EXTENDED TO MARCH 17, 2025

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

OMB No. 1545-0047

Department of the Treasury

2024 A For the 2023 calendar year, or tax year beginning MAY 2023 and ending APR C Name of organization D Employer identification number Check if applicable Address change AMERICAN ASSOCIATION OF AVIAN PATHOLOGIS Name change 04-2349061 Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 12627 SAN JOSE BLVD. - SUITE 202 904-425-5735 City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended JACKSONVILLE, FL 32223-8638 H(a) Is this a group return return
Application
pending F Name and address of principal officer: BOB BEVANS-KERR Yes X No for subordinates? 12687 SAN JOSE BLVD, JACKSONVILLE, FL 32223 **H(b)** Are all subordinates included? Yes 501(c)(3) **X** 501(c) (Tax-exempt status: 6 (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.AAAP.INFO J Website: H(c) Group exemption number **K** Form of organization: X Corporation Year of formation: 1960 M State of legal domicile; FL Trust Association Other Part I Summary Briefly describe the organization's mission or most significant activities: THE ORGANIZATION INFORMS AND Activities & Governance 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. 12 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 4 0 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 10,080. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 239,071. 174,252. 8 456,044. 594,803. Program service revenue (Part VIII, line 2g) 10,191. 26,330. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 105,315. 28,410. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 810,621. 823,795. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 583,354. 674,934. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 674,934. 583,354. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 227,267. 148,861. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Ы 1,587,650. 1,756,892 Total assets (Part X, line 16) 798. 21 Total liabilities (Part X, line 26) 三年 583,852. Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign BOB BEVANS-KERR, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature 12/03/24 P01216275 LORI GRAHAM Paid self-employed SMOAK, DAVIS & NIXON LLP Firm's EIN 59-0602635 Preparer Firm's name 5011 GATE PARKWAY BLDG 100 STE 300 Use Only Firm's address Phone no. 904-396-5831 JACKSONVILLE, FL 32256-0562 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

Pai	t III Statement of Program Service Accomplishments							
	Check if Schedule O contains a response or note to any line in this Part III							
1	Briefly describe the organization's mission: THE ORGANIZATION INFORMS AND SUPPORTS PRACTITIONERS OF AVIAN MEDICINE							
	VIA SUBSCRIPTIONS, PERIODICALS, CONFERENCES, AND AWARDS.							
	VIA BODDERII IIOND, IERIODICAED, CONIEREMCED, AND AWARDS.							
2	Did the organization undertake any significant program services during the year which were not listed on the							
_	prior Form 990 or 990-EZ?							
	If "Yes," describe these new services on Schedule O.							
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No							
	If "Yes," describe these changes on Schedule O.							
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.							
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and							
	revenue, if any, for each program service reported.							
4a	(Code:) (Expenses \$							
	MATERIALS RELATED TO AVIAN MEDICINE WERE MADE AVAILABLE TO HUNDREDS OF							
	PRACTITIONERS OF AVIAN MEDICINE.							
	IMMOTITIONAL OF THE TIME MADE CINE.							
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								
40	(Code:) (Expenses \$							
	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							

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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	Х	
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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		Х
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			.,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	,_		. v
46	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	,,		v
40	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,"	4.0		v
00	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	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	0.4		Х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Δ

Page 4 Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete 23 X 24a 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 Х 24a Schedule K. If "No," go to line 25a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 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% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 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 Х 27 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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L. Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Х "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 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 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 Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 6 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

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Form **990** (2023)

(gambling) winnings to prize winners?

