			EXTENDED TO MARCH 15, 2024 Return of Organization Exempt From Income Tax	<b>c</b> 1	OMB No. 1545-0047
Form <b>990</b> Department of the Treasury Internal Revenue Service			- ·		2022
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundate Do not enter social security numbers on this form as it may be made public.	itions)	
			Go to www.irs.gov/Form990 for instructions and the latest information.		Open to Public Inspection
-	or th	23	i		
B c	heck if pplicab		n number		
	Addre chang		FOUNDATION, INC.		
	Name	e Doing b	usiness as 23-2542	2890	
	Initial return Final return	1262	and street (or P.0. box if mail is not delivered to street address)Room/suiteETelephone num7SAN JOSE BLVD. #202904-425		5
	termin		own, state or province, country, and ZIP or foreign postal code G Gross receipts \$		1,144,889.
	Amen return		SONVILLE, FL 32223-8638 H(a) Is this a grou	up return	
	Applie tion	<sup>ca-</sup> <b>F</b> Name a	nd address of principal officer: NATHAN BEVANS-KERR for subordina	•	
	pendi		SAN JOSE BLVD. STE. 202, JACKSONVILLE, H(b) Are all subordinat		
11	ax-ex	empt status:			See instructions
	Vebsi		AAAP.INFO H(c) Group exempt		
KF	orm o	f organization:	X Corporation Trust Association Other L Year of formation: 1988		
	art I	Summary			
	1	Briefly describ	be the organization's mission or most significant activities: <u>TO AID STUDENTS AND</u>		
Activities & Governance			ARIANS IN THE STUDY OF AVIAN MEDICINE.		
rna	2	Check this bo	x if the organization discontinued its operations or disposed of more than 25% of its net	assets.	
Nel	3	Number of vot	ting members of the governing body (Part VI, line 1a)	3	12
ğ	4	Number of ind		4	12
8 8	5		of individuals employed in calendar year 2022 (Part V, line 2a)	5	0
/itie	6			6	60
çti	7 a			7a	0.
<				7b	0.
			Prior Year		Current Year
đ	8	Contributions	and grants (Part VIII, line 1h)	5.	246,271.
ň	9		ice revenue (Part VIII, line 2g)	0.	0.
Revenue	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)	3.	123,827.
£	11	Other revenue		0.	0.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		370,098.
	13	Grants and sir	milar amounts paid (Part IX, column (A), lines 1-3) 76 , 319	э.	84,466.
	14	Benefits paid		0.	0.
s	15	Salaries, other	r compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses	16a	Professional fu	undraising fees (Part IX, column (A), line 11e)	0.	0.
be	b	Total fundraisi	ing expenses (Part IX, column (D), line 25) 641.		
ŵ	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	J.	39,706.
	18	Total expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25) 116,789		124,172.
	19	Revenue less	expenses. Subtract line 18 from line 12	J.	245,926.
Net Assets or			Beginning of Current Ye	ar	End of Year
sets	20	Total assets (F	Part X, line 16) 1,504,428	3.	1,669,475.
As	21	Total liabilities	s (Part X, line 26) C	0.	0.
			fund balances. Subtract line 21 from line 20 1,504,428	3.	1,669,475.
Pa	art II	Signature	e Block		
Und	er pena	alties of perjury,	I declare that I have examined this return, including accompanying schedules and statements, and to the best of	f my know	vledge and belief, it is
true	corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
0		Signature of of	fficer Date		

Sign	Signature of officer		Date					
Here	NATHAN BEVANS-KERR, EXECU'	TIVE DIRECTOR						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN			
Paid	LORI GRAHAM		03/05/24	if self-employed	P0121627	5		
Preparer	Firm's name SMOAK, DAVIS & NI	XON LLP	Firm	s EIN 59-	0602635			
Use Only	Firm's address 5011 GATE PARKWAY	BLDG 100 STE 300						
	JACKSONVILLE, FL	32256-0562	Phon	e no. 904 -	396-5831			
May the IF	May the IRS discuss this return with the preparer shown above? See instructions X Yes No							

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

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Par	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: 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? Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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 expenses.
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 103,986. including grants of \$ 84,466. ) (Revenue \$
4a	AID PROVIDED TO STUDENTS AND VETERINARIANS FOR EDUCATION IN THE AREA OF
	AVIAN MEDICINE.
4b	(Code:) (Expenses \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
<u></u>	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses     103,986.
4e	Total program service expenses 103,986. Form <b>990</b> (2022
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 Form 990 (2022)
 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	L		<u> </u>
Ŭ	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,			
'		7		x
~	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	<b>-</b>		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			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 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	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,			
	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		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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		x
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
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	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 environment of the environment of the state of the light of the light of the state of th	14a		X
l4a b	Did the organization maintain an office, employees, or agents outside of the United States?	1-ra		<u> </u>
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		1/1		x
45	or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		- 22
15		45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X 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 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		<u> </u>
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		X
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Part IV Checklist of Required Schedules (continued)						
			Yes	No		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		37			
	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	23		x		
24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23				
240	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				
25a	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		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	056		x		
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b				
20	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? If					
	"Yes," complete Schedule L, Part IV	28a		X X		
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b				
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	28c		x		
29	"Yes," complete Schedule L, Part IV	29		X		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25				
	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		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					
<b>0</b> -	Part V, line 1	34	X	v		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X		
D	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?	330				
00	If "Yes," complete Schedule R, Part V, line 2	36		x		
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 t 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	<u></u>				
_		-	Yes	No		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b> ( Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4				
С		1c	x			
23200/	(gambling) winnings to prize winners?			I (2022)		
_0_00	4		-	(- <i></i> )		

