

EDWARD P. SCHMITZER, CPA, PA ROBERT T. LOVERICH, CPA, PA ROBERT D. ROSARIO, CPA, PA LAWRENCE S. KAPLAN, CPA, PA

September 26, 2022

AAAP Foundation, Inc. 12627 San Jose Blvd. #202 Jacksonville, FL 32223-8638

AAAP Foundation, Inc.:

Enclosed is the organization's 2021 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by March 15, 2023.

The return was prepared from information submitted by you without verification. Please review it carefully and contact us if you have any questions. If this return is audited, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records.

Very truly yours,

Smoak, Davis & Nixon LLP

Copy

Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

or calendar year 2021, or fiscal year beginning	MAY	1	, 2021, and ending	APR	30	, 20 2	?
or calendar year 2021, or historyear beginning	1,17,7,1		, 202 i, and ending	711 11		, 20 2	_

2

OMB No. 1545-0047

Department of the Treasury

Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service Name of filer EIN or SSN 23-2542890 AAAP FOUNDATION, INC. BOB BEVANS-KERR Name and title of officer or person subject to tax EXECUTIVE DIRECTOR Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here _____ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) _____ 1b ___ 202,849. 1a **b Total revenue,** if any (Form 990-EZ, line 9) _______ **2b** 2a Form 990-EZ check here ... > Form 1120-POL check here ▶ b Total tax (Form 1120-POL, line 22) 3a **b Tax based on investment income** (Form 990-PF, Part V, line 5) Form 990-PF check here ... > 4a Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a **b Total tax** (Form 990-T, Part III, line 4) Form 990-T check here 6a 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7b 8a Form 5227 check here **b** FMV of assets at end of tax year (Form 5227, Item D) b Tax due (Form 5330, Part II, line 19) Form 5330 check here 9a 9b **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here 10b **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission. (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize SMOAK, DAVIS & NIXON 42890 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 59719018080 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature ▶ ROBERT T. LOVERICH Date > 09/26/22 **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

102521 01-11-22

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

OMB No. 1545-0047

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print AAAP FOUNDATION, INC. 23-2542890 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 12627 SAN JOSE BLVD. #202 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions 32223-8638 JACKSONVILLE, FL Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 08 Form 4720 (individual) Form 4720 (other than individual) 09 Form 990-PF Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 8870 12 Form 990-T (trust other than above) 06 Form 990-T (corporation) BLVD SAN JOSE 202 FL 32223-8638 The books are in the care of Telephone No. ▶ 904-425-5735 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return calendar year , and ending $\overline{\mathtt{APR}}$ 30, ► X tax year beginning MAY 1, 2021 2022 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

