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

Inspection

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information. **м**τλ√ 1

Open to Public

ΑI	For the	2021 calendar year, or tax year beginning $MAY 1$, 2021 and ending	APR 30, 2022				
B	Check if applicable	C Name of organization	D Employer identific	cation number			
	Addres	AMERICAN ASSOCIATION OF AVIAN PATHOLOGIS					
	change Name change	Doing business as	04-23490	61			
	Initial return	T T	uite E Telephone numbe	r			
	Final return/	12627 SAN JOSE BLVD SUITE 202	904-425-	5735			
	termin- ated Amende	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	630,717.			
	return	UACKSONVILLE, FL 32223-8038	H(a) Is this a group re				
	tion pending	F Name and address of principal officer: NATHAN BEVANS-REKK	for subordinates				
_		1200/ SAN JUSE BLVD, JACKSUNVILLE, FL 3222	—				
				list. See instructions			
		e: ► WWW.AAAP.INFO organization: X Corporation Trust Association Other ► Ly	H(c) Group exemptio				
		organization: X Corporation Trust Association Other ► L Y Summary	ear of formation: 1960 n	A State of legal domicile: F L			
		Briefly describe the organization's mission or most significant activities: THE ORGA	NT7ATTON TNEOI	OMG VID			
e S	1 6	SUPPORTS PRACTITIONERS OF AVIAN MEDICINE VIA					
аñ	2	Check this box if the organization discontinued its operations or disposed of m					
Governance	3 1		3	9			
ဇ္	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		9			
•ŏ თ	5	otal number of individuals employed in calendar year 2021 (Part V, line 2a)		0			
ij	6	otal number of volunteers (estimate if necessary)		60			
Activities &	7a 7	otal unrelated business revenue from Part VIII, column (C), line 12		5,040.			
_<	l d	Net unrelated business taxable income from Form 990-T, Part I, line 11		1,314.			
Revenue			Prior Year	Current Year			
	8 (Contributions and grants (Part VIII, line 1h)	132,770.	148,813.			
	9 F	Program service revenue (Part VIII, line 2g)	377,545.				
ě.	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	10,082.	-12,935.			
ш	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	116,997.	114,000.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	637,394.	587,971.			
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.			
	1	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.			
es	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.			
Expenses	16a H	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ■ 0 •	0.	0.			
EXD	. D		446,324.	498,617.			
	'' \	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	446,324.	498,617.			
	1	Revenue less expenses. Subtract line 18 from line 12	191,070.	89,354.			
	3	tevenue ress expenses. Subtract line to nontline 12	Beginning of Current Year	End of Year			
Net Assets or	20	otal assets (Part X, line 16)	1,269,645.	1,351,123.			
Ass	21	Total liabilities (Part X, line 26)	8,004.	1,680.			
Net .	22 1	Net assets or fund balances. Subtract line 21 from line 20	1,261,641.	1,349,443.			
Pa	art II	Signature Block					
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my	knowledge and belief, it is			
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.				
Sig	n	Signature of officer	Date				
Hei	e	NATHAN BEVANS-KERR, EXECUTIVE DIRECTOR					
		Type or print name and title	I Doto I ou i	DTIN			
		Print/Type preparer's name Preparer's signature	Date Check	PTIN			
Paid	-	ROBERT T. LOVERICH	11/22/22 self-employ				
	· -	Firm's name SMOAK, DAVIS & NIXON LLP	Firm's EIN	59-0602635			
Use Only Firm's address 5011 GATE PARKWAY BLDG 100 STE 300 Phone no. 904-396-5831							
	, the ID	S discuss this return with the preparer shown above? See instructions	j Prione no. 9 U	X Yes No			
ıvıa'	v uie iK	o diocupo illio return with the preparer shown above? See instructions		42 TES NO			

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE ORGANIZATION INFORMS AND SUPPORTS PRACTITIONERS OF AVIAN MEDICINE
	VIA SUBSCRIPTIONS, PERIODICALS, CONFERENCES, AND AWARDS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	SUBSCRIPTIONS - QUARTERLY PERIODICALS AND SALES OF EDUCATIONAL
	MATERIALS RELATED TO AVIAN MEDICINE WERE MADE AVAILABLE TO HUNDREDS OF
	PRACTITIONERS OF AVIAN MEDICINE.
	DUDUO
4b	/out.
40	(Code:) (Expenses \$
	PARTICIPANTS SHARE KNOWLEDGE ON THE LATEST FINDINGS IN THE FIELD OF
	AVIAN MEDICINE. ALSO INCLUDES PERIODIC COMMITTEE MEETINGS.
	AVIAN MEDICINE: ADSO INCHODES FERIODIC COMMITTEE MEETINGS:
4c	(Code:) (Expenses \$
	THE FORM OF SLIDES, MANUALS AND VIDEOS RELATING TO THE FIELD OF AVIAN
	MEDICINE.
	MEDICINE.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶
	Form 990 (2021)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	۰		
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		
8	, ,			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			₹.
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
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	<u> </u>		
ızu	, , ,	12a		х
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
b	, ,	12b		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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			- v
	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			3,7
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			.,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. 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			
	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		X
b	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
				_