Form 990 (2023)

AMERICAN ASSOCIATION OF AVIAN PATHOLOGIS

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
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	Х	
	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		Х
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b	Did the annualization realization makes distribution to a decrea decrea decreased in a realization of the control of the contr	9b		
10	Section 501(c)(7) organizations. Enter:	90		
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 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			77
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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

	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	1a	1:	길					
	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	1	2					
2	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?								
3									
	of officers, directors, trustees, or key employees to a management company or other person?			3	X				
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X			
6	Did the organization have members or stockholders?			6	X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point (one or						
	more members of the governing body?			7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or						
	persons other than the governing body?			7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
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 read	ched a	t 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 Re								
			,		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a	Х				
	If "Yes," did the organization have written policies and procedures governing the activities of such ch								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	11a		X			
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	Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y								
	on Schedule O how this was done	,		12c	Х				
13	Did the organization have a written whistleblower policy?			13	Х				
14	Did the organization have a written document retention and destruction policy?			14	Х				
15	Did the process for determining compensation of the following persons include a review and approva								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	·						
а	The organization's CEO, Executive Director, or top management official			15a		Х			
	Other officers or key employees of the organization			15b		X			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a						
	taxable entity during the year?			16a		Х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	=						
	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 filedNONE								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-T (section 501(c)(3	s only)	availa	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 Sc	hedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			ıd finan	cial				
	statements available to the public during the tax year.	_	1						
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records						
-	BOB BEVANS-KERR - 904-425-5735								
	12627 SAN JOSE BOULEVARD SUITE 202 JACKSONVILLE F	T.	32223-863	2					

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.

X Check this box if neither the organization r	nor any related	orga	niza	tion	con	nper	sate	ed any current officer, c	lirector, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do		Position t check more than one		nne	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week	_	Cer ai	lu a u	recid	i / ii us	iee)	from 	from related	other
	(list any hours for	director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated	_	(M/ 2/1000 MISC/	1099-NEC)	organization
	organizations	trustee or	al trus	ш	yee	mper		1099-NEC)	10001120)	and related
	below	Individual t	Institutional trustee	l La	Key employee	est co oyee	ler.			organizations
	line)	Indiv	Instit	Officer	Key	Highest compensated employee	Former			
(1) BOB BEVANS-KERR	0.25									
EXECUTIVE DIRECTOR	0.15			Х				0.	0.	0.
(2) CLAUDIA OSORIO	0.25								_	_
PRESIDENT 2025	0.15	Х		Х				0.	0.	0.
(3) SUZANNE DOUGHERTY	0.25									_
EXECUTIVE VICE PRESIDENT 2026	0.15	X		X				0.	0.	0.
(4) TJ GAYDOS	0.25		1			,				
DIRECTOR 2026	0.15	X						0.	0.	0.
(5) RICK PHILLIPS	0.25	l								
DIRECTOR 2028	0.15	Х						0.	0.	0.
(6) SIMONE STOUTE	0.25				١.					•
DIRECTOR 2028	0.15	X						0.	0.	0.
(7) NAOLA FERGUSON-NOEL	0.25	X			Ш			0.	0.	0
DIRECTOR 2025 (8) IVAN ALVARDO	0.15	Δ			Н			0.	0.	0.
DIRECTOR 2026	0.25	X						0.	0.	0.
(9) JOSE LINARES	0.15	Λ						0.	0.	0.
PRESIDENT ELECT 2025	0.15	X						0.	0.	0.
(10) NIKOLAS FAUST	0.25	Α						0.	0.	0.
STUDENT REPRESENTATIVE 2025	0.15	X						0.	0.	0.
(11) DEIRDRE JOHNSON	0.25	22							0.	0.
PAST PRESIDENT 2025	0.15	х						0.	0.	0.
(12) WAYNE COLLLINS	0.25									
ASSOCIATE DIRECTOR 2028	0.15	х						0.	0.	0.
(13) KABEL ROBBINS	0.25									<u> </u>
DIRECTOR 2028	0.15	Х						0.	0.	0.
									-	-
]								