123841 01-12-22

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

EXTENDED TO MARCH 15, 2023

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 Internal Revenue Service

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

Open to Public Inspection

<u>A I</u>	For the	2021 calendar year, or tax year beginning $$ MAY $$ $$ $$ $$ $$ $$ $$ $$ $$ $$	1 and ϵ	ending A	PR 30, 2022					
В	Check if applicable:	C Name of organization			D Employer identific	cation number				
Г	Address change	AAAP FOUNDATION, INC.								
	Name change	Doing business as			23-25428	90				
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address 12627 SAN JOSE BLVD. #202	ess)	Room/suite	E Telephone number 904-425-5					
	termin- ated	City or town, state or province, country, and ZIP or foreign posta	al code		G Gross receipts \$	262,449.				
Г	Amende return				H(a) Is this a group re					
	Applica-		ERR		for subordinates? Yes X No					
	pending	12627 SAN JOSE BLVD. STE. 202, JA	CKSONV	ILLE,	H(b) Are all subordinates in	····· — —				
Τ.	Tax-exer	mpt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.)	4947(a)(1) o	r 527	If "No," attach a	list. See instructions				
		: ► WWW.AAAP.INFO			H(c) Group exemption	n number				
K	orm of c	rganization: X Corporation Trust Association Oth	her ►	L Year o		1 State of legal domicile: ${f FL}$				
Pa	_	Summary								
4	1 B	riefly describe the organization's mission or most significant activities	s: TO AI	D STU	DENTS AND					
Governance	\ \bar{Z}	ETERINARIANS IN THE STUDY OF AVIAN	MEDIC:	INE.						
rna	2 0	check this box 🕨 🔛 if the organization discontinued its operation	ons or dispose	ed of more	than 25% of its net ass					
ove.	3 1	lumber of voting members of the governing body (Part VI, line 1a)			3	13				
		lumber of independent voting members of the governing body (Part ${ t v}$				13				
es	5 T	otal number of individuals employed in calendar year 2021 (Part V, Iir	ne 2a)		5	0				
Activities &	6 T	otal number of volunteers (estimate if necessary)			6	60				
Act	7a T				7a	0.				
_	b N	let unrelated business taxable income from Form 990-T, Part I, line 11	1	·····		0.				
Revenue		and the first and are also the first that			Prior Year	Current Year 160,926.				
	8 0	contributions and grants (Part VIII, line 1h)		0.	0.					
	9 P	rogram service revenue (Part VIII, line 2g)			23,134.	41,923.				
Be	10 lr				0.	<u>41,923.</u> 0.				
	1	other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			172,582.	202,849.				
_		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A arants and similar amounts paid (Part IX, column (A), lines 1-3)			74,600.	76,319.				
	1	enefits paid to or for members (Part IX, column (A), line 13)			0.	0.				
	45 0	alaries, other compensation, employee benefits (Part IX, column (A),	lines 5.10)		0.	0.				
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)	11/03 0 10/		0.	0.				
ben	. b T	otal fundraising expenses (Part IX, column (D), line 25)	1,96	8.	• •	• •				
Ĕ	17 C	other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			23,191.	40,470.				
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 2	25)		97,791.	116,789.				
	19 F	levenue less expenses. Subtract line 18 from line 12			74,791.	86,060.				
Net Assets or	3			Beg	inning of Current Year	End of Year				
sets	20 ⊺	otal assets (Part X, line 16)			1,508,071.	1,504,428.				
t As	21 T	otal liabilities (Part X, line 26)			0.	0.				
2	22 \	let assets or fund balances. Subtract line 21 from line 20			1,508,071.	1,504,428.				
	art II	Signature Block								
	-	ies of perjury, I declare that I have examined this return, including accompany	-			knowledge and belief, it is				
true	, correct,	and complete. Declaration of preparer (other than officer) is based on all infor	rmation of whi	ich preparer l	nas any knowledge.					
		Signature of officer			I Date					
Sig		•	TIMOD		Date					
Hei	e	BOB BEVANS-KERR, EXECUTIVE DIRECTOR Type or print name and title	JUK							
		, <u>, , , , , , , , , , , , , , , , , , </u>	`	In	ate Check	PTIN				
Paid		Print/Type preparer's name ROBERT T. LOVERICH	;		9/26/22 of self-employe					
		Firm's name SMOAK, DAVIS & NIXON LLP		ĮU.	Firm's EIN >	59-0602635				
	· -	Firm's address 5011 GATE PARKWAY BLDG 100) ያጥፑ ን	0.0	FIIIII S EIN	37 0002033				
-30	Jy	JACKSONVILLE, FL 32256-056			Phone no 90	4-396-5831				
Ma	y the IRS	S discuss this return with the preparer shown above? See instructions			11 110110 110.5 0	X Yes No				

Pa	Check if Calcabilla Constains a response arrate to any line in this Both III	
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: TO AID STUDENTS AND VETERINARIANS IN THE STUDY OF AVIAN MEDICINE.	
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.	es X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	es X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 93,129. including grants of \$ 76,319.) (Revenue \$ AID PROVIDED TO STUDENTS AND VETERINARIANS FOR EDUCATION IN THE ARE AVIAN MEDICINE.	EA OF
	Public	
4b	(Code:) (Expenses \$)
	Сору	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 93,129.	
		m 990 (2021)

AAAP FOUNDATION, INC.

Form 990 (2021) AAAP FOUNDATION, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part III	8		X
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?			٠.,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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,	44.		x
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		122
b		11b		x
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
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	1.10		
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	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 liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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	l		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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	45		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		Α_
16	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,	10		
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	├ <i>¨</i>		T
.5	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		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		Х
	· · · · · · · · · · · · · · · · · · ·		200	

Part IV	Checklist of Rec	uired Schedules	(continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u>X</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? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No," go to line 25a	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
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	0.51		х
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	06		Х
27	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,	26		
27	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
_	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Do	Note: All Form 990 filers are required to complete Schedule O † V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 23 Enter the number of Forms W-2G included on line 1a Enter -0- if not applicable 1b 0			
	Enter the number of Fermi W 2d moided of fine 1d. Enter of infocuspiloasie			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
46-	(gambling) winnings to prize winners?	1c	990	(2021)
132004	\$ 12-09-21	⊢orm	9 3 U (2021)

AAAP FOUNDATION, INC 23-2542890 Page 5 Form 990 (2021) Part V Statements Regarding Other IRS Filings and Tax Compliance 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 **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilitie Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O.

a Is the organization licensed to issue qualified health plans in more than one state?

Note: See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

13c

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?

15 X

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any

activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

If "Yes," see the instructions and file Form 4720, Schedule N.

Form **990** (2021)

16

X

AAAP FOUNDATION, INC. 23-2542890 Form 990 (2021) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 13 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 13 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? Х 8a Х **b** Each committee with authority to act on behalf of the governing body 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section organization's mailing address? If "Yes." provide the names and addres Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х on Schedule O how this was done 12c Х Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 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? X The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website | X | Upon request Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records AAAP, INC - 904-425-5735

Form **990** (2021)

12627

JACKSONVILLE.