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	• (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140
	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		X
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			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor 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		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?lf			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? //			
	"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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes, " complete Schedule N, Part I	31		Х
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		Х
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		Х
	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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	10	x	

132004 12-09-21

AMERICAN ASSOCIATION OF AVIAN PATHOLOGIS 04-2349061 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. Х 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 Х 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 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). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did 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). 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 to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 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, poats, 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: 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 facilities 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 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. 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 Enter the amount of reserves on hand

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

14a X

15 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

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

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

16 X

17 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.

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	9		
	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.			
b		9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Ū	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Į.	
	(This occuping reguests information about politics not required by the internal nevertide code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		Х
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
	Other officers or key employees of the organization	15b		X
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	- 2.3		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
-	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		
Sec	tion C. Disclosure	100	Į.	
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only)	availal	hle
.5	for public inspection. Indicate how you made these available. Check all that apply.	,5 5111y)	a v undi	
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finan	cial	
13	statements available to the public during the tax year.	u man	oidi	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	NATHAN BEVANS-KERR - 904-425-5735			
	12627 SAN JOSE BOULEVARD SUITE 202, JACKSONVILLE, FL 32223-863	3		
	TIVE, SIE, SOSE DOCERVIED SOTTE EVE, STORDORVIEDE, IE SEEES OUS	-		

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.

X Check this box if neither the organization		orga	niza			nper	nsate			
(A)	(B)			_ ((C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	ition more	ໄ than ເ	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	son i	is both	h an	compensation	compensation	amount of
	week	-	_	ia a a	recto	or/trus	itee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	e e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		9.0	Suedi		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	ional		ploye	t con	١.	1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) BOB BEVANS-KERR	0.25	드	드	0)	= ē	프			
EXECUTIVE DIRECTOR	0.15	1		x				0.	0.	0
(2) DAVID FRAME	0.15			_		-		0.	0.	0.
PRESIDENT 2021	0.25	Х		х				0.	0.	0
		4		Δ				0.	0.	0.
(3) SUZANNE DOUGHERTY	0.25	1		1	\	J) (^
EXECUTIVE VICE PRESIDENT	0.15	Х	_	X		٧,		0.	0.	0.
(4) MICHELLE KROMM	0.25	Ţ,				1 `				•
DIRECTOR 2023	0.15	Х	_			_	<u> </u>	0.	0.	0.
(5) KAREN GROGAN	0.25						1	_		•
DIRECTOR 2024	0.15	X						0.	0.	0.
(6) JULIE HELM	0.25	12.								_
DIRECTOR 2024		Х	_		_	_	<u> </u>	0.	0.	0.
(7) ROSEMARY MARUSAK	0.25									
DIRECTOR 2021	0.15	Х				_	<u> </u>	0.	0.	0.
(8) KAREL SCHAT	0.25								_	_
DIRECTOR 2021		Х				_		0.	0.	0.
(9) LOUISE DUFOUR-ZAVALA	0.25								_	_
PRESIDENT ELECT 2022	0.15	Х						0.	0.	0.
(10) KELLY HEWITT	0.25									
STUDENT REPRESENTATIVE 202		Х						0.	0.	0.
		1								
		1								
		1								
						\vdash				
		1								
						\vdash	 			
		1								
1						<u> </u>				5 QQQ (2224