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
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)?	4a		X
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).			37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	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		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	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 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<b></b>
	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 13b			
	Enter the amount of reserves on hand			37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			τ
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
_	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	_	000	(0000)
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 AAAP FOUNDATION, INC.
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 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 res	ponse or note to any	line in this Part VI	

			Yes	4
1a	Enter the number of voting members of the governing body at the end of the tax year 1a1	4		
	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 0.			
	Enter the number of voting members included on line 1a, above, who are independent 1b 12	4		
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		_
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	_
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	x	_
6	Did the organization have members or stockholders?	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?	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	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			1
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	ļ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	
	Did the organization have local chapters, branches, or affiliates?	10a		_
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?	10b		_
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		37	
	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>	12a	X	_
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
40	on Schedule O how this was done	12c	X X	
	Did the organization have a written whistleblower policy?	13	X	+
14	Did the organization have a written document retention and destruction policy?	14		
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?	45		
	The organization's CEO, Executive Director, or top management official	15a		┥
b	Other officers or key employees of the organization	15b		+
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16-		
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		
U				
	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		
ect	exempt status with respect to such arrangements?		1	_
	List the states with which a copy of this Form 990 is required to be filed NONE			
	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)	availa	9 <sup>1</sup>
	for public inspection. Indicate how you made these available. Check all that apply.	2 (iny)	arana	46
	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, and	d finan	cial	
	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			
20				
20	AAAP, INC - 904-425-5735			
20	<u>AAAF, INC - 904-425-5755</u> 12627 SAN JOSE BLVD, STE 202, JACKSONVILLE, FL 32223-8638			-

10007.01

Form 990	(2022)
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Part VII	Со	mpensation of Officers,	Directors,	Trustees,	Key Employees,	Highest C	ompensated
	Em	ployees, and Independe	ent Contra	ctors			

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, box 6 of 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 nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one				ane	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar	nd à d	Irecto	r/trus	tee)	from	from related	other
	(list any	recto	rector		the	organizations	compensation			
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	rustee	l trus		ee	npen		1099-NEC)	1099-NEC)	organization and related
	below	dual t	utiona		nploy	st cor	-			organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			ergamzatierte
(1) NATHAN BEVANS-KERR	0.15									
EXECUTIVE DIRECTOR	0.25			x				0.	0.	0.
(2) ERIC GINGERICH	0.15									
PRESIDENT		Х		Х				0.	0.	0.
(3) SARA STEINLAGE	0.15									
VICE PRESIDENT 2023		х		X				0.	0.	0.
(4) SUZANNE DOUGHERTY	0.15		,							
EXECUTIVE VICE PRESIDENT 2026	0.25	Х		Х				0.	0.	0.
(5) ROCIO CRESPO	0.15									
DIRECTOR 2023	0.25	Х						0.	0.	0.
(6) DEIRDRE JOHNSON	0.15									
DIRECTOR 2023	0.25	Х						0.	0.	0.
(7) JOSE LINARES	0.15									
DIRECTOR 2025	0.25	X						0.	0.	0.
(8) HOLLY SELLERS	0.15									
DIRECTOR 2024	0.25	Х						0.	0.	0.
(9) KAREN GROGAN	0.15									
DIRECTOR 2024	0.25	Х						0.	0.	0.
(10) JULIE HELM	0.15									
DIRECTOR 2024	0.25	Х						0.	0.	0.
(11) SIMONE STOUTE	0.15									
DIRECTOR 2025	0.25	Х						0.	0.	0.
(12) NAOLA FERGUSON-NOEL	0.15									
DIRECTOR 2025	0.25	Х						0.	0.	0.
(13) CLAUDIA OSORIO	0.15									
DIRECTOR 2026	0.25	Х						0.	0.	0.
(14) IVAN ALVARADO	0.15									
DIRECTOR 2025	0.25	Х						0.	0.	0.
(15) JOSIE GAMBLE	0.15									
STUDENT REPRESENTATIVE 2023	0.25	Х						0.	0.	0.
		L								
	L									
										<b>—</b> 000 (2222)

232007 12-13-22

Form 990 (2022)