202,

SAN JOSE BLVD, STE

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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 the instructions for the order in which to list the persons above.

(A)	(B)	(B)			(C)			(D)	(E)	(F)
Name and title	Average	(4)-		Pos	ition		nc	Reportable	Reportable	Estimated
	hours per	box	, unle	heck i ss per	son is	s both	an	compensation	compensation	amount of
	week		cer an	id a di	irecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	eo			rted		organization	(W-2/1099-MISC/	from the
	related	stee	truste		e)	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	dual trustee or director	onal		ploye	ee com		1099-NEC)		and related
	below line)	divid	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer			organizations
(1) BOB BEVANS-KERR	0.15	t		0	×	F 55	ŭ.	10		
EXECUTIVE DIRECTOR	0.25			\mathbf{x}^{-})			0.	0.	0
(2) ERIC GINGERICH	0.15									
PRESIDENT		Х		Х				0.	0.	0
(3) SARA STEINLAGE	0.15									
VICE PRESIDENT		X		X				0.	0.	0
(4) SUZANNE DOUGHERTY	0.15		,			,		D WILL		_
EXECUTIVE VICE PRESIDENT 2		X		X				0.	0.	0
(5) SAMUEL CHRISTENBERRY	0.15	ļ								
DIRECTOR 2022	0.45	Х	_					0.	0.	0
(6) MICHELLE KROMM	0.15								0	0
DIRECTOR 2023	0.25	X			Н			0.	0.	0
(7) JULIE HELM DIRECTOR 2024	0.15	X			И		J	0.	0.	0
(8) HOLLY SELLERS	0.15	Δ			Н			0.	0.	0
DIRECTOR 2024	0.13	х						0.	0.	0
(9) LOUISE DUFOUR-ZAVALA	0.15								•	
DIRECTOR 2023	0.25	Х						0.	0.	0
(10) KELLY HEWITT	0.15									
STUDENT REPRESENTATIVE 202	0.25	Х						0.	0.	0
(11) ROSEMARY MARUSAK	0.15									
DIRECTOR 2021	0.25	Х						0.	0.	0
(12) KAREL SCHAT	0.15									
DIRECTOR 2021	0.25	Х						0.	0.	0
(13) KAREN GROGAN	0.15	_						_	_	_
DIRECTOR 2024	0.25	Х	_					0.	0.	0
(14) DAVID FRAME	0.15									_
DIRECTOR 2022	0.25	X	_					0.	0.	0
		}								
		1								
		1	l			1		1		

Form **990** (2021)

12330926 781651 10007.001

23-2542890

	T VII Section A. Officers, Directors, Trus (A)	(B)	JiUy	ees,			gries	,	(D)	(Continued) (E)			(F)	
	(A) Name and title	Average	(C) Position				1		Reportable	(E) Reportable			ר) stimate	ad.
	Name and title	hours per	(do not check more than one box, unless person is both an						compensation	compensation		l	nount	
		week	_	cer ar	nd a di	recto	r/trus	tee)	from	from related			other	
		(list any hours for	irector						the	organization		l .	pensa	
		related	e or d	stee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)		l	om the anizati	
		organizations	truste	nal tru		oyee	omper		1099-NEC)	,		1 ~	d relate	
		below line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former				orga	anizatio	ons
		iii ie)	ᆵ	<u> </u>	#0	Key	흜틃	요						
			1											
			-											
									-					
			t		Н		,		+					
					Ц)								
			-	l _										
1b	Subtotal				4				0.		0.			0.
С	Total from continuation sheets to Part V	I, Section A		<u></u>			7		0.		0.			0.
	Total (add lines 1b and 1c)			7			<u></u>		0.		0.			0.
2	Total number of individuals (including but r compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100	,000 of reportable	Э			0
	compensation from the organization												Yes	No
3	Did the organization list any former officer	, director, truste	ee, k	кеу е	empl	oye	e, or	hig	hest compensated emp	loyee on				
	line 1a? If "Yes," complete Schedule J for s	such individual				\ .			1			3		X
4	For any individual listed on line 1a, is the s													
_	and related organizations greater than \$15											4		X
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	•				-						5		Х
Sec	tion B. Independent Contractors	ipiete Geriedare	<i></i>	0/ 30	acii <u>,</u>	<i>7</i> C/3	011							
1	Complete this table for your five highest countries the organization. Report compensation for										oensa	tion fro	om	
	(A)	trie Caleridar ye	ear e	riuii	ig w	iui C	ועע זכ	11111	(B)	ear.		((C)	
	Name and business	address	N	ONE	3				Description of s	services	C		nsatio	า
2	Total number of independent contractors (\$100,000 of compensation from the organ		ot lir	nited	d to t	thos C		ted	above) who received m	ore than				
	The state of the s											Form	990 (2	2021)