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)			(((D)	(E)		(F)	
Name and title	Average	(do	not c	Posi			one	Reportable	Reportable	Estimated		ed
	hours per week	box	, unles	ss per	son is	s both	n an	compensation compensati		a	mount	of
	(list any					17 41 410	,	from the	from related organizations		other npensa	tion
	hours for	direct				p		organization	(W-2/1099-MISC/		from the	
	related	tee or	ustee			ensate		(W-2/1099-MISC/	1099-NEC)		ganizat	ion
	organizations below	al trus	onal tr		loyee	comp		1099-NEC)		- 1	nd relat	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			org	ganizati	ons
	,	드	드	Ó	<u>z</u>	工品	Œ.					
		-										
		1										
								1.				
			1									
		1										
1b Subtotal							_	0.	0	_		0.
c Total from continuation sheets to Part VI	Section A		7					0.	0			0.
			,			۳.		0.	0			0.
Total number of individuals (including but not not not not not not not not not no		ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization									·			0
											Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	ey e	empl	oye	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for si										3		X
4 For any individual listed on line 1a, is the su			-	- 4			_					v
and related organizations greater than \$150					_					. 4		X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com					-			_		. 5		Х
Section B. Independent Contractors	piete Scheaule	e <i>J 1</i> 0	or su	icn į	pers	on .				_		21
Complete this table for your five highest cor	mpensated inc	lepe	nder	nt co	ontra	actor	rs th	nat received more than §	3100,000 of compen	sation f	rom	
the organization. Report compensation for t	•	•							•			
(A)								(B)			(C)	
Name and business								Description of s	ervices	Comp	ensatio	n
BK ASSOCIATION MANAGEMENT					SA	N						
JOSE BOULEVARD, #202, JACKSONVILLE, FL MANAGEMENT COMPANY 173,769						<u>69.</u>						
							\dashv					

Form **990** (2023)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Revenue excluded Total revenue Unrelated from tax under function revenue business revenue sections 512 - 514 1a Contributions, Gifts, Grants and Other Similar Amounts **1 a** Federated campaigns 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 174,252. 1f g Noncash contributions included in lines 1a-1f 174,252. h Total. Add lines 1a-1f **Business Code** 193,055. 193,055. 2 a ANNUAL MEETING 541900 Program Service b MEMBERSHIP DUES 541900 167,910. 167,910. 100,750. 100,750. c MADH SYMPOSIUM 611710 d AVIAN DISEASES JOURNAL 513120 68,059. 57,979. 10,080. 65,029. e SALE OF EDUCATIONAL MA 611710 65,029. f All other program service revenue 594,803. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 26,270 26,270. other similar amounts) Income from investment of tax-exempt bond proceeds 28,410. 28,410. 5 (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 60. assets other than inventory b Less: cost or other basis 0 Other Revenue and sales expenses 7с 60. c Gain or (loss) 60. 60. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d

332009 12-21-23

54,740. Form 990 (2023)

823,795.

12 Total revenue. See instructions

10,080.

584,723.

Secti	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 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):	173,769.					
a	Management	1/3,/03.					
b	Legal	6,500.					
d	Accounting Lobbying	0,500.					
u e	Professional fundraising services. See Part IV, line 17						
f	Investment management fees	3,080.	1011				
g	Other. (If line 11g amount exceeds 10% of line 25,						
_	column (A), amount, list line 11g expenses on Sch 0.)	79,765.					
12	Advertising and promotion	5,500.					
13	Office expenses	105,107.					
14	Information technology	55,870.					
15	Royalties	10 200	\cap				
16	Occupancy	18,328.					
17	Travel	42,824.					
18	Payments of travel or entertainment expenses						
19	for any federal, state, or local public officials Conferences, conventions, and meetings	20,193.					
20	Interest	20,155					
21	Payments to affiliates						
22	Depreciation, depletion, and amortization						
23	Insurance	2,508.					
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.)						
а	TAX EXPENSE	5,020.					
b	FOOD AND BEVERAGE	82,550.					
С	PUBLICATION OF EDUCATIO	33,011.					
d	STRATEGY EXPENSE	22,602. 19 307					
	All other expensesAdd lines 1 through 24s	18,307. 674,934.					
25	Total functional expenses. Add lines 1 through 24e	0/4,534.					
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 if following SOP 98-2 (ASC 958-720)						
		i	1	1	Form 990 (2022)		

Form 990 (2023)