Name and title		Average hours per week	Average hours per week Position (do not check more than one box, unless person is both an officer and a director/trustee)					n an	Reportable compensation from	Reportable compensation from related	n	Es an		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	s SC/	fr org and	pensa om the anizati d relate anizatio	e ion ed
											\perp			
											\dashv			
		P		Н	E	3	L		C					
1h S:	ubtotal								0.		0.			0.
с То	otal from continuation sheets to Parotal (add lines 1b and 1c)	rt VII, Section A							UR		0.			0.
	otal number of individuals (including beneation from the organization	out not limited to the	ose	liste	d ab	ove) wh	o re	ceived more than \$100	,000 of reportable)		Yes	0 N o
lin	d the organization list any former off e 1a? <i>If</i> "Yes," complete Schedule J i	for such individual										3		Х
	or any individual listed on line 1a, is th nd related organizations greater than \$	•		-					•	-		4		Х
5 Di	d any person listed on line 1a receive ndered to the organization? If "Yes." n B. Independent Contractors	or accrue compen	satio	on fr	om	any	unre	elate	ed organization or indivi	dual for services	<u></u>	5		Х
1 Co	omplete this table for your five highes e organization. Report compensation										ensati	ion fro	om	
DV A	(A) Name and busir SSOCIATION MANAGEME	ness address	1 2	6 2 '	7	C A	NT		(B) Description of	services	Co	(C ompe) nsatio	n
	BOULEVARD, #202, J					БА .		-	MANAGEMENT C	OMPANY		17	5,0!	52.
2 To	otal number of independent contracto	ors (including but no	ot lin	nited	l to 1	thos	e lis	ted	above) who received m	ore than				

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) (D) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 148,813. 1f g Noncash contributions included in lines 1a-1f 148,813. h Total. Add lines 1a-1f **Business Code** 153,330. 541900 153,330. 2 a MEMBERSHIP DUES Program Service Revenue b ANNUAL MEETING 541900 81,045. 81,045. 58,167. 53,127. c AVIAN DISEASES JOURNAL 511120 5,040. d SALE OF EDUCATIONAL MA 611710 45,551.45,551. f All other program service revenue 338,093. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 13,811. 13,811. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 114,000 114,000. 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 16,000. assets other than inventory b Less: cost or other basis 42,746 Other Revenue and sales expenses |7c| - 26,746. c Gain or (loss) -26,746. -26,746. 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 \triangleright 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 587,971. 333,053. 5,040. 101,065. Total revenue. See instructions 12

132009 12-09-21

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A).	
	Check if Schedule O contains a respor				(D)
	not include amounts reported on lines 6b, 8b, 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				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	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):	140 (
a	Management	148,665.			
b	Legal	7 500			
С	Accounting	7,500.			
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	3,145.	16.111		
f	Investment management fees	3,143.			
g	Other. (If line 11g amount exceeds 10% of line 25,	98,694.			
40	column (A), amount, list line 11g expenses on Sch O.)	30,034.			
12	Advertising and promotion	141,905.			
13 14	Office expenses Information technology	15,287.	- Y		
15		73,207.			
16	Royalties Occupancy	16,464.			
17	Travel	20,1011			
18	Payments of travel or entertainment expenses				
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	35,401.			
20	Interest	•			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	63.			
23	Insurance	2,240.			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)	062			
	TAX EXPENSE	263.			
b	PUBLICATION OF EDUCATIO	20,936.			
C	DUES AND SUBSCRIPTIONS	3,981.			
d	AWARDS	2,573.			
	All other expenses	1,500.			
25	Total functional expenses. Add lines 1 through 24e	498,617.			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form 990 (2021)
Part X Balance Sheet

<u> Par</u>	t X	Balance Sneet					
		Check if Schedule O contains a response or	note to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			848,975.	2	951,666
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	oed in sec	tion 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
ί	9	Donate Salar and a second all defended all and a second				9	
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	10a	6,255.			
	b	Less: accumulated depreciation		6,246.	72.	10c	Ç
	11	Investments - publicly traded securities			420,598.	11	399,448
	12	Investments - other securities. See Part IV, Iir				12	
	13	Investments - program-related. See Part IV, lin	ne 11			13	
	14	Intangible assets		T T		14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must e			1,269,645.	16	1,351,123
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue		T T		19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part IV	of Schedule D	TRE	21	
,	22	Loans and other payables to any current or fo					
		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t		i i	-	22	
֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡	23	Secured mortgages and notes payable to uni				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li					
		of Schedule D			8,004.	25	1,680
	26	Total liabilities. Add lines 17 through 25			8,004.	26	1,680
		Organizations that follow FASB ASC 958, o			·		
ñ		and complete lines 27, 28, 32, and 33.		· —			
┋	27					27	
	28	Net assets with donor restrictions		F		28	
2		Organizations that do not follow FASB ASC					
5		and complete lines 29 through 33.	•	, —			
5	29	Capital stock or trust principal, or current fun	ds		1,261,641.	29	1,349,443
2	30	Paid-in or capital surplus, or land, building, or			0.	30	, ,
ř	31	Retained earnings, endowment, accumulated		T T	0.	31	C
Net Assets of Fund balances	32	Total net assets or fund balances		F	1,261,641.	32	1,349,443
<u> </u>	33	Total liabilities and net assets/fund balances			1,269,645.	33	1,351,123