132008 12-09-21

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) 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 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 160,926. similar amounts not included above ... 1f 30,633 g Noncash contributions included in lines 1a-1f 160,926. h Total. Add lines 1a-1f **Business Code** 2 a Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 29,704 other similar amounts) Income from investment of tax-exempt bond proceed 5 (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 71,819. assets other than inventory b Less: cost or other basis 59,600 Other Revenue and sales expenses 12,219 c Gain or (loss) 12,219. 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 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 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 202,849. 41,923. **12 Total revenue**. See instructions

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must cor	molete column (A)	
0001	Check if Schedule O contains a respon			npiece eciariii (i ij.	
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		САРСПЭСЭ	general expenses	Схропаса
•	and damastic accomments. Can Dart IV line 01				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	76,319.	76,319.		
3	Grants and other assistance to foreign	, 0 / 0 2 5 1	,0,0231		
Ū	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):	_			
а	Management	<u>UK</u>			
b	Legal				
С	Accounting	9,000.		9,000.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	11,679.	16	11,679.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
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 0.)				
•	AWARD EXPENSE	14,786.	14,786.		
a b	MISCELLANEOUS	5,005.	2,024.	1,013.	1,968.
C		3,003.	2,024	-,010	2,500.
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	116,789.	93,129.	21,692.	1,968.
<u>25</u> 26	Joint costs. Complete this line only if the organization	,,,,,,,	55,225	,,	_,,,,,,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2021)

rar	tΧ	Balance Sneet				
		Check if Schedule O contains a response or	note to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		269,774.	1	298,935
	2	Savings and temporary cash investments		20,139.	2	19,654
	3	Pledges and grants receivable, net		8,003.	3	1,680
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any curren				
		trustee, key employee, creator or founder, su	ubstantial contributor, or 35%			
		controlled entity or family member of any of	these persons		5	
	6	Loans and other receivables from other disqu				
		under section 4958(f)(1)), and persons descri	bed in section 4958(c)(3)(B)		6	
٥	7	Notes and loans receivable, net			7	
Assers	8	Inventories for sale or use			8	
¥	9	B			9	
	10a	Land, buildings, and equipment: cost or other	er			
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation		10c		
	11	Investments - publicly traded securities		1,210,155.	11	1,184,159
	12	Investments - other securities. See Part IV, lin		12		
	13	Investments - program-related. See Part IV, li		13		
	14	Intangible assets	JIIAII		14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must e		1,508,071.	16	1,504,428
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple			21	
٥	22	Loans and other payables to any current or f	ormer officer, director,			
LIGDIIICS		trustee, key employee, creator or founder, su	ubstantial contributor, or 35%			
2		controlled entity or family member of any of	these persons		22	
i	23	Secured mortgages and notes payable to un	related third parties		23	
	24	Unsecured notes and loans payable to unrel	ated third parties		24	
	25	Other liabilities (including federal income tax	payables to related third			
		parties, and other liabilities not included on li	ines 17-24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	C
		Organizations that follow FASB ASC 958,	check here ▶ X			
Se		and complete lines 27, 28, 32, and 33.				
7	27	Net assets without donor restrictions		389,719.	27	446,801
מ	28	Net assets with donor restrictions	······································	1,118,352.	28	1,057,627
		Organizations that do not follow FASB AS	C 958, check here 🕨 🔛			
ב		and complete lines 29 through 33.				
ָסֵ מ	29	Capital stock or trust principal, or current fur	nds		29	
מ	30	Paid-in or capital surplus, or land, building, o	r equipment fund		30	
Net Assets of Fund balances	31	Retained earnings, endowment, accumulated	d income, or other funds		31	
e l	32	Total net assets or fund balances		1,508,071.	32	1,504,428 1,504,428
				1,508,071.		

Form 990 (2

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization AAAP FOUNDATION, 23-2542890 INC. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	138,478.	174,563.	303,261.	149,448.	160,926.	926,676.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	138,478.	174,563.	303,261.	149,448.	160,926.	926,676.				
5	The portion of total contributions										
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
	column (f)						276,497.				
6	Public support. Subtract line 5 from line 4.						276,497. 650,179.				
Sec	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total				
7	Amounts from line 4	138,478.	174,563.	303,261.	149,448.	160,926.	926,676.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,				1100						
	and income from similar sources	20,767.	28,088.	31,108.	21,240.	29,704.	130,907.				
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI.)										
11	Total support. Add lines 7 through 10						1057583.				
12	Gross receipts from related activities,	etc. (see instruction	ons)			12					
13	First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third, t	ourth, or fifth tax y	ear as a section 5	01(c)(3)					
	organization, check this box and stop						>				
	ction C. Computation of Publi					Г					
14	Public support percentage for 2021 (li					14	61.48 %				
15	Public support percentage from 2020					15	61.75 %				
16a	33 1/3% support test - 2021. If the o						. 37				
_	stop here. The organization qualifies		•								
b	33 1/3% support test - 2020. If the c										
	and stop here. The organization qual		•								
17a	10% -facts-and-circumstances test	-									
	and if the organization meets the facts					-	. —				
	meets the facts-and-circumstances te	-	-	*	-	7					
b	10% -facts-and-circumstances test	ū				•	10% or				
	more, and if the organization meets the						⊾ □				
40	organization meets the facts-and-circu										
18	Private foundation. If the organization	n aid not check a	box on line 13, 16a	a, 16b, 1/a, or 17b	, cneck this box ai		(Form 000) 2001				

