation				lified		(6	c) Des	criptio	n of tra	ınsactio	on.				cted?
(a) Hame of alequality	ou porcon	perso	n and or	ganiza	ation										<u> </u>	es	No
	<u> </u>														+	+	
	-														+	+	
															+	+	
	+														+	+	
															+	+	
2 Enter the amount of t	tax incurred by the	ne organizat	ion mana	agers	or disc	ualifie	ed perso	ons dur	ina th	e vear	under						
		•		•		•	•		•	•			<b>&gt;</b> \$				
3 Enter the amount of t													<b>\$</b>				
Part II Loans to a	and/or From	Intereste	ed Pers	ons.													
Complete if t	he organization a	answered "	es" on F	orm 9	90-EZ	, Part	V, line 3	38a or F	orm 9	990, Pa	art IV, li	ne 26;	or if th	ie orga	nizatic	'n	
	amount on Form													//L. \ A.n.	nround		
(a) Name of interested person	(b) Relations		irpose loan		an to or n the		e) Origi	nal	(f)	Balanc	e due		) In	(h) Ap	ard or	(I <i>)</i>	/ritten ment?
interested person	with organiza		loan		zation?	Prim	cipal ar	nount	-				ault?	comm			T
		-		То	From							Yes	No	Yes	No	Yes	No
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	Assistance I		_														
	he organization a	answered "\	es" on F	orm 9	90, Pa												
(a) Name of interest	ed person		tionship			(	<b>c)</b> Amo assista				<b>(d)</b> Typ assista				<b>)</b> Purp assista		f
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2020

Schedule L (Form 990 or 990-EZ) 2020 AMERICAN ASSOCIATION OF AVIAN PATHOLOGIS 04-2349061 Page 2 Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (b) Relationship between interested (d) Description of (a) Name of interested person (c) Amount of organization's person and the organization transaction transaction revenues? Yes No BK ASSOCIATION MANAGEMENT BK ASSOCIATION MANA 139,236. MANAGEMENT Х Part V Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions) PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: BK ASSOCIATION MANAGEMENT, LLC (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BK ASSOCIATION MANAGEMENT BY BOB AND JANECE BEVANS-KERR. OWNED (D) DESCRIPTION OF TRANSACTION: MANAGEMENT SERVICES

#### SCHEDULE O

(Form 990 or 990-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.gov/Form990 for the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN ASSOCIATION OF AVIAN PATHOLOGIS

**Employer identification number** 04-2349061

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PERIODICALS, CONFERENCES AND AWARDS.

SECTION A, LINE 3: FORM 990, PART VI,

DELEGATED OPERATIONAL AND RECORD KEEPING DUTIES INCLUDING BUT NOT LIMITED TO MAINTENANCE OF FINANCIAL REPORTS, ASSISTANCE WITH AWARD AND SCHOLARSHIP ATTENDANCE AT MEETINGS AND RECORDATION AND MAINTENANCE OF DISTRIBUTION, TO OUTSIDE MANAGEMENT COMPANY WITH BOARD OF DIRECTORS OVERSIGHT.

LINE 6 FORM 990. PART VI. SECTION THE TYPES OF MEMBERSHIP ARE AS FOLLOWS: (1) CHARTER MEMBER; (2) MEMBER; (4)ASSOCIATE MEMBER; (5) INTERNATIONAL ASSOCIATE MEMBER; LIFE MEMBER; RETIRED MEMBER: AND RETIRED ASSOCIATE MEMBER; HONORARY MEMBER: (8) STUDENT MEMBER; AND (9) STUDENT CHAPTER. CHARTER MEMBERS SHALL HAVE THE QUALIFICATIONS OF MEMBERS AND SHALL BE THOSE WHO HAVE HAD FIFTEEN YEARS EXPERIENCE IN AVIAN PATHOLOGY JOINED TOGETHER AT THE 1957 ANNUAL MEETING OF THE AMERICAN VETERINARY MEDICAL ASSOCIATION (HEREINAFTER "AVMA") PLUS OTHERS ELECTED BY A TWO-THIRDS VOTE OF THE INITIATE THIS ASSOCIATION, ORIGINAL CHARTER MEMBERSHIP. THESE LATTER MUST ALSO HAVE FIFTEEN YEARS OF EXPERIENCE IN AVIAN PATHOLOGY AND SHALL BE ELECTED WITHIN THE FIRST YEAR FOLLOWING ADOPTION OF THE CONSTITUTION AND BY-LAWS. MEMBERS MUST BE A PERMANENT RESIDENT OF ONE OF THE DISTRICTS (NORTHEASTERN, SOUTHERN CENTRAL AND SOUTH AMERICA, AND INTERNATIONAL), WESTERN, GRADUATE OF A VETERINARY COLLEGE AND, IF A RESIDENT OF THE UNITED STATES, BE A MEMBER OF THE AVMA. LIFE MEMBERS SHALL NOT BE REQUIRED TO PAY DUES OR THE FOLLOWING CRITERIA HAVE TO BE FULFILLED TO BE CONSIDERED ASSESSMENTS. Schedule O (Form 990 or 990-EZ) 2020 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Name of the organization