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		58'	7 9	71.
2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	2				$\frac{71}{17}$.
3		3				54.
4	Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1		_	$\frac{310}{41.}$
5	Net unrealized gains (losses) on investments	5				52.
6		6			_,_	<u> </u>
_	Donated services and use of facilities	7				
7	Investment expenses	8				
8	Prior period adjustments				0.	
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		1	2/1	2 4	12
Da	column (B)) rt XIII Financial Statements and Reporting	10	<u> </u>	34.	7,4	43.
ı a						v
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		Yes	X No
	· · · · · · · · · · · · · · · · · · ·	0			162	INO
1	Accounting method used to prepare the Form 990: Cash Accrual X Other SEE SCH		—			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule				37	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	it			
	Act and OMB Circular A-133?		L	3а		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	t			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3h		l

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

 Section 501(c)(4), (5), or (6) organizat 	ions: Complete Part III.			
Name of organization			Emp	loyer identification number
	N ASSOCIATION OF			04-2349061
Part I-A Complete if the org	anization is exempt und	er section 501(c) o	or is a section 527 or	ganization.
 Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai 	ures		> :	S
Part I-B Complete if the org	anization is exempt und	er section 501(c)(3).	
 Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a section Was a correction made? If "Yes," describe in Part IV. 	incurred by organization manage n 4955 tax, did it file Form 4720	ers under section 4955 for this year?		Yes
	anization is exempt und	er section 501(c).	except section 501(:)(3).
1 Enter the amount directly expended				6
2 Enter the amount of the filing organ	ization's funds contributed to ot	her organizations for se	ction 527	
exempt function activities				P
line 17b				8
4 Did the filing organization file Form	1120-POI for this year?) Y		
5 Enter the names, addresses and em				
made payments. For each organizar	•			
contributions received that were pro	•			•
political action committee (PAC). If				io cognogatou tanta or a
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

Schedule C (Form 990) 2021

f Grassroots lobbying expenditures

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		o)
of the	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	- 504/->/5	1		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6)	n 501(c)(5), or se	ection	
	501(c)(6).			Vaa	NI.
_	I ODLIO			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			v	X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			X	Х
3 Dar	Did the organization agree to carry over lobbying and political campaign activity expenditures from the tIII-B Complete if the organization is exempt under section 501(c)(4), section			oction	Λ
· ui	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				3 is
	answered "Yes."	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, . c	7.,	c, .c
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2 a		
	Carryover from last year				
	Total			1	
3	A server to the server to the discrete of the continuous of the server to the description of CO(s) the server to t		··		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the exceeds the amount on line 3, what portion of the exceeds the				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditure next year?		. 4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	A, lines 1	and 2 (See	
instru	actions); and Part II-B, line 1. Also, complete this part for any additional information.				

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

AMERICAN ASSOCIATION OF AVIAN PATHOLOGIS

Employer identification number 04 - 2349061

Total number at end of year Total number at end of year	Pai	organizations Maintaining Donor Advious organization answered "Yes" on Form 990, Part IV		or Accounts. Complete if the
Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisers in writing that the assets held in donor advised funds are the organization in promating grants and donor advisers in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisers in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor adviser, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (sheek all that apply). 1 Preservation of land probletic use (for example, recreation or education) Preservation of a cartified historic structure Preservation of part papea. 2 Complete lines 2 at through 2 of the organization held a qualified conservation contribution in the form of a conservation easements. 3 Total number of conservation easements in easements. 4 Total number of conservation easements on a certified historic structure included in (a) 5 Number of conservation easements on a certified historic structure included in (a) 6 Number of conservation easements on a certified historic structure included in (a) 7 Number of conservation easements on a certified historic structure included in (a) 8 Number of states where property subject to conservation easements in blood and the conservation easements on a certified historic structure included in (a) 9 Number of conservation easements make the structure included in (a) acquired after 7/25/06, and not on a historic structure included in (a) 1 Number of states where property subject to conservation easements in located 2 Number of conservation easements modified, furniferred, released extinguished, by the organization		organization answered Tes Offi Offi 930,1 art iv		(b) Funds and other accounts
2 Aggregate value of contributions to (during year) 4 Aggregate value of grants from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermisable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermisable provate benefit? Part II Conservation Easements. Complete if the organization check all that apply). Preservation of an organization for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Protection of natural habitat Protection of natural habitat Preservation of open space Complete lines 2 atmosple 2 of the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Total number of conservation easements 2 De	1	Total number at end of year	` '	(b) i and and one docume
3 Aggregate value of grants from (during year) 4 Aggregate value at most of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is properly, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissable private benefit? Part II Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. 1 Purpose(g) of conservation assements held by the organization (check all that apply.) Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation or enaution and preservation or example, recreation or education) Preservation of a conservation easement on the last day of the tax year. a Total number of conservation easements Part organization held a qualified conservation contribution in the form of a conservation easement on the last of the tax year. b Total acreage restricted by conservation easements Part organization held a qualified on a historic structure Part organization and the structure Part organization Part organization and the structure Part organization Part organiz	_			
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provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X	b	If the organization elected, as permitted under FASB ASC	958, to report in its revenue statement and I	palance sheet works of
(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X		art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in furth	nerance of public service,
 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X 				
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X				
the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$ \bigset\$				
 a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$	2	-		I gain, provide
b Assets included in Form 990, Part X			_	> 0
· · · · · · · · · · · · · · · · · · ·				
				•