Schedule A (Form 990) 2021

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	etion A. Public Support	z, piedoo comp					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5		.				
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		O K				
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)	HC		CI	Irc		
Cale	ndar year (or fiscal year beginning in) 🕨 📗	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		50	OV			
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•					. —
	check this box and stop here						>
	ction C. Computation of Public						
	Public support percentage for 2021 (lin		•	column (f))		15	%
	Public support percentage from 2020 S					16	%
	ction D. Computation of Invest					T T	
	Investment income percentage for 202					17	%
	Investment income percentage from 20					18	%
19a	33 1/3% support tests - 2021. If the o						7 is not
k	more than 33 1/3%, check this box and 33 1/3% support tests - 2020. If the co	-	-		• •		
	line 18 is not more than 33 1/3%, check	•			•	*	. \square
20	Private foundation. If the organization		-	· ·		-	\

. . .

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	•		
	6		
	7		
	7		
	8		
	3		
	9a		
	9b		
	9с		
	10a		
	10b		
_		- 000	

Par	TIV Supporting Organizations (continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
	_		Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
	Б		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a	2		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	ruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Suppor	ting Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a quali	fying trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations m		•	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors		_	
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1 1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	onally integrate	d Type III supporting orga	nization (see
	instructions)			•

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

e Excess from 2021

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2021

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
MERCK ANIMAL HEALTH VETERINARY	250,000.	228,848.
BOEHRINGER INGELHEIM	24,000.	2,848.
Y.M. SAIF	61,780.	40,628.
KATE BARGER-WEATHERS	25,325.	4,173.
Dubli		
- Puon		
JISCIOSI	lire	
y		
Total Excess Contributions to Schedule A, Part II, Line 5		276,497.

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 Inspection

Name of the organization

AAAP FOUNDATION, INC. **Employer identification number** 23-2542890

	Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		as or Accounts. Complete if the
-		(a) Donor advised funds	(b) Funds and other accounts
1 Total nu	umber at end of year		
2 Aggreg	ate value of contributions to (during year)		
3 Aggreg	ate value of grants from (during year)		
4 Aggreg	ate value at end of year		
5 Did the	organization inform all donors and donor advisors in wr	iting that the assets held in donor ac	dvised funds
are the	organization's property, subject to the organization's ex	clusive legal control?	Yes No
6 Did the	organization inform all grantees, donors, and donor adv	visors in writing that grant funds can	be used only
for char	ritable purposes and not for the benefit of the donor or	donor advisor, or for any other purpo	ose conferring
Part II	Conservation Easements. Complete if the orga	nization answered "Yes" on Form 99	90, Part IV, line 7.
1 Purpose	e(s) of conservation easements held by the organization	ı (check all that appl <u>y).</u>	
P	reservation of land for public use (for example, recreation	on or education) Preservatio	n of a historically important land area
P	Protection of natural habitat	Preservatio	n of a certified historic structure
	Preservation of open space		
	ete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the fo	
day of t	the tax year.		Held at the End of the Tax Year
a Total nu	umber of conservation easements		2a
c Numbe	r of conservation easements on a certified historic struc	ture included in (a)	2c
	r of conservation easements included in (c) acquired aft	*	ucture
listed in	the National Register		2d
3 Numbe	r of conservation easements modified, transferred, relea	ased, extinguished, or terminated by	the organization during the tax
year ▶		10341	
4 Numbe	r of states where property subject to conservation ease	ment is located	
5 Does th	ne organization have a written policy regarding the perio	dic monitoring, inspection, handling	of
	ns, and enforcement of the conservation easements it h		
6 Staff an	nd volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing of	conservation easements during the year
▶		on	
	t of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conse	ervation easements during the year
▶\$ _		$\bigcirc \triangleright$	
	ach conservation easement reported on line 2(d) above		
	ction 170(h)(4)(B)(ii)?		
	XIII, describe how the organization reports conservation	•	
	e sheet, and include, if applicable, the text of the footno	te to the organization's financial stat	ements that describes the
Part III	ation's accounting for conservation easements. Organizations Maintaining Collections of A	Art Historical Treasures or	Other Similar Assets
	Complete if the organization answered "Yes" on Form 9		Other ominar Assets.
	rganization elected, as permitted under FASB ASC 958,		nt and balance about ways
	nistorical treasures, or other similar assets held for public	•	
•	•	· · · · · · · · · · · · · · · · · · ·	•
	, provide in Part XIII the text of the footnote to its financ rganization elected, as permitted under FASB ASC 958,		
	corical treasures, or other similar assets held for public e	•	
	•	extilibition, education, or research in i	urtherance of public service,
· ·	the following amounts relating to these items:		~ ¢
	venue included on Form 990, Part VIII, line 1		
		uros or other similar assets for finan	
	rganization received or held works of art, historical treas		iciai gaiii, provide
	owing amounts required to be reported under FASB ASI		> \$
	e included on Form 990, Part VIII, line 1included in Form 990, Part X		
<u>►</u> ₩		or Form 990.	Schedule D (Form 990) 2021