		DUNDATION,	Ι	NC	•					23-254	289	0 F	Page <b>8</b>
Par	t VII Section A. Officers, Directors, T	rustees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
	(A)	(B)			(0	C)			(D)	(E)		(F)	
	Name and title	Average	<i>.</i> .		Posi				Reportable	Reportable		Estimat	ed
		hours per		not ch . unles					compensation	compensation		amount	
		week	offic	cer an	d a di	recto	r/trus	tee)	from	from related		other	
		(list any	ctor						the	organizations	C	ompens	ation
		hours for	Individual trustee or director				eq		organization	(W-2/1099-MISC/	/	from th	ne
		related	tee or	Institutional trustee			ensat		(W-2/1099-MISC/	1099-NEC)		organiza	tion
		organizations	trus'	al tri		oyee	ompe		1099-NEC)			and rela	ted
		below	vidual	tutio	er	am plo	est c loyee	ner			0	rganizat	ions
		line)	Indiv	Insti	Officer	Key employee	Highest compensated employee	Former					
			1										
			1										
											-		
			1										
			•										
											$\rightarrow$		
									_				
		_	1										
1h	Subtotal								0.	0	).		0.
	Total from continuation sheets to Par								0.		).		0.
		t vii, section A							0.		).		0.
-	Total (add lines 1b and 1c)										•		0.
2	Total number of individuals (including b	ut not limited to th	ose	liste	d ad	ove	) wn	o re	eceived more than \$100,	UUU of reportable			0
	compensation from the organization											Vee	0
												Yes	No
3	Did the organization list any former offi			-	-	-		-		•			
	line 1a? If "Yes," complete Schedule J f	for such individual									. 3	3	X
4	For any individual listed on line 1a, is th												
	and related organizations greater than §	\$150,000? If "Yes,	" со	mple	ete S	Sche	dule	e J f	or such individual		. 4	۱	X
5	Did any person listed on line 1a receive	or accrue comper	Isati	on fr	om a	any	unre	elate	ed organization or individ	lual for services			
	rendered to the organization? If "Yes,"	complete Schedule	e J fo	or su	ch r	berso	on .				. 5	5	X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highes	t compensated inc	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comper	sation	from	
	the organization. Report compensation	for the calendar ve	ear e	endin	a wi	ith c	or wi	thin	the organization's tax ve	ear.			
	(A)				5				(B)			(C)	
	Name and busin		NC	ONE	2				Description of s	ervices	Com	pensatio	on
								_					
								_					
2	Total number of independent contracto	rs (including but n	ot lin	nited	l to t	thos	se lis	ted	above) who received mo	ore than			
	\$100,000 of compensation from the org	ganization				0	)						
											_	000	(0000)

232008 12-13-22

			AAAP FOUNDATION, INC	•		23-2542	890 Page <b>9</b>
Pa	rt V	/111	Statement of Revenue				
			Check if Schedule O contains a response or note to any				
				(A)	(B)	(C) Unrelated	(D) Revenue excluded
				Total revenue	Related or exempt function revenue	business revenue	from tax under
					lanotorinovolido		sections 512 - 514
សូទ	1	а	Federated campaigns 1a				
an'			Membership dues 1b				
D G			Fundraising events 1c				
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations 1d	_			
, G nila			Government grants (contributions) 1e	_			
Sins			All other contributions, gifts, grants, and	-			
utic		'	similar amounts not included above 1f 246, 272				
trib Oth		~					
pu nd		-		216 271			
a C		n	Total. Add lines 1a-1f Business Co				
ice	2	a					
er v		b					
n S 'eni		С					
Jev		d					
Program Service Revenue		е					
д.			All other program service revenue				
		g	Total. Add lines 2a-2f				
	3		Investment income (including dividends, interest, and				
			other similar amounts)	. 39,206.	_		39,206.
	4		Income from investment of tax-exempt bond proceeds				
	5		Royalties				
			(i) Real (ii) Persona	al			
	6	а	Gross rents 6a				
		b	Less: rental expenses 6b				
		с	Rental income or (loss) 6c				
		d	Net rental income or (loss)				
	7	а	Gross amount from sales of (i) Securities (ii) Other				
			assets other than inventory <b>7a 859,412.</b>				
		b	Less: cost or other basis				
е			and sales expenses				
venue		с	Gain or (loss) 7c 84,621.				
Rev			Net gain or (loss)				84,621.
эr F			Gross income from fundraising events (not		/		
Other	0	u	including \$ of				
0			contributions reported on line 1c). See				
			. ,				
		L	,	-			
			Net income or (loss) from fundraising events				
	9	a	Gross income from gaming activities. See				
			Part IV, line 19 9a				
			Less: direct expenses 9b				
			Net income or (loss) from gaming activities				
	10	а	Gross sales of inventory, less returns				
			and allowances 10a				
			Less: cost of goods sold 10b				
		С	Net income or (loss) from sales of inventory				
s			Business Co	de			
e e	11	а					
ane		b			l		
scellaneo Revenue		с					
Miscellaneous Revenue		d	All other revenue				
2			Total. Add lines 11a-11d				
	12		Total revenue. See instructions		0.	0.	
23200	9 12-	-13-					Form <b>990</b> (2022)

15360305 781651 10007.001

<sup>9</sup> 

Form 990 (2022)
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AAAP FOUNDATION, INC. Part IX Statement of Functional Expenses

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	Management and general expenses	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	04.466	<u> </u>		
	individuals. See Part IV, line 22	84,466.	84,466.		
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 8	Other salaries and wages				
0	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
9 10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
c	Accounting	7,800.		7,800.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	11,304.		11,304.	
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					
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 0.)	10 640	10 640		
a	AWARD EXPENSE MISCELLANEOUS	<u>18,640.</u> 1,962.	<u>18,640.</u> 880.	441.	641
b		1,902.	000.	441.	041
C L	<b> </b>				
d					
e	All other expenses	124,172.	103,986.	19,545.	641
2 <u>5</u> 96	Total functional expenses.         Add lines 1 through 24e           Joint costs.         Complete this line only if the organization	141,140	103,300.	±3,J4J•	041
26					
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check hereif following SOP 98-2 (ASC 958-720)				

232010 12-13-22

10 2022.05060 AAAP FOUNDATION, INC.