132051 10-28-21

Schedule D (Form 990) 2021

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open To Public Inspection

Name	e of the organization A	MERICA	N ASSOCIA	ATION OF	AVIAN PATHO	OLOGIS	Employe 0 4 - 23			number
Par	rt I Excess Bene	fit Transa	actions (section	n 501(c)(3), sect	ion 501(c)(4), and sect	ion 501(c)(29) orgar	nizations or	nly).		
	Complete if the c	organization	answered "Yes" o	on Form 990, Pa	art IV, line 25a or 25b,	or Form 990-EZ, Pa	rt V, line 40	Db.		
1,	(a) Name of disqualified p	erson	(b) Relationship b		lified (c)	Description of trans	saction		(d) Co	rrected?
	a, rame or alequalities p	.010011	person and	d organization	(0)	2000 PROTECTION			Yes	No
									+	
									+	
									+	
									+	
2	Enter the amount of tax i	ncurred by t	he organization m	nanagers or disc	qualified persons durin	g the year under				
	section 4958						🕨 \$	s		
3	Enter the amount of tax,	if any, on lin	e 2, above, reimb	ursed by the or	ganization		🕨 \$	·		
Par	rt II I nans to and	l/or From	Interested Po	areone						
Fai					Dort V line 20e er Fe	rm 000 Dort IV line	06. or if th		ization	
			answered res of 990, Part X, line		, Part V, line 38a or Fo	m 990, Part IV, Ime	e ∠o, or 11 tr	ie organ	lization	
	(a) Name of	(b) Relation		e (d) Loan to or	(e) Original	(f) Balance due	(g) In	(h) App	roved (i) Written
	interested person	with organiz		from the organization?	principal argount	w, zalanes aus	default?	by boa	rd or lag	reement?
				To From	DLIU		Yes No	Yes	No Y	es No
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			101				_			
) 					
					<u> </u>					
Total	l				> \$					
Par	rt III Grants or As	sistance	Benefiting Int	terested Per	sons.					
	Complete if the c	organization	answered "Yes" o	on Form 990, Pa	art IV, line 27.					
	(a) Name of interested p	person	(b) Relations		(c) Amount of assistance	(d) Type			Purpose ssistanc	
			interested p		assistance	assistant	,e	a	551514110	Е
							-			

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

Schedule L (Form 990) 2021

Yes	Complete if the organization answered (a) Name of interested person	(b) Relationship between in person and the organiza	erested	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz	zation's
Part V Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: BK ASSOCIATION MANAGEMENT, LLC (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BK ASSOCIATION MANAGEMENT, LLC IS OWNED BY BOB AND JANECE BEVANS-KERR.		person and the organiza	ition	transaction	transaction		nues?
Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: BK ASSOCIATION MANAGEMENT, LLC (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: SK ASSOCIATION MANAGEMENT, LLC IS OWNED BY BOB AND JANECE BEVANS-KERR.	BK ASSOCIATION MANAGEMENT,	BK ASSOCIATION	MANA	148,665.	MANAGEMENT		X
Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: BK ASSOCIATION MANAGEMENT, LLC (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BK ASSOCIATION MANAGEMENT, LLC IS OWNED BY BOB AND JANECE BEVANS-KERR.							
Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: BK ASSOCIATION MANAGEMENT, LLC (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BK ASSOCIATION MANAGEMENT, LLC IS OWNED BY BOB AND JANECE BEVANS-KERR.							
Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: BK ASSOCIATION MANAGEMENT, LLC (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BK ASSOCIATION MANAGEMENT, LLC IS OWNED BY BOB AND JANECE BEVANS-KERR.	Part V Supplemental Information						
(A) NAME OF PERSON: BK ASSOCIATION MANAGEMENT, LLC (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BK ASSOCIATION MANAGEMENT, LLC IS OWNED BY BOB AND JANECE BEVANS-KERR.		onses to questions on Schedu	le L (see ii	nstructions).			
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BK ASSOCIATION MANAGEMENT, LLC IS OWNED BY BOB AND JANECE BEVANS-KERR.					ED PERSONS:		
BK ASSOCIATION MANAGEMENT, LLC IS OWNED BY BOB AND JANECE BEVANS-KERR.			-		TON:		
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SCHEDULE O (Form 990)

