Return of Organization Exempt From Income Tax

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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Α	For the	\mathbf{e} 2022 calendar year, or tax year beginning $\mathbf{MAY} \mathbf{\perp}$, 2022 and en	iding A .	PR 30,	2023			
В	Check if applicable	C Name of organization		D Employer	dentific	ation number		
	Addres	AMERICAN ASSOCIATION OF AVIAN PATHOLOGIS	S					
	Name change			04-2	34906	1		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephone				
	Final return/	12627 SAN JOSE BLVD SUITE 202		904-	425-5			
	termin ated			G Gross receipt	ts\$	943,	701.	
	Ameno	UACKSONVILLE, FL 32223-8038		H(a) Is this a				
	Applic tion pendir				ordinates?		X No	
_		12007 SAN JUSE BLVD, JACKSUNVILLE, FL 32	2223	H(b) Are all sub			No	
		empt status: 501(c)(3) X 501(c) (6) (insert no.) 4947(a)(1) or	527	· ·		ist. See instruction	าร	
_	Websit		<u>_</u>	H(c) Group e			. TRT	
	art I	organization: X Corporation Trust Association Other Summary				State of legal domic	cile: F L	
ď	1	Briefly describe the organization's mission or most significant activities: $\ \ \ \ \ \ \ \ \ \ \ \ \ $						
Governance		SUPPORTS PRACTITIONERS OF AVIAN MEDICINE V	IA SU	BSCRIPT	'IONS,	,		
, L	2	Check this box if the organization discontinued its operations or disposed			1 1	ets.	4.0	
Š	3						12	
ع	4	Number of independent voting members of the governing body (Part VI, line 1b)	/				12	
Activities &	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)					<u>0</u> 60	
į	6	Total number of volunteers (estimate if necessary)				15 1		
Ą	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			1 1		$\frac{120.}{001.}$	
_	l D	Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year		Current Yea		
	8	Contributions and grants (Part VIII, line 1h)		148,		239,0		
Revenue	9	Program service revenue (Part VIII, line 2g)		338,	$\overline{}$	456,0		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-12,	$\overline{}$		191.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		114,	$\overline{}$	105,3		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		587,		810,6		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	•	0.	
	1	Benefits paid to or for members (Part IX, column (A), line 4)			0.		0.	
ď	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.	0.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.		0.	
9	ь).					
ú	ì 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			617.	583,3	354.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		498,		583,3		
_		Revenue less expenses. Subtract line 18 from line 12			354.	227,2		
Net Assets or	SE S		Вед	ginning of Curre		End of Yea		
sets	20	Total assets (Part X, line 16)		1,351,		1,587,6		
at As	21	Total liabilities (Part X, line 26)			680.		<u>798.</u>	
		Net assets or fund balances. Subtract line 21 from line 20		1,349,	443.	1,583,8	352.	
	art II	Signature Block					f :1::-	
		Ities of perjury, I declare that I have examined this return, including accompanying schedules an			-	knowledge and belle	I, II IS	
trut	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	i preparer i	ilas ally kilowiet	uye.			
Sig	ın	Signature of officer		Date				
He		NATHAN BEVANS-KERR, EXECUTIVE DIRECTOR						
110		Type or print name and title						
		Print/Type preparer's name Preparer's signature	D	ate	Check	PTIN		
Pai	d	LORI GRAHAM	0	3/05/24	if self-employed	P012162	75	
	parer	Firm's name SMOAK, DAVIS & NIXON LLP		Firm's				
	Only	Firm's address 5011 GATE PARKWAY BLDG 100 STE 300						
_		JACKSONVILLE, FL 32256-0562		Phon	e no. 9 0 4	1-396-5831	<u>l</u>	
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions				. X Yes	No	