Form 990 (2022)

<sup>10007.01</sup> 

15360305 781651 10007.001

Form 990 (2022)

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AAAP FOUNDATION, INC. Part X Balance Sheet

		Check if Schedule O contains a response or note to any line	n this Part X			
			E	<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		298,935.	1	166,330.
	2	Savings and temporary cash investments		19,654.	2	36,363.
	3	Pledges and grants receivable, net		1,680.	3	3,798.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former office				
		trustee, key employee, creator or founder, substantial contrib	utor, or 35%			
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons	as defined			
		under section 4958(f)(1)), and persons described in section 4	958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
¥	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a				
	b	Less: accumulated depreciation 10b			10c	
	11	Investments - publicly traded securities		1,184,159.	11	1,462,984.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		1,504,428.	16	1,669,475.
	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. Complete Part IV of Sch	edule D		21	
ŝ	22	Loans and other payables to any current or former officer, dir				
Liabilities		trustee, key employee, creator or founder, substantial contrib	utor, or 35%			
abil		controlled entity or family member of any of these persons			22	
Ë	23	Secured mortgages and notes payable to unrelated third par	ies		23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to rela	ted third			
		parties, and other liabilities not included on lines 17-24). Com	plete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow FASB ASC 958, check here	X			
ces		and complete lines 27, 28, 32, and 33.				
lan	27	Net assets without donor restrictions		446,801.	27	471,830.
Ba	28	Net assets with donor restrictions		1,057,627.	28	1,197,645.
pur		Organizations that do not follow FASB ASC 958, check he	re 🗌			
٢F		and complete lines 29 through 33.				
S S	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund	·		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or othe			31	
Net	32	Total net assets or fund balances		1,504,428.	32	1,669,475.
-	33	Total liabilities and net assets/fund balances		1,504,428.	33	1,669,475.
						Form <b>990</b> (2022)

<u>Form</u>	990 (2022) AAAP FOUNDATION, INC.	23-254	2890	Pa	<sub>ge</sub> 12		
Pa	t 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	370	,0	98.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	124				
3	Revenue less expenses. Subtract line 2 from line 1	3	245	, 9	26.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,504	.,4	28.		
5	Net unrealized gains (losses) on investments	5	-80	, 8	79.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			_			
	column (B))	10	1,669	, 4	75.		
Pai	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
		<u>^</u>		Yes	No		
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		2a	х			
2a	a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	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		0		х		
D	Were the organization's financial statements audited by an independent accountant?		2b				
	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						
•	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	oudit					
C	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 Sch		20				
39	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	dule O.					
oa	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
~	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2022)		
	Сору				()		

SCHEDULE A	١
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(Form 990)

Total

# 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.

OMB No. 1545-0047	
2022	
Open to Public	

	epartment of the Treasury ternal Revenue Service			A /Go to www.irs.gov	Open to Public Inspection						
Nam	e of	the organizati		<u></u>					Employer	identification number	
		5		FOUNDATIO	N TNC.					3-2542890	
Pa	rt I	Reason			(All organizations must c	omplete th	nis part ) S	ee instructior		5 2542050	
					For lines 1 through 12, c						
1 1					on of churches described			I// <b>A</b> //;)			
							)( ם) או המ	і)(A)(I).			
2	$\square$				(Attach Schedule E (Forn						
3	H				anization described in se				VIII) Enter		
4			-	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	.)(III). Enter	the hospital's name,	
_		city, and state									
5					llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in	
		section 170(b)(1)(A)(iv). (Complete Part II.)									
6			-	-	nental unit described in						
7	X				ntial part of its support fi	rom a gove	ernmental	unit or from t	ne general p	public described in	
				Complete Part II.)							
8		-			(1)(A)(vi). (Complete Par	-					
9					in section 170(b)(1)(A)(						
		or university of	or a non-land-o	grant college of agric	culture (see instructions).	Enter the	name, city	, and state of	the college	or	
		university:				- C.					
10					than 33 1/3% of its supp						
					ct to certain exceptions; a						
		income and ι	Inrelated busi	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the org	ganization a	Ifter June 30, 1975.	
		See section	<b>509(a)(2).</b> (Co	mplete Part III.)							
11		An organizati	on organized	and operated exclus	ively to test for public sa	fety. See	section 50	)9(a)(4).			
12		-	-		ively for the benefit of, to				-		
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on										
		-			of supporting organization						
а		<b>Type I.</b> A s	upporting orga	anization operated, s	supervised, or controlled	by its supp	ported org	anization(s), t	ypically by g	giving	
		the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	Ipporting	
	_	organizatio	n. You must o	complete Part IV, Se	ections A and B.						
b					d or controlled in connect			-		-	
					anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported	
	_	-		st complete Part IV,							
С			-		g organization operated				lly integrate	ed with,	
		its supporte	ed organizatio	n(s) (see instructions	b). You must complete I	Part IV, Se	ections A,	D, and E.			
d		_ Type III no	n-functionally	y integrated. A supp	porting organization oper	ated in co	nnection v	ith its suppo/	rted organiz	zation(s)	
			-		zation generally must sat	-		-	an attentiv	/eness	
	_	_			mplete Part IV, Sections						
е			•		written determination fro			Туре I, Туре	II, Type III		
		-	-	•	nally integrated supportion	ng organiz	ation.			F	
f		er the number	• •	•							
g		vide the followi (i) Name of supp		n about the supporte (ii) EIN	ed organization(s). (iii) Type of organization	(iv) Is the ora	anization listed	(v) Amount o	fmonetan	(vi) Amount of other	
		organization			(described on lines 1-10	in your govern	ing document?	support (see i	-	support (see instructions)	
		5			above (see instructions))	Yes	No		,	, , , , , , , , , , , , , , , , , , , ,	

#### Schedule A (Form 990) 2022

AAAP FOUNDATION, INC.