Department of the Treasury

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-EZ.

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

2021 Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

AMERICAN ASSOCIATION OF AVIAN PATHOLOGIS

Employer identification number 04-2349061

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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

PERIODICALS, CONFERENCES AND AWARDS.

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.

LINE FORM 990, PART VI, SECTION THE TYPES OF MEMBERSHIP ARE AS FOLLOWS: (1) CHARTER MEMBER; (2) MEMBER; (4)ASSOCIATE MEMBER; (5)INTERNATIONAL ASSOCIATE MEMBER; LIFE MEMBER; RETIRED MEMBER: RETIRED ASSOCIATE MEMBER: HONORARY MEMBER: AND (8) STUDENT MEMBER; AND (9) STUDENT CHAPTER. _CHARTER MEMBERS SHALL HAVE THE QUALIFICATIONS OF MEMBERS AND SHALL BE THOSE WHO HAVE HAD FIFTEEN YEARS EXPERIENCE IN AVIAN PATHOLOGY JOINED TOGETHER AT THE 1957 ANNUAL MEETING OF THE AMERICAN VETERINARY MEDICAL ASSOCIATION (HEREINAFTER "AVMA") INITIATE THIS ASSOCIATION, PLUS OTHERS ELECTED BY A TWO-THIRDS VOTE OF THE ORIGINAL CHARTER MEMBERSHIP. THESE LATTER MUST ALSO HAVE FIFTEEN YEARS OF EXPERIENCE IN AVIAN PATHOLOGY AND SHALL BE ELECTED WITHIN THE FIRST YEAR FOLLOWING ADOPTION OF THE CONSTITUTION AND BY-LAWS. MEMBERS MUST BE A PERMANENT RESIDENT OF ONE OF THE DISTRICTS (NORTHEASTERN, SOUTHERN CENTRAL AND SOUTH AMERICA, AND INTERNATIONAL), WESTERN, GRADUATE OF A VETERINARY COLLEGE AND, IF A RESIDENT OF THE UNITED STATES, BE A MEMBER OF THE AVMA. LIFE MEMBERS SHALL NOT BE REQUIRED TO PAY DUES OR THE FOLLOWING CRITERIA HAVE TO BE FULFILLED TO BE CONSIDERED ASSESSMENTS. 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** AMERICAN ASSOCIATION OF AVIAN PATHOLOGIS 04-2349061 FOR ELECTION: (1) THE CANDIDATE MUST HAVE BEEN ACTIVE IN THE FIELD OF POULTRY HEALTH FOR A MINIMUM OF 25 YEARS. (2) THE CANDIDATE MUST HAVE MADE SIGNIFICANT CONTRIBUTIONS TO THE AMERICAN ASSOCIATION OF AVIAN PATHOLOGISTS. EXAMPLES OF SIGNIFICANT CONTRIBUTIONS ARE SERVING ON THE BOARD OF DIRECTORS, AND/OR SERVING ON COMMITTEES OF THE AAAP SUCH AS THE EDITORIAL BOARDS ASSOCIATED WITH THE AAAP (DISEASES OF POULTRY, AVIAN DISEASES, ISOLATION AND IDENTIFICATION OF AVIAN PATHOGENS, ETC.), AWARDS COMMITTEE, AND/OR OTHER COMMITTEES ESSENTIAL FOR THE AAAP. (3) THE CANDIDATE MUST HAVE MADE SIGNIFICANT CONTRIBUTIONS TO THE FIELD OF POULTRY HEALTH. EQUAL WEIGHT WILL BE GIVEN TO CRITERIA 2 AND 3 IN THE DECISION IF THE MEMBER OR ASSOCIATE MEMBER HAS RETIRED FROM MAJOR GAINFUL EMPLOYMENT. ASSOCIATE MEMBERS ARE VETERINARIANS WHO ARE RESIDENTS OF THE UNITED STATES BUT NOT MEMBERS OF THE AVMA AND PERSONS WITHOUT A DEGREE IN VETERINARY MEDICINE WHO ARE ENGAGED IN SOME PHASE OF AVIAN DISEASES. INTERNATIONAL ASSOCIATE MEMBERS ARE PERSONS FROM OUTSIDE THE DESIGNATED REGIONS WHO ARE ENGAGED IN SOME PHASE OF AVIAN DISEASES. INTERNATIONAL ASSOCIATE MEMBERS WHO ELECT TO RECEIVE CORRESPONDENCE AND JOURNALS BYPOSTAL MAIL RATHER THAN BY INTERNET COMMUNICATIONS WILL BE ASSESSED A POSTAGE FEE TO COVER THE HIGHER COSTS OF OVERSEAS MAILINGS. HONORARY MEMBERS ARE SCIENTISTS WHO HAVE MADE UNUSUALLY SIGNIFICANT CONTRIBUTIONS TO THE FIELD OF AVIAN PATHOLOGY. NOT MORE THAN TWO HONORARY MEMBERS SHALL BE SELECTED IN ANY ONE YEAR. AN HONORARY MEMBER SHALL NOT BE REQUIRED TO PAY ANY DUES OR ASSESSMENTS. RETIRED MEMBERS AND RETIRED ASSOCIATE MEMBERS ARE MEMBERS WHO UPON ENTERING RETIREMENT AS A MEMBER, ASSOCIATE MEMBER, OR INTERNATIONAL ASSOCIATE MEMBER, MAY BECOME ELIGIBLE FOR RETIRED MEMBERSHIP. RETIREMENT IS INTERPRETED IN THE MANNER DESCRIBED UNDER 3(B), LIFE MEMBER. DUES FOR RETIRED MEMBERS SHALL BE EITHER NONE OR SHALL BE AT A REDUCED RATE. THIS RATE SHALL BE SET AND PERIODICALLY REVIEWED BY THE GOVERNING BOARD OF THE Schedule O (Form 990) 2021 Schedule O (Form 990) 2021 Page 2