**Employer identification number** 

AMERICAN ASSOCIATION OF AVIAN PATHOLOGIS 04-2349061 FOR ELECTION: (1) THE CANDIDATE MUST HAVE BEEN ACTIVE IN THE FIELD OF POULTRY HEALTH FOR A MINIMUM OF 25 YEARS. (2) THE CANDIDATE MUST HAVE MADE SIGNIFICANT CONTRIBUTIONS TO THE AMERICAN ASSOCIATION OF AVIAN PATHOLOGISTS. EXAMPLES OF SIGNIFICANT CONTRIBUTIONS ARE SERVING ON THE BOARD OF DIRECTORS, AND/OR SERVING ON COMMITTEES OF THE AAAP SUCH AS THE EDITORIAL BOARDS ASSOCIATED WITH THE AAAP (DISEASES OF POULTRY, AVIAN DISEASES, ISOLATION AND IDENTIFICATION OF AVIAN PATHOGENS, ETC.), AWARDS COMMITTEE, AND/OR OTHER COMMITTEES ESSENTIAL FOR THE AAAP. (3) THE CANDIDATE MUST HAVE MADE SIGNIFICANT CONTRIBUTIONS TO THE FIELD OF POULTRY HEALTH. EQUAL WEIGHT WILL BE GIVEN TO CRITERIA 2 AND 3 IN THE DECISION IF THE MEMBER OR ASSOCIATE MEMBER HAS RETIRED FROM MAJOR GAINFUL EMPLOYMENT. ASSOCIATE MEMBERS ARE VETERINARIANS WHO ARE RESIDENTS OF THE UNITED STATES BUT NOT MEMBERS OF THE AVMA AND PERSONS WITHOUT A DEGREE IN VETERINARY MEDICINE WHO ARE ENGAGED IN SOME PHASE OF AVIAN DISEASES. INTERNATIONAL ASSOCIATE MEMBERS ARE PERSONS FROM OUTSIDE THE DESIGNATED REGIONS WHO ARE ENGAGED IN SOME PHASE OF AVIAN DISEASES. INTERNATIONAL ASSOCIATE MEMBERS WHO ELECT TO RECEIVE CORRESPONDENCE AND JOURNALS BYPOSTAL MAIL RATHER THAN BY INTERNET COMMUNICATIONS WILL BE ASSESSED A POSTAGE FEE TO COVER THE HIGHER COSTS OF OVERSEAS MAILINGS. HONORARY MEMBERS ARE SCIENTISTS WHO HAVE MADE UNUSUALLY SIGNIFICANT CONTRIBUTIONS TO THE FIELD OF AVIAN PATHOLOGY. NOT MORE THAN TWO HONORARY MEMBERS SHALL BE SELECTED IN ANY ONE YEAR. AN HONORARY MEMBER SHALL NOT BE REQUIRED TO PAY ANY DUES OR ASSESSMENTS. RETIRED MEMBERS AND RETIRED ASSOCIATE MEMBERS ARE MEMBERS WHO UPON ENTERING RETIREMENT AS A MEMBER, ASSOCIATE MEMBER, OR INTERNATIONAL ASSOCIATE MEMBER, MAY BECOME ELIGIBLE FOR RETIRED MEMBERSHIP. RETIREMENT IS INTERPRETED IN THE MANNER DESCRIBED UNDER 3(B), LIFE MEMBER. DUES FOR RETIRED MEMBERS SHALL BE EITHER NONE OR SHALL BE AT A REDUCED RATE. THIS RATE SHALL BE SET AND PERIODICALLY REVIEWED BY THE GOVERNING BOARD OF THE Schedule O (Form 990 or 990-EZ) 2020 Name of the organization

**Employer identification number** 

04-2349061 AMERICAN ASSOCIATION OF AVIAN PATHOLOGIS ASSOCIATION. "AVIAN DISEASES" WOULD BE SUPPLIED AT MEMBERSHIP RATE IF REQUESTED. A STUDENT MEMBER IS A PERSON WHO: (1) IS ENROLLED IN A DVM/VMD/OR EQUIVALENT DEGREE PROGRAM, OR (2) IS ENROLLED IN A MASTER'S DEGREE, DOCTORAL DEGREE, RESIDENCY OR INTERN PROGRAM. DUES SHALL BE THE SAME AS FOR RETIRED MEMBERS WHO RECEIVE A SUBSCRIPTION TO "AVIAN DISEASES" AND SHALL INCLUDE THAT SUBSCRIPTION. MEMBERSHIP SHALL CONTINUE TO THE END OF THE CALENDAR YEAR OF GRADUATION, DURING WHICH TIME THEY MAY APPLY BY LETTER TOTHE ORGANIZATION OFFICE FOR CONVERSION TO OTHER APPROPRIATE MEMBERSHIP STATUS. A STUDENT CHAPTER OF THE ORGANIZATON MAY BE ORGANIZED AT SCHOOLS OR COLLEGES OF VETERINARY MEDICINE UNDER THE DIRECTION OF AN ADVISOR WHO IS A CURRENT MEMBER IN GOOD STANDING OF THE ORGANIZATION. THE ORGANIZATION WILL RECOGNIZE THESE CHAPTERS AND WILL PROVIDE A COMPLIMENTARY COPY OF THE DIRECTORY AND NEWSLETTERS. THE RIGHTS OF MEMBERSHIP ARE AS MEMBERS, LIFE MEMBERS AND RETIRED MEMBERS FOLLOWS: (1) CHARTER MEMBERS. SHALL HAVE THE RIGHT TO VOTE AND TO HOLD OFFICE. (2) ASSOCIATE MEMBERS, INTERNATIONAL ASSOCIATE MEMBERS, RETIRED ASSOCIATE MEMBERS, RETIRED INTERNATIONAL ASSOCIATE MEMBERS, HONORARY MEMBERS AND STUDENT MEMBERS SHALL HAVE ALL OTHER RIGHTS AND PRIVILEGES OF MEMBERSHIP, EXCLUDING THE RIGHTS TO VOTE AND HOLD OFFICE.

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

EACH BOARD MEMBER WILL RECEIVE A COMPLETE COPY OF THE TAX RETURNS FOR THEIR REVIEW AND COMMENT PRIOR TO FILING THE RETURNS.

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

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS ENFORCED BY REQUIRING

FULL DISCLOSURE OF ALL ACTUAL OR POTENTIAL CONFLICTS AND A DETERMINATION BY

THE DISINTERESTED BOARD (OR ORGANIZATION COMMITTEE) MEMBERS - WITH THE

032212 11-20-20 Schedule O (Form 990 or 990-EZ) 2020

AMERICAN ASSOCIATION OF AVIAN PATHOLOGIS	04-2349061
INTERESTED BOARD MEMBER(S) RECUSED FROM PARTICIPATING IN D	EBATES AND VOTING
ON THE MATTER. AN ANNUAL DISCLOSURE FORM IS MAINTAINED AN	D COMPLETED AT
THE TIME OF CONFLICT AND/OR ON AN ANNUAL BASIS. ON AN ANN	UAL BASIS, ALL
BOARD MEMBERS SHALL BE PROVIDED WITH A COPY OF THE CONFLIC	T OF INTEREST
POLICY AND REQUIRED TO COMPLETE AND SIGN THE ACKNOWLEDGEME	NT AND DISCLOSURE
FORM. ALL COMPLETED FORMS ARE PROVIDED TO AND REVIEWED BY	THE
ORGANIZATION'S EXECUTIVE COMMITTEE, AS WELL AS ALL OTHER C	ONFLICT
INFORMATION PROVIDED BY BOARD MEMBERS. THE POLICY WAS MAIN	TAINED AND
ENFORCED FOR THE YEAR ENDING 4/30/2021.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUE	ST.
	_
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEES	84,274.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	84,274.
<u> </u>	
FORM 990, PART XII, LINE 1, OTHER ACCOUNTING METHOD:	
MODIFIED CASH BASIS	

### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

AMERICAN ASSOCIATION OF AVIAN PATHOLOGIS

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

04-2349061

	(b)	(c)	(d)	(e)		(f)		
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	gal domicile (state or		assets Direct	ect controlling entity		
	PU	BLIC						
	SCI	<u>OSI</u>	IR	F				
Part II Identification of Related Tax-Exempt Organizations during the tax year.	cations. Complete if the organization	answered "Yes" on Form 990	), Part IV, line 34, t	ecause it had one	or more related tax-exe	empt		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont en	(g) 512(b)(13) trolled tity?	
AAAP FOUNDATION, INC, - 23-2542890	AID TO STUDNETS AND	<del>/                                       </del>		301(0)(0))		Yes	No	
12627 SAN JOSE BOULEVARD 202	VETERINARIANS FOR RESEACH							
JACKSONVILLE, FL 32223-8638	IN AVIAN MEDICINE	FLORIDA	501(C)(3)	LINE 7			x	
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2020

		O 11 ''.'
Part III	Identification of Related Organizations Taxable as a Partnership.	. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related
raitiii	organizations treated as a partnership during the tax year.	

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		amount in box	managing partner?	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
		- 1		KI							
Identification of Polated Or		- 0		nearly to if the support of		# Care 000 D		l: 0.4			

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

(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	contr	
			FY					Yes	No
	_								

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

**b** Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

1a

1b

1c

Page 3

Yes No

X

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

d	Loans or loan guarantees to or for related organization(s)	1d		X	
	Loans or loan guarantees by related organization(s)	1e	X		
f	Dividends from related organization(s)	1f		X	
g		1g		X	
h	Purchase of assets from related organization(s)	1h		X	
i	Exchange of assets with related organization(s)	1i		X	
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		_X_	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X	
-1	Performance of services or membership or fundraising solicitations for related organization(s)	11		X	
n	n Performance of services or membership or fundraising solicitations by related organization(s)	1m		X	
		1n		_X_	
0	Sharing of paid employees with related organization(s)	10		_X_	
		<b>1</b> p		_X_	
q	Reimbursement paid by related organization(s) for expenses	1q		_X_	
		1r		<u>X</u>	
S	g Sale of assets to related organization(s) h Purchase of assets from related organization(s) 1 Exchange of assets with related organization(s) 1 Exchange of assets with related organization(s) 1 Lease of facilities, equipment, or other assets from related organization(s) 1 Lease of facilities, equipment, or other assets from related organization(s) 1 Performance of services or membership or fundraising solicitations for related organization(s) 1 Performance of services or membership or fundraising solicitations by related organization(s) 1 Imm Performance of services or membership or fundraising solicitations by related organization(s) 1 Imm Performance of services or membership or fundraising solicitations by related organization(s) 1 Imm Performance of services or membership or fundraising solicitations by related organization(s) 1 Imm Performance of services or membership or fundraising solicitations by related organization(s) 1 Imm Performance of services or membership or fundraising solicitations by related organization(s) 1 Imm Performance of services or membership or fundraising solicitations by related organization(s) 1 Imm Performance of services or membership or fundraising solicitations by related organization(s) 1 Imm Performance of services or membership or fundraising solicitations by related organization(s) 1 Imm Performance of services or membership or fundraising solicitations by related organization(s) 1 Imm Performance of services or membership or fundraising solicitations by related organization(s) 1 Imm Performance of services or membership or fundraising solicitations by related organization(s) 1 Imm Performance of services or membership or fundraising solicitations by related organization(s) 1 Imm Performance of services or membership or fundraising solicitations by related organization(s) 1 Imm Performance of services or membership or fundraising solicitations by related organization(s) 1 Imm Performance of services or membership or fundraising solicitations by related organization(s) 1				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.				
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3216	Schedule F	R (Forn	n 990)	2020	
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Schedule R (Form 990) 2020

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

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN		(c)	(d)	(0)	(f)	(g)	(h)	(i)	(j)	(k)
inalle, address, alid Elin	<b>(b)</b> Primary activity	Legal domicile	Predominant income	(e) Are all partners sec		Share of	Dispropor tionate	Code V-UBI	General or	Percentage
of entity		(state or foreign	(related, unrelated,	partners sec 501(c)(3) orgs.?	total	end-of-year	allocations	amount in box 20	managing partner?	ownership
		country)		Yes No		assets	Yes No	Of Collocation 1	Yes No	1
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