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

(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	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	174,563.	303,261.	149,448.	160,926.	246,271.	1034469.		
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	154 560		1 1 0 1 1 0	1.5.0.0.5		1001100		
	Total. Add lines 1 through 3	174,563.	303,261.	149,448.	160,926.	246,271.	1034469.		
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,						074 41C		
•	column (f)						274,416. 760,053.		
	Public support. Subtract line 5 from line 4.						760,053.		
		(-) 0010	<b>(b)</b> 2019	(-) 0000	(4) 0001	(-) 0000	(f) Tatal		
	ndar year (or fiscal year beginning in)	(a) 2018 174,563.	303,261.	(c) 2020 149,448.	(d) 2021 160,926.	(e) 2022 246,271.	(f) Total 1034469.		
8	Amounts from line 4 Gross income from interest.	1/4,505.	505,201.	149,440.	100,520.	240,271.	1034407.		
0	dividends, payments received on	_	_						
	securities loans, rents, royalties,								
	and income from similar sources	28,088.	31,108.	21,240.	29,704.	39,206.	149,346.		
٩	Net income from unrelated business	2070001	51,100.	21,210	23,7010	3372001	110,0100		
5	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	<b>Total support.</b> Add lines 7 through 10						1183815.		
	Gross receipts from related activities,	etc. (see instructio	ons)			12			
	First 5 years. If the Form 990 is for the			fourth, or fifth tax y	/ear as a section 5	01(c)(3)			
	organization, check this box and <b>sto</b>	•							
Sec	ction C. Computation of Publi		centage						
14	Public support percentage for 2022 (I	line 6, column (f), d	ivided by line 11, c	olumn (f))		14	64.20 %		
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	61.48 %		
	33 1/3% support test - 2022. If the					ore, check this bo	k and		
	stop here. The organization qualifies								
b	33 1/3% support test - 2021. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box		
	and stop here. The organization qua	lifies as a publicly s	supported organization	ation					
17a	10% -facts-and-circumstances test	t - 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,		
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	<b>re.</b> Explain in Part	VI how the organiz	ation		
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported or	rganization				
b	10% -facts-and-circumstances test	t - 2021. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or		
	more, and if the organization meets the	he facts-and-circum	nstances test, cheo	ck this box and <b>st</b>	<b>op here.</b> Explain i	n Part VI how the			
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a				
						Schedule A	(Form 990) 2022		

232022 12-09-22

	(Complete	

Schedule A (Form 990) 2022

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to the organization without charge						
6							
	Total. Add lines 1 through 5						
1 6	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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)	lic		CI	Irc		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6					(0, =0==	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income				7		
	(less section 511 taxes) from businesses acquired after June 30, 1975			UV			
	Add lines 10a and 10b						
	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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organi	zation,
	check this box and stop here				••••••		
See	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2022 (li	ne 8, column (f), di	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2021					16	%
See	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	22 (line 10c, colum	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
<b>19</b> a	a 33 1/3% support tests - 2022. If the	organization did n	ot check the box of	on line 14, and line	e 15 is more than 3	3 1/3%, and lir	ne 17 is not
	more than 33 1/3%, check this box an	nd stop here. The	organization quali	fies as a publicly s	upported organiza	ition	
k	<b>33 1/3% support tests - 2021.</b> If the						
	line 18 is not more than 33 1/3%, che						on
20	Private foundation. If the organizatio	n did not check a b	box on line 14, 19	a, or 19b, check th	nis box and see ins		
2320	23 12-09-22		15			Schedu	ıle A (Form 990) 2022

2022.05060 AAAP FOUNDATION, INC.

AAAP FOUNDATION, INC.

1

2

Yes

No

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

16

232024 12-09-22

3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2022

Schedule A	(Form 990	2022	AAAP	FOUNDATION,	INC.
Part IV	rogguZ	tina Oro	anizations (	continued)	

No

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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?	1	
k	A family member of a person described on line 11a above? 11	,	
c	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. 11	;	
Se	ction B. Type I Supporting Organizations		
		Yes	No
1	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 <b>Part VI</b> 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.		
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.

#### Section C. Type II Supporting Organizations

		Yes	
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). Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions).
-		(

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental ent	ity (see instruction <u>s).</u>
-----	--	---	-------------------------	----------------------------------	---------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify 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.
- 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

b 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.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

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10007.01

No

Yes

Part V Type III Non-Functionally Integrated 509(a)(3) Support	ng Organi	izations	M
1 Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 ( <i>explain in</i> <b>F</b>	Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Section 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		
Section 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>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	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	ally integrate	d Type III supporting organ	nization (see

Schedule A (Form 990) 2022

AAAP FOUNDATION, INC.

23-2542890 Page 6

Schedule A (Form 990) 2022

232026 12-09-22

instructions).

2023. Add lines 3j					
			S	chedule A (Form	990) 2022
	19				
1		AAAP	FOUNDATION,	INC.	10007.01

4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provi	ide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			7	
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				
d	Excess from 2021				
e	Excess from 2022				
				Sc	hedule A (Form 990) 2022

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

Administrative expenses paid to accomplish exempt purposes of supported organizations

1

2

3

Current Year

hedule A (Form 990) 2022
--------------------------

Section D - Distributions

3

Schedule A	(Form 990) 2022 AAAP	FOUNDATION,	LNC.	23-2542890 Page 8
Part VI	Part IV Section A lines 1 2 3b 3c	Provide the explanation 4b 4c 5a 6 9a 9b 9c	s required by Part II, line 10; Part II, line 17a or c, 11a, 11b, and 11c; Part IV, Section B, lines 1	17b; Part III, line 12; and 2: Part IV, Section C
	Ine L. Part IV. Section D. lines 2 and	J S. Parl IV. Section E. III	ies ic. 2a. 20. 3a. and 30. Part V. line I. Part V	. Section B. line re. Part V.
	Section D, lines 5, 6, and 8; and Par (See instructions.)	t V, Section E, lines 2, 5	, and 6. Also complete this part for any addition	nal information.
		$\mathbf{O}$	OCLIRO	
	/ - / - / - / - / - / - / - / - /		$\Theta$	
			<b>UUUU</b>	
				<b></b>
32028 12-09-2	2		20	Schedule A (Form 990) 202

00		Supplement	al Financial St	atomonte		OMB No. 1545-0047
	HEDULE D		inization answered "Yes"			2022
(FOIL	1 550)	Part IV, line 6, 7, 8, 9, 10	), 11a, 11b, 11c, 11d, 11e			
	ment of the Treasury Revenue Service	A Go to www.irs.gov/Form99	Attach to Form 990. O for instructions and the	e latest information.		Open to Public Inspection
Nam	e of the organization	on AAAP FOUNDATION, II	NC		Emp	loyer identification number 23-2542890
Par	t I Organiza	ations Maintaining Donor Advise		milar Funds or Ac	coun	
		n answered "Yes" on Form 990, Part IV, lin			ooun	
	-		(a) Donor advised	l funds (I	b) Fund	ds and other accounts
1	Total number at er	nd of year				
2		f contributions to (during year)				
3	Aggregate value of	f grants from (during year)				
4		t end of year				
5	-	on inform all donors and donor advisors in v	-			
-		n's property, subject to the organization's				Yes No
6	•	on inform all grantees, donors, and donor a				
	impermissible priva	oses and not for the benefit of the donor o	•		•	Yes No
Par		ate benefit? ation Easements. Complete if the org				
1		servation easements held by the organization				
		of land for public use (for example, recrea	· · · · · · · · · · · · · · · · · · ·	Preservation of a histo	rically	important land area
	Protection o	f natural habitat		Preservation of a certif	ied his	toric structure
		of open space				
2		through 2d if the organization held a qualif	fied conservation contribu	tion in the form of a con	iservat	
	day of the tax year					Held at the End of the Tax Year
а		onservation easements			2a	
b	-				2b	
c		vation easements on a certified historic stru	( )		2c	
d		vation easements included in (c) acquired a			04	
3		isted in the National Register vation easements modified, transferred, rel			2d	during the tax
3	year	valion easements mouned, transiered, rei	eased, extinguished, or te	annated by the organiz	auon	
4		where property subject to conservation eas	sement is located			
5		tion have a written policy regarding the per		on, handling of		
		orcement of the conservation easements it				Yes 📃 No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,				
			<b>nn</b>			
7	Amount of expens	es incurred in monitoring, inspecting, hanc	lling of violations, and enfo	orcing conservation eas	ement	s during the year
-						
8		vation easement reported on line 2(d) abov				
9		(4)(B)(ii)? be how the organization reports conservation				
5		d include, if applicable, the text of the footr				
		ounting for conservation easements.				
Par	t III 🛛 Organiza	ations Maintaining Collections of	f Art, Historical Trea	sures, or Other Si	milar	Assets.
	Complete if	the organization answered "Yes" on Form	1 990, Part IV, line 8.			
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its reve	nue statement and bala	nce sh	eet works
	of art, historical tre	easures, or other similar assets held for put	olic exhibition, education,	or research in furtherand	ce of p	ublic
	· •	Part XIII the text of the footnote to its finar				
b	-	elected, as permitted under FASB ASC 95				
		sures, or other similar assets held for public	exhibition, education, or	research in furtherance	or pub	nic service,
	•	ng amounts relating to these items: ded on Form 990, Part VIII, line 1			c	8
						6
2	.,	received or held works of art, historical tre				
-	•	unts required to be reported under FASB A		•		
а	-	on Form 990, Part VIII, line 1	-		§	6
b		Form 990, Part X				ß
LHA	For Paperwork Re	eduction Act Notice, see the Instructions	s for Form 990.		:	Schedule D (Form 990) 2022

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	dule D (Form 990) 2022 AAAP FOU t III Organizations Maintaining Co	UNDATION, I		asures or Othe		23-25		
3	Using the organization's acquisition, accessio						(continu	Jed)
Ū	collection items (check all that apply):				igninount			
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е	Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	how they further th	ne organization's exe	mpt purpo	se in Part	XIII.	
5	During the year, did the organization solicit or	r receive donations o	f art, historical treas	sures, or other simila	r assets		_	
D.	to be sold to raise funds rather than to be ma						Yes	No
Par	<b><u>t IV</u></b> Escrow and Custodial Arrang		ete if the organizatio	n answered "Yes" or	n Form 990	), Part IV,	line 9, or	
	reported an amount on Form 990, Par							
<b>1</b> a	Is the organization an agent, trustee, custodia		•			_		
h	on Form 990, Part X?					L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	lowing table.				Amount	
<u>د</u>	Beginning balance				1c		, anount	
	Additions during the year							
	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on Fo				···		Yes	No
b	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds. Complete in	f the organization an	swered "Yes" on Fo	rm 990, Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years back
	Beginning of year balance	1,057,627.	1,118,352.		,	28,797.		761,673.
b	Contributions	210,842.	160,926.			303,261.		174,563.
	Net investment earnings, gains, and losses	11,458.	-47,780.	217,537.	-2	216,502.		206,318.
	Grants or scholarships							
е	Other expenditures for facilities	153,465.	172 071	175 705		77 100		72 750
	and programs	155,465.	173,871.	175,785.		77,100.		73,759. 39,998.
	Administrative expenses End of year balance	1,126,462.	1,057,627.	1,118,352.		93,081.	1	028,797.
g 2	Provide the estimated percentage of the curre						-,	
	Board designated or quasi-endowment		%					
	Permanent endowment 90.0000	%	_/*					
	10.000	%						
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.						
3a	Are there endowment funds not in the posses		tion that are held ar	nd administered for t	he		_	
	organization by:			V				Yes No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						3a(ii)	<u> </u>
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Par	<b>t VI</b> Land, Buildings, and Equipm		Devisition (14 - 0		l'a a 10			
	Complete if the organization answered							
	Description of property	(a) Cost or of basis (investm	• • •		Accumulate epreciation		<b>(d)</b> Book	value
4-		· · ·	Dasis					
	Land							
	Buildings Leasehold improvements							
	Equipment							
	Other							
	Add lines 1a through 1e. (Column (d) must ed		X. column (R) line 1	0c.)				0.

Schedule D (Form 990) 2022

Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes"			- <b>6</b>
	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
. ,	al derivatives			
(2) Closely (3) Other	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (t	b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)				
<u>(8)</u> (9)				
	b) must equal Form 990, Part X, col. (B) line 13.)	_		
Part IX	Other Assets.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Total (Colu	mp (b) must squal Form 000 Port X and (P) line	15)		
Part X	mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	(15.)		
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	· ·		(b) Book value
	eral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	<u>mn (b) must equal Form 990, Part X, col. (B) line</u>			
	for uncertain tax positions. In Part XIII, provide			
organiza	ation's liability for uncertain tax positions under	FASB ASC 740. Check her	re if the text of the footnote has been pro	vided in Part XIII

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 AAAP FOUNDATION, INC.		23-2542890 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statement	s With Revenue per Re	eturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, 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:		
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		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pa	t XII Reconciliation of Expenses per Audited Financial Statemen	ts With Expenses per	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, 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	2a	_
b	Prior year adjustments	2b	_
С	Other losses	2c	-
d	Other (Describe in Part XIII.)	2d	_
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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Pa	t XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part 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 any additional information.

Сору

232054 09-01-22

SCHEDULE I	G	irants and Oth	er Assistan	ce to Orgar	nizations.		OMB No. 1545-0047				
(Form 990)	Governments, and Individuals in the United States										
Development of the Treesen	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.										
Department of the Treasury     Attach to Form 990.       Internal Revenue Service     Go to www.irs.gov/Form990 for the latest information.											
Name of the organization							Employer identification number				
AAAP FOUN		NC.					23-2542890				
Part I General Information on Grants and											
1 Does the organization maintain records t		-					—				
criteria used to award the grants or assis 2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	l States							
Part II Grants and Other Assistance to I recipient that received more than \$	Domestic Organiz	ations and Domestic	Governments. C	Complete if the org	janization answered "Y	es" on Form 990, Par	t IV, line 21, for any				
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
					Ira						
		IJ		0	ы						
		0			/						
				<b>y</b>							

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.

Schedule I (Form 990) 2022

Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

(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	35	84,466.	0.		
	Ρ	uh	blic		
	-				
	S		SI	Ire	
Part IV         Supplemental Information. Provide the information req	uired in Part I, lir	ne 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
AAAP FOUNDATION, INC. AIDS AND SUP	PORTS VET	ERINARIANS	AND STUDE	NTS OF AVIAN	
MEDICINE THROUGH AWARDS AND SCHOLAN	RSHIPS. T	THE FOUNDAT	ION ENCOUR	AGES	
EXCELLENCE AND ENABLES OPPORTUNITY	FOR THOS	SE DEDICATE	D TO NOURI	SHING THE	
WORLD WITH A SUSTAINABLE ABUNDANCE	OF HEALT	THY POULTRY	. EACH YEA	R THE AAAP	
AWARDS COMMITTEE CONSIDERS NOMINAT	IONS FOR	EXCELLENCE	IN VETERI	NARY	
MEDICINE, EXPERIENCE IN POULTRY HEA	ALTH AND	CONTRIBUTI	ONS TO POU	LTRY FOOD	
SAFETY.					

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990- Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.		Open to Public Inspection
Name of the organiz	AAAP FOUNDATION, INC.		identification number $542890$
FORM 990,	PART VI, SECTION A, LINE 3:		
DELEGATED	OPERATIONAL AND RECORD KEEPING DUTIES INCLUDING H	BUT NO	T LIMITED
TO MAINTEN	ANCE OF FINANCIAL REPORTS, ASSISTANCE WITH AWARD	AND S	CHOLARSHIP

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:

THE INITIAL BOARD OF DIRECTORS OF THE ORGANIZATION WERE NAMED IN AN ATTACHMENT TO THE CORPORATE BY-LAWS OF THE ORGANIZATION, EXHIBIT A. THETERM OF OFFICE OF EACH INITIAL DIRECTOR ENDS(ED) UPON APPOINTMENT OF HIS SUCCESSOR, UPON HIS DEATH, OR UPON RESIGNATION OR REMOVAL. SUCCESSOR DIRECTORS SHALL BE APPOINTED BY THE MEMBER 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. 232211 10-28-22 31

Schedule O (Form 990) 2022

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.