Employer identification number

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

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

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

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

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS ENFORCED BY REQUIRING FULL DISCLOSURE OF ALL ACTUAL OR POTENTIAL CONFLICTS AND A DETERMINATION BY THE DISINTERESTED BOARD (OR ORGANIZATION COMMITTEE) MEMBERS - WITH THE Schedule O (Form 990) 2021 Schedule O (Form 990) 2021 Page **2**

Name of the organization **Employer identification number** AMERICAN ASSOCIATION OF AVIAN PATHOLOGIS 04-2349061 INTERESTED BOARD MEMBER(S) RECUSED FROM PARTICIPATING IN DEBATES 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 ORGANIZATION'S EXECUTIVE COMMITTEE, AS WELL AS ALL OTHER CONFLICT INFORMATION PROVIDED BY BOARD MEMBERS. THE POLICY WAS MAINTAINED AND ENFORCED FOR THE YEAR ENDING 4/30/2021. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART IX LINE OTHER PROFESSIONAL FEES 89,194. 9,500. HONORARIUM PART LINE 11G, COL A TOTAL OTHER FEES ON FORM 990, 98,694. FORM 990, PART XII, LINE 1, OTHER ACCOUNTING METHOD: MODIFIED CASH BASIS

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

AMERICAN ASSOCIATION OF AVIAN PATHOLOGIS

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

04-2349061

		4.				Т		· · · · · · · · · · · · · · · · · · ·	
	(a)	(b)	(c)	(d)	(e)			(f)	
	Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	ome End-of-year	assets		ontrollino ntity	9
	o. a.e. ega aca e,		loreign country)				-	,	
		PU	RIIC						
		HSCL	<u>OSI</u>	IR					
Part II	Identification of Related Tax-Exempt Organizations during the tax year.	anizations. Complete if the organization	answered "Yes" on Form 99	0, Part IV, line 34, I	oecause it had one	or more	related tax-exer	mpt	
	(a)	(b)	(c)	(d)	(e)		(f)	(g) 512(b)(13)
	Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direc	t controlling		o12(b)(13) rolled
	of related organization		foreign country)	section	status (if section 501(c)(3))		entity		ity?
	OUNDATION, INC 23-2542890	AID TO STUDENTS AND			301(0)(3))			Yes	No
HAAP FC	SAN JOSE BOULEVARD 202	VETERINARIANS FOR RESEACH							
12627		VETERINARIAND FOR RESEACH						1	
		IN AVIAN MEDICINE	FLORIDA	501(C)(3)	LINE 7				x
	IVILLE, FL 32223-8638	IN AVIAN MEDICINE	FLORIDA	501(C)(3)	LINE 7				Х
		IN AVIAN MEDICINE	FLORIDA	501(C)(3)	LINE 7				Х
		IN AVIAN MEDICINE	FLORIDA	501(C)(3)	LINE 7				Х
		IN AVIAN MEDICINE	FLORIDA	501(C)(3)	LINE 7				X
		IN AVIAN MEDICINE	FLORIDA	501(C)(3)	LINE 7				X