132051 10-28-21

Par	t III Organizations Maintaining C	ollections of Art, Hist	orical Treasu	ıres, or Otheı	r Simila	ır Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records, check	any of the follov	ving that make si	ignificant	use of its			
	collection items (check all that apply):								
а	a Public exhibition d Loan or exchange program								
b	Scholarly research	е 🗌	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain how th	ney further the or	ganization's exer	npt purp	ose in Part 2	KIII.		
5	During the year, did the organization solicit or	receive donations of art, his	storical treasures	s, or other similar	assets		_		_
_	to be sold to raise funds rather than to be ma						Yes		No
Pai	t IV Escrow and Custodial Arrang		e organization an	swered "Yes" on	Form 99	0, Part IV, li	ne 9, or		
	reported an amount on Form 990, Par	<u> </u>							
1a	Is the organization an agent, trustee, custodia	•					1	_	7
	on Form 990, Part X?						Yes		」 No
b	If "Yes," explain the arrangement in Part XIII a	and complete the following t	able:			1	^		
					-		Amount	<u> </u>	
	Additions during the year								
e	Distributions during the year								
f	Ending balance				. <u>1f</u>		1 1/		1
	Did the organization include an amount on Fo				ity?		Yes	H	∐ No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete it				10				
ı uı	Endownient i diad. Complete ii					years back	(e) Four	vears	hack
10	Beginning of year balance	1,118,352.	931,508.	1,028,797.	` '	761,673.	(C) 1 out	692,	
_		160,926, 145,092, 303,261, 174,563						138,	
b	Contributions Net investment earnings, gains, and losses	-47,780.							487.
d									
e	Other and the man fau facilities								
C	and programs	173,871.	175,785.	77,100.		73,759.		90	403.
f	Administrative expenses	COL		45 375.		39,998.			785.
g g	End of year balance	1,057,627. 1	,118,352,	993,081.	_1.	028,797.			673.
2	Provide the estimated percentage of the curre								
a	Board designated or quasi-endowment	%	9,						
b	Permanent endowment ▶ 90.0000	<u> </u>							
С	Term endowment ▶ 10.0000 g	%							
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organization tha	t are held and ac	ministered for th	ne organiz	zation			
	by:		V					Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as required on S	chedule R?				3b		
4	Describe in Part XIII the intended uses of the		unds.						
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990, Part I\	/, line 11a. See F	orm 990, Part X,	line 10.				
	Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation						Э		
1a	Land								
b	Buildings	I							
C	Leasehold improvements								
d	Equipment	1							
е	Other	1							
	l. Add lines 1a through 1e. (Column (d) must ed		nn (B), line 10c.)			. •			0.
		<u> </u>			_	Schodulo	D /Farm	000)	2021

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 AAAP FOUNDA	TION, INC.	2	3-2542890 Page 3
Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 000 Dort IV line	11h Coo Form 000 Port V line 10	
(a) Description of Security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-of-vear market value
(1) Financial derivatives	(a) Dook value	(c)carea er randanerin eset er e	
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-vear market value
(1)	(b) Book value	(e) metrica er variationi. eest er e	The or your marker value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)	GO		
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. Complete if the organization answered "Yes"	on Form 000 Post IV line	11d Soc Form 000 Port V line 15	
	Description	Nd. See Form 990, Part A, line 15.	(b) Book value
	Description	UMI U	(b) Book value
(1) (2)			
(3)			
(4)			
(5)	OK		
(7)		/ V	
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		>
Part X Other Liabilities.	an Farma 000 Dart IV line	11 11 C F 000 Fort V 1: (0.5
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line	The or Th. See Form 990, Part X, line 2	(b) Book value
······································			(b) book value
(1) Federal income taxes			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

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) 2021

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

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

Par	t XI Reconciliation of Revenue per Audited Financial	Statements With Revenue _l	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line	<u> </u>	5	
Par	t XII Reconciliation of Expenses per Audited Financial	•	s per Keturn.	
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	,	2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 - 1		
а		4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	
5 Dar	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. litt XIII Supplemental Information.			
			1 D 1 V II O D 1 V II	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a		V, line 4; Part X, line 2; Part XI,	
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	de any additional information.		
		L J V		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Schedule I (Form 990) 2021

Name of the organization	Employer identification number
AAAP FOUNDATION, INC.	23-2542890
Part I General Information on Grants and Assistance	
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	rt IV, line 21, for any
1 (a) Name and address of organization or government (b) EIN (c) IRC section (d) Amount of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance	
Diedoeura	
PISUIOSUIO	
YUUY	
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	_

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

Part III can be duplicated if additional space is needed.	Complete if the	e organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS AND AWARDS	36	76,319.	0.		
) (
		_			
Di	S		SI	ire	
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	
PART I, LINE 2:					
AAAP FOUNDATION, INC. AIDS AND SUPP	PORTS VET	ERINARIANS	S AND STUDE	NTS OF AVIAN	
MEDICINE THROUGH AWARDS AND SCHOLAR	RSHIPS. T	HE FOUNDAT	ION ENCOUR	AGES	
EXCELLENCE AND ENABLES OPPORTUNITY	FOR THOS	E DEDICATE	ED TO NOURI	SHING THE	
WORLD WITH A SUSTAINABLE ABUNDANCE	OF HEALT	HY POULTRY	7. EACH YEA	R THE AAAP	
AWARDS COMMITTEE CONSIDERS NOMINATI	ONS FOR	EXCELLENCE	IN VETERI	NARY	
MEDICINE, EXPERIENCE IN POULTRY HEA	ALTH AND	CONTRIBUTI	ONS TO POU	LTRY FOOD	
SAFETY.					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

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

Employer identification number AAAP FOUNDATION, INC. 23-2542890

Pai	t I Types of Property	-			•			
		(a) Check if applicable	(b) Number of contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermini	•	s
1	Art - Works of art		itemio contributed	T GITT GOO, T GIT VIII, III G TG				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	2	30.633.	FAIR MARKET	VAI	JUE	
10	Securities - Closely held stock			30,000				
11	Securities - Partnership, LLC, or							
• •	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures	l '	\mathbf{U}					
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies			0 011				
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts		OK					
25	Other							
26	Other ()			<i>y</i>				
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organia		,				0	
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29			0	
00-	Date the second of the second			and a distributed by the second allows on	l- 00 4l4 '4		Yes	No
30a	During the year, did the organization receive by	-						
	must hold for at least three years from the date	_	ŕ	·		20-		Х
L	exempt purposes for the entire holding period?	r				30a		-22
	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance p	nolicy that ro	auires the review	of any nonetandard contribut	ions?	24		Х
31	Does the organization have a gift acceptance plant accept					31		-22
SZd	·			• •		32a		Х
h	contributions? If "Yes," describe in Part II.					SZa		-22
33	If the organization didn't report an amount in c	olumn (c) for	a type of property	/ for which column (a) is che	cked			
50	describe in Part II.	0, 101	a type of property	, i.e. milori colamii (a) is cho	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
	this part for any additional information.
	PHOHE
	<u> </u>
	<u> </u>
	1)isclosure
	<u> Disciosui E</u>
	CONV
	

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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 Form 990-FZ

► Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

AAAP FOUNDATION, INC.

Employer identification number 23-2542890

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

DELEGATED OPERATIONAL AND RECORD KEEPING DUTIES INCLUDING BUT NOT LIMITED

TO MAINTENANCE OF FINANCIAL REPORTS, ASSISTANCE WITH AWARD AND SCHOLARSHIP

DISTRIBUTION, ATTENDANCE AT MEETINGS AND RECORDATION AND MAINTENANCE OF

MINUTES, TO OUTSIDE MANAGEMENT COMPANY WITH BOARD OF DIRECTORS OVERSIGHT.

FORM 990, PART VI, SECTION A, LINE 6:

THE SOLE MEMBER OF AAAP FOUNDATION, INC. SHALL BE THE AMERICAN ASSOCIATION
OF AVIAN PATHOLOGISTS, INC., A DELAWARE NONPROFIT CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7A:

DIRECTORS OF THE THE INITIAL BOARD OF ORGANIZATION WERE NAMED IN AN ATTACHMENT TO THE CORPORATE BY LAWS OF THE ORGANIZATION, EXHIBIT A. THE TERM OF OFFICE OF EACH INITIAL DIRECTOR ENDS(ED) UPON APPOINTMENT OF HIS OR UPON RESIGNATION OR REMOVAL. UPON HIS DEATH, SUCCESSOR SUCCESSOR, DIRECTORS SHALL BE APPOINTED BY THEMEMBER OF THE CORPORATION AT A REGULAROR SPECIAL MEETING.

FORM 990, PART VI, SECTION A, LINE 7B:

THE ORGANIZATION'S CORPORATE BY-LAWS MAY NOT BE ALTERED, MODIFIED, AMENDED,

SUPPLEMENTED OR REPEALED AT ANY TIME BY THE BOARD OF DIRECTORS. ONLY THE

MEMBER MAY TAKE THE AFOREMENTIONED ACTIONS.

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.