Part X | Balance Sheet

Par	t X	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			1,183,697.	1	540,701
	2	Savings and temporary cash investments			0.	2	273,333
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current	or forme	r officer, director,			
		trustee, key employee, creator or founder, sub	stantial o	contributor, or 35%			
		controlled entity or family member of any of the	ons		5		
	6	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
ည	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	9	B				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.	0.	10c	0
	11	Investments - publicly traded securities			403,953.	11	942,858
	12	Investments - other securities. See Part IV, line	e 11			12	
	13	Investments - program-related. See Part IV, lin	e 11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must ed			1,587,650.	16	1,756,892
	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. Complet	e Part IV	of Schedule D		21	
ဖွ	22	Loans and other payables to any current or fo	rmer offic	cer, director,			
월		trustee, key employee, creator or founder, suk	stantial o	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	ese pers	ons		22	
-	23	Secured mortgages and notes payable to unre	elated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	ted third	parties		24	
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on lin	es 17-24	. Complete Part X			
		of Schedule D			3,798.	25	0
_	26	Total liabilities. Add lines 17 through 25			3,798.	26	0
		Organizations that follow FASB ASC 958, c	heck her	е 🔛			
Se		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions				27	
8 8	28	Net assets with donor restrictions				28	
립		Organizations that do not follow FASB ASC	958, ch	eck here X			
돈		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current fund	ds		1,349,443.	29	1,583,852
sel	30	Paid-in or capital surplus, or land, building, or	equipme	nt fund	0.	30	0
As	31	Retained earnings, endowment, accumulated			0.	31	0
Net Assets or Fund Balances	32	Total net assets or fund balances			1,583,852.	32	1,756,892
	33	Total liabilities and net assets/fund balances			1,587,650.	33	1,756,892 Form 990 (202

	1990 (2023) AMERICAN ASSOCIATION OF AVIAN PATHOLOGIS	04-	-2349U0I	Pac	ge 🛂
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	823	3,79	<u> 35.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	674	1,93	<u>34.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		3,86	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,583	3,85	<u>52.</u>
5	Net unrealized gains (losses) on investments	5	24	1,17	79.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,756	5,89	<u> 32.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	·····	_	X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Corual X Other SEE SCH	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?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	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?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C).		
За	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?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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.

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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	ations. Complete Part III.		le.	nployer identification number
•	NN ACCOCTAMION OF	י אנדאאו האשני		04-2349061
Part I-A Complete if the or	AN ASSOCIATION OF ganization is exempt und	lor soction 501(a)	or is a section 527	
 Provide a description of the organi Political campaign activity expend Volunteer hours for political campa 	ization's direct and indirect politic	cal campaign activities i	in Part IV.	\$
•	ganization is exempt und			
 1 Enter the amount of any excise tax 2 Enter the amount of any excise tax 3 If the organization incurred a section 4a Was a correction made? b If "Yes" describe in Part IV 	x incurred by organization managon 4955 tax, did it file Form 4720	ers under section 4955) for this year?		\$ Yes No Yes No
b If "Yes," describe in Part IV. Part I-C Complete if the or	ganization is exempt und	ler section 501(c).	except section 501	I(c)(3).
1 Enter the amount directly expende2 Enter the amount of the filing orga exempt function activities	ed by the filing organization for se nization's funds contributed to o	ection 527 exempt funct ther organizations for se	tion activitiesection 527	
 3 Total exempt function expenditure line 17b 4 Did the filing organization file Forn 5 Enter the names, addresses, and a made payments. For each organization for the political action committee (PAC). It 	n 1120-POL for this year? employer identification number (E ation listed, enter the amount pa romptly and directly delivered to	EIN) of all section 527 point in the filing organia a separate political organizary.	olitical organizations to w zation's funds. Also enter anization, such as a sepa	Yes No No hich the filing organization the amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-	contributions received and