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

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 AMER	RICAN ASSOCI	ATION	OF AVIAN	PATHO	LOGIS						04-2	234	9061	Lı	Page
Part III Identification of Related Or organizations treated as a part of the part III Identification of Related Organizations treated as a part III Identification of Related Organizations treated as a part III Identification of Related Organizations treated organizations are part III Identification of Related Organization of Related	rganizations Taxable artnership during the ta	as a Partn ax year.	ership. Complete	if the organi	zation answe	ered "Yes"	on Form 990	, Part IV, lin	ie 34, be	ecause	e it had one o	r more	e relate		
(a)	(b)	(c)	(d)		(e)	(f)		(g)	(h)	(i)		(j)	T ((k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	g Predomi	nant income	Share o	f total	Share of	Disprop	ortionate	Code V-U	IBI	General c	Perce	entag
of related organization		(state or foreign	entity	(related lexcluded f	, unrelated, rom tax under	inco	me e	nd-of-year assets	alloca	ations?	amount in 20 of Sche	dule	managing partner?	<u> </u>	ership
		country)		section	rom tax under s 512-514)				Yes	No	K-1 (Form 1	065)	Yes No	o	
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Part IV Identification of Related Or	rganizations Tayable	as a Corne	oration or Trust	Complete if t	the organizat	ion answe	red "Yes" on	Form 990 I	Part IV	line 3/	L hecause it h	had or	ae or m	ore rel	ated
Part IV organizations treated as a co	orporation or trust duri	ng the tax	year.	Somplete in t	inc organizat	ion and we	ica i cs on	330,1	art iv,		r, because it i	ilad oi	10 01 111	1010101	atcu
(a)			(b)	(c)	(d)		(e)		(f)		(g)		(h)		(i) ction
Name, address, and I	EIN	Prim	nary activity	Legal domicile		trolling	Type of entity	/ Share	of total		Share of		centage	el 5120	(b)(13)
of related organization	on			(state or foreign	entit	V (C corp, S cor or trust)	p, Inc	ome		end-of-year assets	OWI	nership		trolled tity?
				country)		V								Yes	No
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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Х

Yes No

art V	Transactions With Related Organizations.	Complete if the organization answered "	"Yes" on Form 990	, Part IV, line 34, 35b, or 36.
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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	
С	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
	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
	Lease of facilities, equipment, or other assets from related organization(s)	1k	-	X
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
	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
	Reimbursement paid to related organization(s) for expenses	1 p		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) Name of related organization (b) Transaction type (a-s) (c) Amount involved Method of determining amount in	ıvolved		
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6)				
2216	3 11.17.21	B (For	m 990	1) 2021

Page 4

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

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

(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners sec 501(c)(3) orgs.?	Share of total	Share of	Dispropor- tionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing	Percentage
or entity		country)	excluded from tax under	orgs.?		end-of-year assets	allocations? Yes No	of Schedule K-1	partner?	ownership
		,,	3000013 3 12 3 14)	Yes No			Yes No	(1011111003)	Yes NO	
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2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	BOOK SHELVES	05/20/04	SL	7.00		16	631.				631.	631.		0.	631.
2	HP 7410 OFFICEJET PRO	09/11/06	SL	5.00		16	629.				629.	629.		0.	629.
3	CD BURNING PRINTER	08/27/08	SL	5.00		16	2,409.				2,409.	2,409.		0.	2,409.
4	DELL COMPUTER AVIAN	11/22/10	SL	5.00		16	2,148.				2,148.	2,148.		0.	2,148.
5	BOOK DISPLAY	06/16/15	SL	7.00		16	438.				438.	367.		63.	430.
	* TOTAL 990 PAGE 10 DEPR			т		4	6,255.	5			6,255.	6,184.		63.	6,247.
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128111 04-01-21

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone