

Return of Organization Exempt From Income Tax

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **MAY 1, 2022** and ending **APR 30, 2023**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization AMERICAN ASSOCIATION OF AVIAN PATHOLOGIS		D Employer identification number 04-2349061
	Doing business as		E Telephone number 904-425-5735
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 943,701.
	12627 SAN JOSE BLVD. - SUITE 202		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code JACKSONVILLE, FL 32223-8638		H(b) Are all subordinates included? Yes No
	F Name and address of principal officer: NATHAN BEVANS-KERR 12687 SAN JOSE BLVD, JACKSONVILLE, FL 32223		If "No," attach a list. See instructions
I Tax-exempt status: 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) (insert no.) 4947(a)(1) or 527			H(c) Group exemption number
J Website: WWW.AAAP.INFO			
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other	L Year of formation: 1960	M State of legal domicile: FL	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION INFORMS AND SUPPORTS PRACTITIONERS OF AVIAN MEDICINE VIA SUBSCRIPTIONS,		
	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	60
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	15,120.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	12,001.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	148,813.	239,071.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	338,093.	456,044.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-12,935.	10,191.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	114,000.	105,315.
		587,971.	810,621.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	498,617.	583,354.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	498,617.	583,354.	
19 Revenue less expenses. Subtract line 18 from line 12	89,354.	227,267.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,351,123.	1,587,650.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,680.	3,798.
	1,349,443.	1,583,852.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	NATHAN BEVANS-KERR, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	LORI GRAHAM		03/05/24	<input type="checkbox"/>	P01216275
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	SMOAK, DAVIS & NIXON LLP	59-0602635		904-396-5831	
	Firm's address				
	5011 GATE PARKWAY BLDG 100 STE 300 JACKSONVILLE, FL 32256-0562				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE ORGANIZATION INFORMS AND SUPPORTS PRACTITIONERS OF AVIAN MEDICINE VIA SUBSCRIPTIONS, PERIODICALS, CONFERENCES, AND AWARDS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$) SUBSCRIPTIONS - QUARTERLY PERIODICALS AND SALES OF EDUCATIONAL MATERIALS RELATED TO AVIAN MEDICINE WERE MADE AVAILABLE TO HUNDREDS OF PRACTITIONERS OF AVIAN MEDICINE.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) CONFERENCES - AN ANNUAL MEETING FOR ALL MEMBERS AND GUESTS WHERE PARTICIPANTS SHARE KNOWLEDGE ON THE LATEST FINDINGS IN THE FIELD OF AVIAN MEDICINE. ALSO INCLUDES PERIODIC COMMITTEE MEETINGS.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) EDUCATIONAL MATERIALS - PROVIDE EDUCATIONAL MATERIALS TO INDIVIDUALS IN THE FORM OF SLIDES, MANUALS AND VIDEOS RELATING TO THE FIELD OF AVIAN MEDICINE.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (12), 1b (12), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
NATHAN BEVANS-KERR - 904-425-5735
12627 SAN JOSE BOULEVARD SUITE 202, JACKSONVILLE, FL 32223-8638