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page **2**

Name of the organization **Employer identification number** 23-2542890 AAAP FOUNDATION, INC. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS ENFORCED BY REQUIRING FULL DISCLOSE OF ALL ACTUAL OR POTENTIAL CONFLICTS AND A DETERMINATION BY THE DISINTERESTED BOARD (OR AAAP COMMITTEE) MEMBERS - WITH THE INTERESTED BOARD MEMBER(S) RECUSED FROM PARTICIPATING IN DEBTATES AND VOTING ON THE MATTER. AN ANNUAL DISCLOSURE FORM IS MAINTAINED AND COMPLETED AT THE TIME OF CONFLICT AND/OR ON AN ANNUAL BASIS. ON AN ANNUAL BASIS, ALL BOARD MEMBERS SHALL BE PROVIDED WITH A COPY OF THE CONFLICT OF INTEREST POLICY AND REQUIRED TO COMPLETE AND SIGN THE ACKNOWLEDGEMENT AND DISCLOSURE FORM. ALL COMPLETED FORMS ARE PROVIDED TO AND REVIEWED BY THE AAAP EXECUTIVE COMMITTEE, AS WELL AS ALL OTHER CONFLICT INFORMATION PROVIDED BY BOARD MEMBERS. ENDING 4/30/2021. THE POLICY WAS MAINTAINED AND ENFORCED FOR FORM 990, PART VI, SECTION C LINEGOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST. 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.

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

AAAP FOUNDATIO	2	23-2542890						
Part I Identification of Disregarded Entities. Complete	te if the organization answered "Yes" o	on Form 990, Part IV, line 33.						
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) (d) (e) Legal domicile (state or foreign country) Compared to the compar				ts Direct controlling entity		
	Pu	blic	•					
Down II Identification of Related Tax-Exempt Organiza	tions Complete if the organization a	Dewared "Yest on Farm 990	Part IV line 34 h	acqueett had one	or more r	elated tay.ever	mot	
Part II organizations during the tax year. (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))	Direct	(f) t controlling entity	Section 5	rolled ity?
AMERICAN ASSOCIATION OF AVIAN PATHOLOGISTS, INC - 04-2349061, 12687 SAN JOSE BLVD. SUITE 202, JACKSONVILLE, FL 32223	INFORM AND SUPPORT PRACTITIONERS OF AVIAN MEDICINE	FLORIDA	501(C)(6)	30 1(0)(0))			Yes	X
	-							

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 organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income	Share of total income	Share of end-of-year	1	ortionate	Code V-UBI	General managin	Percentage ownership
or related organization		(state or foreign	Critity	(related, unrelated, excluded from tax under sections 512-514)	lilicome	assets		ations?	amount in box 20 of Schedule K-1 (Form 1065)	partner	- Cwriership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	<u> </u>
	1				_						
	1										
	1										
-											
	1										
										 	+
	-										

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	Legal domicile (state or foreign country)	(d) Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	enti	tion b)(13) rolled tity?
			n	/				Yes	No
	U	U	Py						

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

Yes No

Part V	Transactions With Related Organiza	ons. Complete if the organization answered "Yes" on Form 990, Part IV, line	e 34, 35b, or 36.
	Transactions With Helaton Organiza	21101 - Complete it the organization and the control of the contro	,

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?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
	Gift, grant, or capital contribution to related organization(s)	1b	X
	Gift, grant, or capital contribution from related organization(s)	1c	X
	Loans or loan guarantees to or for related organization(s)	1d	X
е	Loans or loan guarantees by related organization(s)	1e	X
f	Dividends from related organization(s)	1f	X
g	Sale of assets to related organization(s)	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
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
0	Sharing of paid employees with related organization(s)	10	X
	INCOLOCIEC		
р	Reimbursement paid to related organization(s) for expenses	1p	X
q	Reimbursement paid by related organization(s) for expenses	1q	X
r	Other transfer of cash or property to related organization(s)	1r	X
s	Other transfer of cash or property from related organization(s)	1s	X
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.		
	(a) (b) (c) (d) Name of related organization (Transaction Amount involved Method of determining amount invo	olved	
	type (a-s)		
1)			
2)			
3)			
4)			
•,			
5)			
•			
6)			

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.

that was not a related organization. See ins				(-)	(0)	(-)	(1.)	(2)	Τ	1 43
(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(h)	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners sec. 501(c)(3) orgs.?	Share of	Share of	Dispropo tionate	Gode V-UBI	General or managing	Percentage
of entity		(state or foreign	excluded from tax under			end-of-year	allocation	of Schedule K-1	partner?	ownership
		country)	sections 512-514)	Yes No	income	assets	Yes N	(Form 1065)	Yes No	
			_		L					
					•					
		 		_					+-	
		`								
									++	
-									+++	
									$\bot\bot$	
		,		1						
				- N						
					W					
									+-	
				1						
-										
									$\perp \perp \perp$	<u> </u>