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 XII, LINE 1, OTHER ACCOUNTING METHOD:

MODIFIED CASH BASIS

232212 10-28-22

232161 09-14-22 LHA

For Paperwork Reduction Act Notice, see the Instructions for 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. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

#### Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) (a) (b) (c) (d) (e) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year. (a) (d) (e) (f) (b) (c) (g) Section 512(b)(13) Name, address, and EIN Legal domicile (state or Exempt Code Public charity Direct controlling Primary activity controlled of related organization section status (if section entity foreign country) entity? 501(c)(3)) Yes No AMERICAN ASSOCIATION OF AVIAN PATHOLOGISTS INFORM AND SUPPORT INC - 04-2349061, 12687 SAN JOSE BLVD. SUITE PRACTITIONERS OF AVIAN 202, JACKSONVILLE, FL 32223 MEDICINE FLORIDA 501(C)(6) Х

#### AAAP FOUNDATION, INC.

Schedule R (Form 990) 2022

OMB No. 1545-0047

**Open to Public** 

Inspection Employer identification number

23-2542890

### Schedule R (Form 990) 2022 AAAP FOUNDATION, INC.

23-2542890 Page 2

Part III Identification of Related Or organizations treated as a part	ganizations Taxable and the taxable taxable and the taxable	<b>as a Partne</b> ix year.	<b>rship.</b> Complete i	f the organi	zation answe	ered "Ye	s" on Form	n 990, P	art IV, line	34, be	ecause	e it had one or	more	related	I	
(a)	(b)	(c)	(d)		(e)		(f)		(g)	(	h)	(i)		(j)	(k	;)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predomi	nant income		e of total	Sha	are of	Disprop	ortionate	Code V-UE	31 Ge	eneral or	Percer	ntage
of related organization		(state or	entity	(related)	, unrelated, om tax under	inc	come		of-year sets	alloca	itions?	amount in b 20 of Sched	DOX <sup>m</sup>	anaging	ownei	rship
		foreign country)		sections	s 512-514)			as	5615	Yes	No	K-1 (Form 10				
	1															
	1															
-	1															
-																
	1					_										
	1															
	1															
	1															
	1															
	-															
	-															
	-															
Part IV Identification of Related Or organizations treated as a co	ganizations Taxable a	as a Corpo	ration or Trust. C	omplete if t	he organizati	ion ansv	vered "Yes	" on For	rm 990, Pa	art IV,	line 34	4, because it h	ad one	e or mo	ore rela	ted
(a)			(b)	(c)	(d)		(e)	)	(f)	)		(g)	()	h)	(i) Sect	)
Name, address, and E	IN	Prim	ary activity	Legal domicile	Direct cont		Type of	entity	Share c			Share of	Perce	entage	512(b	)(13)
of related organizatio	n			(state or foreign	entity	У	(C corp, S or tru	S corp,	inco	me		end-of-year assets	owne	ership	contro entit	olled ty?
				country)			0110	131)				233613			Yes	No

#### Schedule R (Form 990) 2022 AAAP FOUNDATION, INC.

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No			
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х			
b	b Gift, grant, or capital contribution to related organization(s)						
с	c Gift, grant, or capital contribution from related organization(s)						
	Loans or loan guarantees to or for related organization(s)	1d		Х			
	Loans or loan guarantees by related organization(s)	1e		Х			
f	f Dividends from related organization(s)						
	Sale of assets to related organization(s)	1g		Х			
h	Purchase of assets from related organization(s)	1h		Х			
i	Exchange of assets with related organization(s)	1i		Х			
	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х			
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х			
m	m Performance of services or membership or fundraising solicitations by related organization(s)						
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х			
	Sharing of paid employees with related organization(s)	10		Х			
р	Reimbursement paid to related organization(s) for expenses	1p		Х			
q	Reimbursement paid by related organization(s) for expenses	1q		Х			
r	Other transfer of cash or property to related organization(s)	1r		Х			
	Other transfer of cash or property from related organization(s)	1s		Х			
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)						
	(a) (b) (c) (d) Name of related organization Transaction Amount involved Method of determining amount involved	olved					
	type (a-s)						
(1)							
(2)							
(3)							
<u>(4)</u>							
<u>(5)</u>							
(6)							

#### Schedule R (Form 990) 2022 AAAP FOUNDATION, INC.

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.

5	5 5			1			1			
(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners se	share of	Share of	Dispropor- tionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or	Percentage
of entity	,	(state or foreign	(related, unrelated,	partners se 501(c)(3) orgs.?	total	end-of-year	tionate	amount in box 20	managing	ownership
or ondry		country)	excluded from tax under	orgs.?		assets		of Schedule K-1	partner?	
		country)	sections 512-514)	Yes No		255615	Yes No	(Form 1065)	Yes NO	
										<u> </u>
									+ $+$	<u> </u>

Schedule R (Form 990) 2022

chedule R	(Form 990) 2022	AAAP	FOUNDATION,	INC.	23-2542890 Pag
Part VII	(Form 990) 2022 Supplementa				
	Provide additiona	I information for re	sponses to questions or	Schedule R. See instructions.	
				1.1.1.1	
				<b>NIO</b>	
			CO	OCUIDO	
405 00 16 5	20				Schedule R (Form 990) 2
2165 09-14-2	22			27	Schedule K (Form 990) 2