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NATHAN BEVANS-KERR EXECUTIVE DIRECTOR	0.25 0.15			X				0.	0.	0.
(2) DEIRDRE JOHNSON PRESIDENT 2024	0.25 0.15	X		X				0.	0.	0.
(3) SUZANNE DOUGHERTY EXECUTIVE VICE PRESIDENT	0.25 0.15	X		X				0.	0.	0.
(4) CLAUDIA OSORIO PRESIDENT ELECT 2024	0.25 0.15	X						0.	0.	0.
(5) KAREN GROGAN DIRECTOR 2024	0.25 0.15	X						0.	0.	0.
(6) JULIE HELM DIRECTOR 2024	0.25 0.15	X						0.	0.	0.
(7) HOLLY SELLERS ASSOCIATE DIRECTOR 2024	0.25 0.15	X						0.	0.	0.
(8) SIMONE STOUTE DIRECTOR 2025	0.25 0.15	X						0.	0.	0.
(9) NAOLA FERGUSON-NOEL DIRECTOR 2025	0.25 0.15	X						0.	0.	0.
(10) IVAN ALVARADO DIRECTOR 2026	0.25 0.15	X						0.	0.	0.
(11) JOSE LINARES DIRECTOR 2026	0.25 0.15	X						0.	0.	0.
(12) JOSIE GAMBLE STUDENT REPRESENTATIVE 2024	0.25 0.15	X						0.	0.	0.
(13) ROCIO CRESPO PAST PRESIDENT 2024	0.25 0.15	X						0.	0.	0.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	239,071.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			239,071.			
Program Service Revenue	2 a MEMBERSHIP DUES	Business Code	541900	165,465.	165,465.		
	b ANNUAL MEETING		541900	119,802.	119,802.		
	c SALE OF EDUCATIONAL MA		611710	76,343.	76,343.		
	d AVIAN DISEASES JOURNAL		513120	69,434.	54,314.	15,120.	
	e MDAH SYMPOSIUM		611710	25,000.	25,000.		
	f All other program service revenue						
	g Total. Add lines 2a-2f			456,044.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			20,108.		20,108.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			105,315.		105,315.	
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				123,163.			
b Less: cost or other basis and sales expenses	7b		133,080.				
c Gain or (loss)	7c		-9,917.				
d Net gain or (loss)			-9,917.		-9,917.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			810,621.	440,924.	15,120.	115,506.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management	142,279.			
b Legal				
c Accounting	7,800.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,879.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	100,677.			
12 Advertising and promotion				
13 Office expenses	109,715.			
14 Information technology	14,735.			
15 Royalties				
16 Occupancy	33,109.			
17 Travel	20,668.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	94,326.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9.			
23 Insurance	2,396.			
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a TAX EXPENSE	609.			
b PUBLICATION OF EDUCATIO	34,866.			
c AWARDS	13,773.			
d DUES AND SUBSCRIPTIONS	2,770.			
e All other expenses	2,743.			
25 Total functional expenses. Add lines 1 through 24e	583,354.			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	951,666.	2	1,183,697.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	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 6,255.		
	b Less: accumulated depreciation	10b 6,255.	9.	10c 0.
	11 Investments - publicly traded securities	399,448.	11	403,953.
	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)	1,351,123.	16	1,587,650.	
Liabilities	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 Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,680.	25	3,798.
	26 Total liabilities. Add lines 17 through 25	1,680.	26	3,798.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	1,349,443.	29	1,583,852.
	30 Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0.
	31 Retained earnings, endowment, accumulated income, or other funds	0.	31	0.
	32 Total net assets or fund balances	1,349,443.	32	1,583,852.
	33 Total liabilities and net assets/fund balances	1,351,123.	33	1,587,650.

Part 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	810,621.
2	Total expenses (must equal Part IX, column (A), line 25)	2	583,354.
3	Revenue less expenses. Subtract line 2 from line 1	3	227,267.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,349,443.
5	Net unrealized gains (losses) on investments	5	7,142.
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	1,583,852.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other SEE SCH O
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
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
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
1		
2a	X	
b		X
c		X
3a		X
3b		

Form 990 (2022)

Public Disclosure
Copy

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

AMERICAN ASSOCIATION OF AVIAN PATHOLOGIS

Employer identification number

04-2349061

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	X	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		X

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4
5 Taxable amount of lobbying and political expenditures. See instructions	5

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization AMERICAN ASSOCIATION OF AVIAN PATHOLOGIS Employer identification number 04-2349061

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, acreage, modified easements, states, monitoring policy, staff hours, expenses, and requirements for section 170(h)(4)(B)(i) and (ii).