Check If Schedule C contains a response or note to any line in this Part III Ridity describe the organization's mission. THE ORGANIZATION INFORMS AND SUPPORTS PRACTITIONERS OF AVIAN MEDICINE VIA SUBSCRIPTIONS, PERIODICALS, CONFERENCES, AND AWARDS. Did the organization undertake any significant program services during the year which were not listed on the prior Form 900 or 900-27 If Yes, (School) these new services on Schedule O. 3 bid the organization cases conducting, or make significant changes in how it conducts, any program services? Yes X No if Yes, (School) these new services on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 50(9) and 50(16) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses. Section 50(9) and 50(16) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. SUBSCRIPTIONS — QUARTERLY PERIODICALS AND SALES OF EDUCATIONAL MATERIALS RELATED TO AVIAN MEDICINE WERE MADE AVAILABLE TO HUNDREDS OF PRACTITIONERS OF AVIAN MEDICINE. 46 (Scate		t III Statement of Program Service Accomplishments
THE ORGANIZATION INFORMS AND SUPPORTS PRACTITIONERS OF AVIAN MEDICINE THE ORGANIZATION INFORMS AND SUPPORTS PRACTITIONERS OF AVIAN MEDICINE 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 890 or 890 E27 If "Yes," describe these new services on Schedule O. Did the organization cuese conducting, or make significant changes in how it conducts, any program services. The services on Schedule O. Did the organization cuese conducting, or make significant changes in how it conducts, any program services. The services of the services on Schedule O. Describe the organization sprogram service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for seath programs service secret. SUBSCRIPTIONS — QUARTERLY PERIODICALS AND SALES OF EDUCATIONAL MATERIALS RELATED TO AVIAN MEDICINE. 40 Code Secretary	ı u	
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			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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
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		Х
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	Х	
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		Х
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	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		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
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes, " complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Page 4

	• (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u>.</u> .	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	10	x	

232004 12-13-22

MERICAN ASSOCIATION OF AVIAN PATHOLOGIS
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X				
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		<u>X</u>			
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).			77			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_X_			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		v			
	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	OI:					
_	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).	7-					
a	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 7b					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
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					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?							
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders						
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					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
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					
L	Note: See the instructions for additional information the organization must report on Schedule O.						
D	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						
_	•						
	Did the average attention was in a new parameter for independent in a service of which the term of	14a		X			
	If IIV and I have it filed a Form 700 to second the analysis and a second a second and a second	14b					
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	i-fu					
.5	excess parachute payment(s) during the year?	15		Х			
	If "Yes," see the instructions and file Form 4720, Schedule N.	.5					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х			
	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.						

AMERICAN ASSOCIATION OF AVIAN PATHOLOGIS Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
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:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	, , , , , , , , , , , , , , , , , , ,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
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	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	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			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	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	financ	cial	
	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			

04-2349061 Form 990 (2022) 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-NEĆ) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	 (B)	Jiga	mea	((.,,,		(D)	(E)	(F)
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
rame and the	hours per					than o s both		compensation	compensation	amount of
	week					r/trus		from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dire	au l			ted		organization	(W-2/1099-MISC/	from the
	related	stee (ruste			Sensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru	onal t		ploye	E 00 8		1099-NEC)		and related
	below line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) NATHAN BEVANS-KERR	0.25	-	드	0	Ke	至占	5			
EXECUTIVE DIRECTOR	0.15			х			_	0.	0.	0.
(2) DEIRDRE JOHNSON	0.25									
PRESIDENT 2024	0.15	Х		х				0.	0.	0.
(3) SUZANNE DOUGHERTY	0.25									
EXECUTIVE VICE PRESIDENT	0.15	X		X				0.	0.	0.
(4) CLAUDIA OSORIO	0.25		,			,	1			
PRESIDENT ELECT 2024	0.15	X						0.	0.	0.
(5) KAREN GROGAN	0.25									
DIRECTOR 2024	0.15	Х						0.	0.	0.
(6) JULIE HELM	0.25								_	_
DIRECTOR 2024	0.15	X						0.	0.	0.
(7) HOLLY SELLERS	0.25				Ш	L				_
ASSOCIATE DIRECTOR 2024	0.15	X			Ш			0.	0.	0.
(8) SIMONE STOUTE	0.25									•
DIRECTOR 2025	0.15	Х						0.	0.	0.
(9) NAOLA FERGUSON-NOEL	0.25	3,7								0
DIRECTOR 2025	0.15	Х						0.	0.	0.
(10) IVAN ALVARADO	0.25	v						0.	0.	0
DIRECTOR 2026 (11) JOSE LINARES	0.15	Х						0.	0.	0.
DIRECTOR 2026	0.25	Х						0.	0.	0.
(12) JOSIE GAMBLE	0.15	Λ						0.	0.	0.
STUDENT REPRESENTATIVE 2024	0.15	Х						0.	0.	0.
(13) ROCIO CRESPO	0.25	25							•	
PAST PRESIDENT 2024	0.15	х						0.	0.	0.
	0.13									•
-										
		1								
										Form 990 (2022)

Form **990** (2022)

<u> Page</u> **7**

Form 990 (2022) AMERICAN	ASSOCIA	TI	ON	1 0	F.	ΑV	IA	N PATH	OLOGIS	5 04-2	3490	61	Paç	ge 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	Hig	ghes	t C	ompensated	Employee	es (continued)				
(A)	(B)			_ (C				(D)	(E)		((F)	
Name and title	Average	(do		Posi heck r			one	Report		Reportable			mated	
	hours per week			ss per nd a di				compen		compensatio			ount o	f
	(list any	tor						froi		from related organization		compe	ther ensati	on
	hours for	. direc				pg.		organiz		(W-2/1099-MIS		•	n the	011
	related	stee or	trustee			ensat		(W-2/1099		1099-NEC)		orgar	nizatio	n
	organizations below	al trus	onal tı		loyee	comp		1099-1	NEC)				relate	
	line)	Individual trustee or director	Institutional t	Officer	Key employee	Highest compensated employee	Former					organ	ızatıoı	าร
		드	드	9	ᇂ	포늄	3				-+			
											-+			
											\longrightarrow			
				ш										
				Н			_							
	_			Н					,		\dashv			
											-+			
			_											
1b Subtotal	,								0.		0.			0.
c Total from continuation sheets to Part VI			1						0.		0.			0.
d Total (add lines 1b and 1c)									0.		0.			0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove)) wh	o re	eceived more	than \$100	,000 of reportable	Э			
compensation from the organization												- 1-		0
												,	es	No
3 Did the organization list any former officer,														37
line 1a? If "Yes," complete Schedule J for s												3		X
4 For any individual listed on line 1a, is the su							_							X
and related organizations greater than \$150Did any person listed on line 1a receive or a					_						·····	4		Λ
rendered to the organization? If "Yes." com												5		Х
Section B. Independent Contractors	<u>ipiete Scriedule</u>	;)I SL	<u>ICII Ļ</u>	Jersc	<u> </u>						<u> </u>		
Complete this table for your five highest co	mpensated ind	leper	nder	nt co	ntra	actor	s th	nat received n	nore than S	\$100,000 of comp	pensati	on fron	1	
the organization. Report compensation for														
(A)									(B)			(C)		
Name and business	address	NC	NE	3			_	Desc	cription of s	services	Co	mpens	ation	
							\dashv							
2 Total number of independent contractors (ii	ncludina but na	ot lin	nited	d to t	hos	e lis	ted	above) who r	eceived m	ore than				
\$100,000 of compensation from the organization	•				0			,						

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Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			🔲
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
10.10	4.	Fodovstad compaigns 4a					
nts		Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
S, (Fundraising events 1c					
a g	d	Related organizations 1d					
is,	е	Government grants (contributions) 1e					
Ρ̈́ς	f	All other contributions, gifts, grants, and					
the the		similar amounts not included above 1f	239,071.				
달	g	Noncash contributions included in lines 1a-1f 1g \$					
a S	h	Total. Add lines 1a-1f		239,071.			
			Business Code				
ø.	2 a	MEMBERSHIP DUES	541900	165,465.	165,465.		
Š		ANNUAL MEETING	541900	119,802.	119,802.		
Program Service Revenue		SALE OF EDUCATIONAL MA	611710	76,343.	76,343.		
We r		AVIAN DISEASES JOURNAL	513120	69,434.	54,314.	15,120.	
gra Re		MDAH SYMPOSIUM	611710	25,000.	25,000.	15,120.	
Š			011/10	23,000.	23,000.		
ъ.		All other program service revenue		456 044			
\rightarrow		Total. Add lines 2a-2f		456,044.			
	3	Investment income (including dividends, intere		00 100			00 100
		other similar amounts)		20,108.			20,108.
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties		105,315.			105,315.
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b			1100		
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 123, 163.					
	h	Less: cost or other basis					
ø	~	and sales expenses					
ther Revenue	•	Gain or (loss) 7c -9,917.					
ě				-9,917.			-9,917.
<u>ج</u> ح		Net gain or (loss) Gross income from fundraising events (not		7,511			J, J±7•
Ţ.	8 а	* '					
0		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	b	Less: direct expenses9b					
	С	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold					
		Net income or (loss) from sales of inventory	•				
		, , ,	Business Code				
ne	11 a						
nec Tue	b						
Miscellaneous Revenue	C						
Sce		All other revenue					
Ξ							
		Total Add lines 11a-11d		810,621.	440,924.	15 120	115,506.
	12	Total revenue. See instructions		010,041.	440,344.	13,140.	TT3,300.

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respor			(0)	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
_	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	_			
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):		7111		
а	Management	142,279.			
b	Legal	T 000			
С	Accounting	7,800.			
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	2,879.			
f	Investment management fees	2,013.			
g	column (A), amount, list line 11g expenses on Sch 0.)	100,677.	/ O G		
12	Advertising and promotion	100 715			
13	Office expenses	109,715. 14,735.			
14	Information technology	14,733.			
15 16	Royalties 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 0.)	600			
a	TAX EXPENSE	609.			
b	PUBLICATION OF EDUCATIO	34,866.			
C	AWARDS	13,773. 2,770.			
d	DUES AND SUBSCRIPTIONS	2,770.			
	All other expenses Add lines 1 through 24e	583,354.			
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	303,334•			
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Form 990 (2022)

Form 990 (2022)

Part X | Balance Sheet

<u>Par</u>	τλ	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			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					
		trustee, key employee, creator or founder, sub	stantial o	ontributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqui	•	,			
		under section 4958(f)(1)), and persons describ				6	
ţ	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	I	6 055			
		basis. Complete Part VI of Schedule D	. 10a	6,255.			_
	b	Less: accumulated depreciation			9.	10c	100.050
	11	Investments - publicly traded securities			399,448.	11	403,953
	12	Investments - other securities. See Part IV, line	e 11			12	
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			1 251 102	15	1 507 650
_	16	Total assets. Add lines 1 through 15 (must ed			1,351,123.	16	1,587,650
	17	Accounts payable and accrued expenses		17			
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			HEA	20	
	21	Escrow or custodial account liability. Complet				21	
Liabilities	22	Loans and other payables to any current or fo			MI U		
┋╽		trustee, key employee, creator or founder, sub-				22	
E	22	controlled entity or family member of any of the Secured mortgages and notes payable to unre				23	
	23 24	Unsecured notes and loans payable to unrelate				24	
	2 4 25	Other liabilities (including federal income tax,				24	
	25	parties, and other liabilities not included on lin					
					1,680.	25	3,798
	26	of Schedule D Total liabilities. Add lines 17 through 25			1,680.	26	3,798
	20	Organizations that follow FASB ASC 958, c					37130
es		and complete lines 27, 28, 32, and 33.					
auc	27	Net assets without donor restrictions				27	
Bai	28	Net assets with donor restrictions				28	
<u> </u>		Organizations that do not follow FASB ASC					
፱		and complete lines 29 through 33.	,				
ğ	29	Capital stock or trust principal, or current fund	ls		1,349,443.	29	1,583,852
Sets	30	Paid-in or capital surplus, or land, building, or			0.	30	0
Ass	31	Retained earnings, endowment, accumulated		i i	0.	31	0
Net Assets or Fund Balances	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

	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			<u>521.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	5	33,3	<u>354.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	2	27,2	267.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,3	49,4	<u>143.</u>
5	Net unrealized gains (losses) on investments	5		7,1	L42.
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	1,5	33,8	<u> 352.</u>
Par	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
			_	Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Counting method used to prepare the Form 990: Cash Cash Counting method used to prepare the Form 990: Cash Cash Cash Cash Cash Cash Cash Cash	0			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	X	\perp
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2k)	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		20	;	X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O).		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	7			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	1	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	it		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			For	m 990	(2022
	Copy				

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public

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.

Inspection

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.

• Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.		T	
Name of organization				Employer identification number
AMERICA	N ASSOCIATION OF .	AVIAN PATHOI	LOGIS	04-2349061
Part I-A Complete if the org	anization is exempt under	section 501(c) o	r is a section 52	7 organization.
 Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campaign 	ures gn activities			
Part I-B Complete if the org	anization 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	s under section 4955		\$
3 If the organization incurred a section				
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV.				
-	anization is exempt under			
1 Enter the amount directly expended	by the filing organization for secti	on 527 exempt function	on activities	\$
2 Enter the amount of the filing organ	ization's funds contributed to othe	r organizations for sec	tion 527	7
exempt function activities				\$
3 Total exempt function expenditures	. Add lines 1 and 2. Enter here and	d 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 em				
made payments. For each organizat				
contributions received that were pro				eparate segregated fund or a
political action committee (PAC). If a	additional space is needed, provid	e information in Part IV	/. T	
(a) Name	(b) Address	(c) EIN	(d) Amount paid f	1 ' '
			filing organization funds. If none, enter	
			lunus. Il none, ente	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

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Schedule C (Form 990) 2022

f Grassroots lobbying expenditures

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k	o)
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
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				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5)	, or sec	ction	
	301(c)(0).			Yes	No
_	Warran the standing live III (000) are group) along a reading along a deal, while labor group are 0			163	X
1	Were substantially all (90% or more) dues received nondeductible by members?			Х	
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		. 2	Λ	Х
	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5		ction	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'answered "Yes."	'No" OR (o) Part	III-A, line	3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		. 2a		
b	Carryover from last year		. 2b		
	Total				
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 exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditures next year?		. 4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	• • • • • • • • • • • • • • • • • • • •				
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	ınd 2 (See	
instru	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

AMERICAN ASSOCIATION OF AVIAN PATHOLOGIS

Employer identification number 04 - 2349061

Pai	Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		milar Funds or	Accounts. Complete if the
		(a) Donor advised	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets hel	d in donor advised	funds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that gra	nt funds can be use	ed only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any	other purpose con	ferring
	impermissible private benefit?			
Pai	T II Conservation Easements. Complete if the organization	anization answered "Yes	on Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreating	ion or education)	Preservation of a h	nistorically important land area
	Protection of natural habitat		Preservation of a	certified historic structure
	Preservation of open space	1. 1.		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribu	tion in the form of a	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements	<u> </u>		2 a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru-	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired at	fter July 25,2006, and no	t on a	
	historic structure listed in the National Register			. 2d
3	Number of conservation easements modified, transferred, rele			
	year			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspecti	on, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and	d enforcing conserv	ation easements during the year
		ON		
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enf	orcing conservation	easements during the year
			7	
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's	financial statements	s that describes the
Dai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art Historical Tros	cures or Othe	r Similar Assats
Fai			isures, or Othe	i Sillilai Assets.
	Complete if the organization answered "Yes" on Form			
па	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for publ			erance of public
	service, provide in Part XIII the text of the footnote to its finance			and the set would be set
D	If the organization elected, as permitted under FASB ASC 958	•		
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furthera	ince of public service,
	provide the following amounts relating to these items:			6
	(i) Revenue included on Form 990, Part VIII, line 1			
•		auraa ar athar aimilar aa		· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical trea			in, provide
_	the following amounts required to be reported under FASB AS			6
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions			
∟⊓А	FOI FAPELWOLK NEULCHOIL ACT NOTICE, SEE THE INSTRUCTIONS	וטו רטוווו ששט.		Schedule D (Form 990) 2022

232051 09-01-22

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open To Public Inspection

Name of the organization AMERIC	AN ASSOCIAT	ION	OF	AVIAN PATH	OLOGIS		-	ident 490		on nu	mber
Part I Excess Benefit Trans						nizatio	ns on	ly).			
Complete if the organization	n answered "Yes" on F	orm 9	90, Pa	rt IV, line 25a or 25b,	, or Form 990-EZ, Pa	ırt V, I	ine 40	b.			
(a) Name of disqualified person	(b) Relationship betw			ified (c) Description of trans	sactio	n				cted?
(c)	person and or	ganıza	llion		,				Y	es	No
									+	-+	
										_	
2 Enter the amount of tax incurred by	the organization mana	agers (or disq	ualified persons duri	ng the year under						
section 4958							\$				
3 Enter the amount of tax, if any, on I	ine 2, above, reimburse	ed by t	the org	ganization			\$				
Part II Loans to and/or From	n Interested Pers	ons									
Complete if the organization			90.F7	Part V line 38a or F	orm 990 Part IV line	26.	or if th	e oraș	nizatio	'n	
reported an amount on For				Tart V, IIII C CCC CIT	om ooo, r arriv, iiri	<i>5</i> 20, (J1 11 (11	o orga	mzanc	,,,	
(a) Name of (b) Relation		(d) Lo	an to or	(e) Original	(f) Balance due	(g)) In	(h) Ap by bo	proved	(i) V	/ritten
interested person with organ	ization of loan		the zation?	principal amount		defa	ault?	comm	nittee?	agree	ment?
		То	From			Yes	No	Yes	No	Yes	No
											-
											-
	1101				Ira						+
						_					
											
											<u> </u>
											<u> </u>
Total Part III Grants or Assistance	Renefiting Intere	ester	Per	\$005							
Complete if the organization											
(a) Name of interested person	(b) Relationship			(c) Amount of	(d) Type	of		(e) Purp	ose o	f
(a) mand or microstop porcon	interested pers	on and		assistance	assistand			•	assista		
	the organiza	tion									
	+										

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

Schedule L (Form 990) 2022

Complete if the organization answered (a) Name of interested person	(b) Relationship	between interested the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	
		3			Yes	No
BK ASSOCIATION MANAGMENT,	OWNED BY	FORMER OFF	175,052.	MANAGMENT S		X
Part V Supplemental Information.						
Provide additional information for response				ID DEDGONG		
SCH L, PART IV, BUSINESS T (A) NAME OF PERSON: BK ASS				ED PERSONS:		
(B) RELATIONSHIP BETWEEN I		1. 1.		ON:		
OWNED BY FORMER OFFICER AN						
(D) DESCRIPTION OF TRANSAC	TION: MAN	AGMENT SERV	'ICES			
- Di	SC	Ins	III			
	90	100	UII \			
		0.07				
		<u> </u>				
				Schedule L (

SCHEDULE O (Form 990)

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.

AMERICAN ASSOCIATION OF AVIAN PATHOLOGIS

2022 Open to Public Inspection

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.

Name of the organization

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:

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

THE TYPES OF MEMBERSHIP ARE AS FOLLOWS: (1)CHARTER MEMBER; (2) MEMBER; LIFE MEMBER; (4) ASSOCIATE MEMBER; (5) INTERNATIONAL ASSOCIATE MEMBER; HONORARY MEMBER; (7) RETIRED MEMBER; AND RETIRED ASSOCIATE MEMBER; STUDENT CHAPTER. (8) STUDENT MEMBER; AND (9) 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 "AVMA") THE AMERICAN VETERINARY MEDICAL ASSOCIATION (HEREINAFTER 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 WESTERN, CENTRAL AND SOUTH AMERICA, AND INTERNATIONAL), BE A GRADUATE OF A VETERINARY COLLEGE AND, IF A RESIDENT OF THE UNITED STATES

232211 10-28-22

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Name of the organization **Employer identification number** AMERICAN ASSOCIATION OF AVIAN PATHOLOGIS 04-2349061 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 Schedule O (Form 990) 2022 Schedule O (Form 990) 2022 Page 2

Name of the organization

AMERICAN ASSOCIATION OF AVIAN PATHOLOGIS

Employer identification number 04-2349061

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

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization **Employer identification number** AMERICAN ASSOCIATION OF AVIAN PATHOLOGIS 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 ALL COMPLETED FORMS ARE PROVIDED TO AND REVIEWED BY THE FORM. 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: 100,677. HONORARIUM 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)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of	the organization AMERICAN ASS	SOCIATION OF AVIAN PA	THOLOGIS				oloyer identific		ımber
Part I	Identification of Disregarded Entities. Cor	mplete if the organization answered "Yes"	on Form 990, Part IV, line 33	3.					
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	r Total inco	me End-of-year a	assets	Direct c	(f) controlling ntity	9
		Pu	blic)					
Part II	Identification of Related Tax-Exempt Organizations during the tax year.	anizations. Complete if the organization a	answered "Yes" on Form 990	, Part IV, line 34, t	pecause it had one of	r more re	elated tax-exer	mpt	
	(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		(f) controlling entity	contr	g) 512(b)(13) rolled ity?
	Ç		Toroigir oddria y)		501(c)(3))		,	Yes	No
12627 8	DUNDATION, INC, - 23-2542890 SAN JOSE BOULEVARD 202 NVILLE, FL 32223-8638	AID TO STUDENTS AND VETERINARIANS FOR RESEACH IN AVIAN MEDICINE	FLORIDA	501(C)(3)	LINE 7				x
			777						
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

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Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990,	, Part IV, line 34, l	because it had one or	more related
Part III	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	(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	Disprop	n) ortionate tions?	amount in box	managing partner?	(k) Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
			5,	hl							
			C								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(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	ent	tion b)(13) rolled tity?
			n	/				Yes	No
		U	M						
	-								

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

Yes No

1a

Part V	Transactions With Related Organizations.	Complete if the organization answered "	Yes" on Form 990, Part IV, line 34, 35b, or 36.
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1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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)	1b	X	
С	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		Х
е	Loans or loan guarantees by related organization(s)	1e	X	
f	Dividends from related organization(s)	1f		X
	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
0	Sharing of paid employees with related organization(s)	10		X
	INCOLOCIEC			
р	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
	(a) Name of related organization (b) Transaction type (a-s) (c) Amount involved Method of determining amount involved type (a-s)	olved		
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3)				
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6) 2010	Cabadula F) /E ~==	. 000	2000
3216	3 09-14-22 Schedule F	(Forn	1 990)	2022

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

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

(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners sec. 501(c)(3) orgs.?	Share of total	Share of	Dispropor- tionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing	Percentage
or entity		country)	excluded from tax under		income	end-of-year assets	Yes No	of Schedule K-1	partner?	ownership
		,,	3000013 3 12 3 14)	Yes No			Yes No	(1 01111 1003)	Yes NO	
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