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include elected not to report art assets, elected to report art assets with amounts, and received/held art assets for financial gain with amounts.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		6,255.	6,255.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				0.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO/FROM FOUNDATION	3,798.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part 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.

Horizontal lines for providing supplemental information.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
BK ASSOCIATION MANAGMENT,	OWNED BY FORMER OFF	175,052.	MANAGMENT S		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: BK ASSOCIATION MANAGMENT, LLC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OWNED BY FORMER OFFICER AND FAMILY MEMBER OF ED, NATHAN BEVANS-KERR

(D) DESCRIPTION OF TRANSACTION: MANAGMENT SERVICES

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**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

AMERICAN ASSOCIATION OF AVIAN PATHOLOGIS

Employer identification number

04-2349061

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

PERIODICALS, CONFERENCES AND AWARDS.

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

DELEGATED OPERATIONAL AND RECORD KEEPING DUTIES INCLUDING BUT NOT LIMITED TO MAINTENANCE OF FINANCIAL REPORTS, ASSISTANCE WITH AWARD AND SCHOLARSHIP DISTRIBUTION, ATTENDANCE AT MEETINGS AND RECORDATION AND MAINTENANCE OF MINUTES, TO OUTSIDE MANAGEMENT COMPANY, BK MANAGEMENT, WITH BOARD OF DIRECTORS OVERSIGHT. NATHAN BEVANS-KERR, EXECUTIVE DIRECTOR, IS PAID BY THE MANAGMENT COMPANY.

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

THE TYPES OF MEMBERSHIP ARE AS FOLLOWS: (1) CHARTER MEMBER; (2) MEMBER; (3) LIFE MEMBER; (4) ASSOCIATE MEMBER; (5) INTERNATIONAL ASSOCIATE MEMBER; (6) HONORARY MEMBER; (7) RETIRED MEMBER; AND RETIRED ASSOCIATE MEMBER; (8) STUDENT MEMBER; AND (9) STUDENT CHAPTER. CHARTER MEMBERS SHALL HAVE THE QUALIFICATIONS OF MEMBERS AND SHALL BE THOSE WHO HAVE HAD FIFTEEN YEARS EXPERIENCE IN AVIAN PATHOLOGY JOINED TOGETHER AT THE 1957 ANNUAL MEETING OF THE AMERICAN VETERINARY MEDICAL ASSOCIATION (HEREINAFTER "AVMA") TO INITIATE THIS ASSOCIATION, PLUS OTHERS ELECTED BY A TWO-THIRDS VOTE OF THE ORIGINAL CHARTER MEMBERSHIP. THESE LATTER MUST ALSO HAVE FIFTEEN YEARS OF EXPERIENCE IN AVIAN PATHOLOGY AND SHALL BE ELECTED WITHIN THE FIRST YEAR FOLLOWING ADOPTION OF THE CONSTITUTION AND BY-LAWS. MEMBERS MUST BE A PERMANENT RESIDENT OF ONE OF THE DISTRICTS (NORTHEASTERN, SOUTHERN, CENTRAL, WESTERN, CENTRAL AND SOUTH AMERICA, AND INTERNATIONAL), BE A

GRADUATE OF A VETERINARY COLLEGE AND, IF A RESIDENT OF THE UNITED STATES,

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Schedule O (Form 990) 2022

Name of the organization AMERICAN ASSOCIATION OF AVIAN PATHOLOGIS	Employer identification number 04-2349061
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BE A MEMBER OF THE AVMA. LIFE MEMBERS SHALL NOT BE REQUIRED TO PAY DUES OR ASSESSMENTS. THE FOLLOWING CRITERIA HAVE TO BE FULFILLED TO BE CONSIDERED FOR ELECTION: (1) THE CANDIDATE MUST HAVE BEEN ACTIVE IN THE FIELD OF POULTRY HEALTH FOR A MINIMUM OF 25 YEARS. (2) THE CANDIDATE MUST HAVE MADE SIGNIFICANT CONTRIBUTIONS TO THE AMERICAN ASSOCIATION OF AVIAN PATHOLOGISTS. EXAMPLES OF SIGNIFICANT CONTRIBUTIONS ARE SERVING ON THE BOARD OF DIRECTORS, AND/OR SERVING ON COMMITTEES OF THE AAAP SUCH AS THE EDITORIAL BOARDS ASSOCIATED WITH THE AAAP (DISEASES OF POULTRY, AVIAN DISEASES, ISOLATION AND IDENTIFICATION OF AVIAN PATHOGENS, ETC.), AWARDS COMMITTEE, AND/OR OTHER COMMITTEES ESSENTIAL FOR THE AAAP. (3) THE CANDIDATE MUST HAVE MADE SIGNIFICANT CONTRIBUTIONS TO THE FIELD OF POULTRY HEALTH. EQUAL WEIGHT WILL BE GIVEN TO CRITERIA 2 AND 3 IN THE DECISION IF THE MEMBER OR ASSOCIATE MEMBER HAS RETIRED FROM MAJOR GAINFUL EMPLOYMENT. ASSOCIATE MEMBERS ARE VETERINARIANS WHO ARE RESIDENTS OF THE UNITED STATES BUT NOT MEMBERS OF THE AVMA AND PERSONS WITHOUT A DEGREE IN VETERINARY MEDICINE WHO ARE ENGAGED IN SOME PHASE OF AVIAN DISEASES. INTERNATIONAL ASSOCIATE MEMBERS ARE PERSONS FROM OUTSIDE THE DESIGNATED REGIONS WHO ARE ENGAGED IN SOME PHASE OF AVIAN DISEASES. INTERNATIONAL ASSOCIATE MEMBERS WHO ELECT TO RECEIVE CORRESPONDENCE AND JOURNALS BYPOSTAL MAIL RATHER THAN BY INTERNET COMMUNICATIONS WILL BE ASSESSED A POSTAGE FEE TO COVER THE HIGHER COSTS OF OVERSEAS MAILINGS. HONORARY MEMBERS ARE SCIENTISTS WHO HAVE MADE UNUSUALLY SIGNIFICANT CONTRIBUTIONS TO THE FIELD OF AVIAN PATHOLOGY. NOT MORE THAN TWO HONORARY MEMBERS SHALL BE SELECTED IN ANY ONE YEAR. AN HONORARY MEMBER SHALL NOT BE REQUIRED TO PAY ANY DUES OR ASSESSMENTS. RETIRED MEMBERS AND RETIRED ASSOCIATE MEMBERS ARE MEMBERS WHO UPON ENTERING RETIREMENT AS A MEMBER, ASSOCIATE MEMBER, OR INTERNATIONAL ASSOCIATE MEMBER, MAY BECOME ELIGIBLE FOR RETIRED MEMBERSHIP. RETIREMENT IS INTERPRETED IN THE MANNER DESCRIBED UNDER 3(B), LIFE MEMBER. DUES FOR

Name of the organization AMERICAN ASSOCIATION OF AVIAN PATHOLOGIS	Employer identification number 04-2349061
--	--

RETIREED MEMBERS SHALL BE EITHER NONE OR SHALL BE AT A REDUCED RATE. THIS RATE SHALL BE SET AND PERIODICALLY REVIEWED BY THE GOVERNING BOARD OF THE ASSOCIATION. "AVIAN DISEASES" WOULD BE SUPPLIED AT MEMBERSHIP RATE IF REQUESTED. A STUDENT MEMBER IS A PERSON WHO: (1) IS ENROLLED IN A DVM/VMD/OR EQUIVALENT DEGREE PROGRAM, OR (2) IS ENROLLED IN A MASTER'S DEGREE, DOCTORAL DEGREE, RESIDENCY OR INTERN PROGRAM. DUES SHALL BE THE SAME AS FOR RETIRED MEMBERS WHO RECEIVE A SUBSCRIPTION TO "AVIAN DISEASES" AND SHALL INCLUDE THAT SUBSCRIPTION. MEMBERSHIP SHALL CONTINUE TO THE END OF THE CALENDAR YEAR OF GRADUATION, DURING WHICH TIME THEY MAY APPLY BY LETTER TO THE ORGANIZATION OFFICE FOR CONVERSION TO OTHER APPROPRIATE MEMBERSHIP STATUS. A STUDENT CHAPTER OF THE ORGANIZATON MAY BE ORGANIZED AT SCHOOLS OR COLLEGES OF VETERINARY MEDICINE UNDER THE DIRECTION OF AN ADVISOR WHO IS A CURRENT MEMBER IN GOOD STANDING OF THE ORGANIZATION. THE ORGANIZATION WILL RECOGNIZE THESE CHAPTERS AND WILL PROVIDE A COMPLIMENTARY COPY OF THE DIRECTORY AND NEWSLETTERS. THE RIGHTS OF MEMBERSHIP ARE AS FOLLOWS: (1) CHARTER MEMBERS, MEMBERS, LIFE MEMBERS AND RETIRED MEMBERS SHALL HAVE THE RIGHT TO VOTE AND TO HOLD OFFICE. (2) ASSOCIATE MEMBERS, INTERNATIONAL ASSOCIATE MEMBERS, RETIRED ASSOCIATE MEMBERS, RETIRED INTERNATIONAL ASSOCIATE MEMBERS, HONORARY MEMBERS AND STUDENT MEMBERS SHALL HAVE ALL OTHER RIGHTS AND PRIVILEGES OF MEMBERSHIP, EXCLUDING THE RIGHTS TO VOTE AND HOLD OFFICE.

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

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

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

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

Name of the organization AMERICAN ASSOCIATION OF AVIAN PATHOLOGIS	Employer identification number 04-2349061
---	---

FULL DISCLOSURE OF ALL ACTUAL OR POTENTIAL CONFLICTS AND A DETERMINATION BY THE DISINTERESTED BOARD (OR ORGANIZATION COMMITTEE) MEMBERS - WITH THE INTERESTED BOARD MEMBER(S) RECUSED FROM PARTICIPATING IN DEBATES AND VOTING ON THE MATTER. AN ANNUAL DISCLOSURE FORM IS MAINTAINED AND COMPLETED AT THE TIME OF CONFLICT AND/OR ON AN ANNUAL BASIS. ON AN ANNUAL BASIS, ALL BOARD MEMBERS SHALL BE PROVIDED WITH A COPY OF THE CONFLICT OF INTEREST POLICY AND REQUIRED TO COMPLETE AND SIGN THE ACKNOWLEDGEMENT AND DISCLOSURE FORM. ALL COMPLETED FORMS ARE PROVIDED TO AND REVIEWED BY THE ORGANIZATION'S EXECUTIVE COMMITTEE, AS WELL AS ALL OTHER CONFLICT INFORMATION PROVIDED BY BOARD MEMBERS. THE POLICY WAS MAINTAINED AND ENFORCED FOR THE YEAR ENDING 4/30/2021.

FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

HONORARIUM	100,677.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	100,677.

FORM 990, PART XII, LINE 1, OTHER ACCOUNTING METHOD:
MODIFIED CASH BASIS

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **AMERICAN ASSOCIATION OF AVIAN PATHOLOGIS** Employer identification number **04-2349061**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II 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 organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
AAAP FOUNDATION, INC, - 23-2542890 12627 SAN JOSE BOULEVARD 202 JACKSONVILLE, FL 32223-8638	AID TO STUDENTS AND VETERINARIANS FOR RESEACH IN AVIAN MEDICINE	FLORIDA	501(C)(3)	LINE 7			X

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b	X	
1c		X
1d		X
1e	X	
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n		X
1o		X
1p		X
1q		X
1r		X
1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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