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

Schedule C (Form 990) 2023

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)
of the	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		٠	ation	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	1 501(0)(5), or se	ction	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		Х
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			Х	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		X
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."			III-A, IIIIe	J, 15
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	aı			
_	expenses for which the section 527(f) tax was paid).		20		
	Current year				
	Carryover from last year				
	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
J 1	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the exceeds the amount on line 3, what portion of the exceeds the				
7	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	and an alith was a south or and		4		
5	Taxable amount of lobbying and political expenditures. See instructions		. 5		
Par			0	<u>I</u>	
	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 ΙΙ-Δ	lines 1	and 2 (see	
	actions); and Part II-B, line 1. Also, complete this part for any additional information.	noty, i ait ii i	.,	una 2 (000	

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

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		(h) Funda and other accounts
	-	(a) Donor advised 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 Did the organization inform all donors and donor advisors in v	Listing that the coasts hold in dense advis	and friends
5	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
O	for charitable purposes and not for the benefit of the donor o		
Par			
1	Purpose(s) of conservation easements held by the organization		,
-	Preservation of land for public use (for example, recrea		f a historically important land area
	Protection of natural habitat	· —	f a certified historic structure
	Preservation of open space	1 17	
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution 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	ANIIV	2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	2c
d	Number of conservation easements included on line 2c acqu	•	
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing con-	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hance	lling of violations, and enforcing conserva	tion easements during the year
′	Amount of expenses incurred in monitoring, inspecting, name	alling of violations, and emorcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170/h	n)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footr	•	
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Of	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for public	olic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these item	ns.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	nerance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre-		ıl gain, provide
	the following amounts required to be reported under FASB A	· ·	
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s tor Form 990.	Schedule D (Form 990) 2023

332051 09-28-23

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) 2023

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

2023

Open to Public Inspection

	organization

Employer identification number

AMERICAN ASSOCIATION OF AVIAN PATHOLOGIS 04-2349061 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No (1) (2) (3) (4) (5) (6) Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, (a) Name of (b) Relationship (c) Purpose (i) Written (e) Original (f) Balance due (g) In by board or rom the interested person with organization of loan principal amount default? agreement? committee? organization? From Yes No Yes No Yes No (1) (2)(3) (4) (5) (6) (7) (8) (9) (10) Total **Grants or Assistance Benefiting Interested Persons** Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (c) Amount of (e) Purpose of (b) Relationship between (d) Type of assistance assistance assistance interested person and the organization (1) (2) (3) (4) (5) (6)

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

Schedule L (Form 990) 2023

(7) (8) (9)

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 transaction (c) Amount of transaction or transaction or transaction (d) Description of transaction organization (e) Sharing organization (1) BK ASSOCIATION MANAGEMEN BK ASSOCIATION MANA 173,769. MANAGEMENT X (2) (3) (4) (5) (6) (7) (8) (9) 10) Part V Supplemental Information Provide additional information for responses to questions on Schedule L See instructions. CCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: BK ASSOCIATION MANAGEMENT, LLC (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: (C) AMOUNT OF TRANSACTION \$ 173,769.	Schedule L (Form 990) 2023 AMER Part IV Business Transactions Inve	ICAN ASSOCIATION OF AV	TAN TAINON	OGID 04-2343	, U U I	rage 2
(a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of transaction (d) Description (d) Description of transaction (d) Description (d) Description of transaction (d) Description (d		-	b. or 28c.			
(1)BK ASSOCIATION MANAGEMEN BK ASSOCIATION MANA 173,769. MANAGEMENT X (2) (3) (4) (5) (6) (7) (8) (9) (10) Part V Supplemental Information Provide additional information for responses to questions on Schedule L. See instructions. SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: BK ASSOCIATION MANAGEMENT, LLC (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: (C) AMOUNT OF TRANSACTION \$ 173,769. (C) AMOUNT OF TRANSACTION \$ 173,769.		(b) Relationship between interested	(c) Amount of		organiz	zation's
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(A) NAME OF PERSON: BK ASSOCIATION MANAGEMENT, LLC (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BK ASSOCIATION MANAGEMENT, LLC IS OWNED BY BOB AND JANECE BEVANS-KERR. (C) AMOUNT OF TRANSACTION \$ 173,769. (D) DESCRIPTION OF TRANSACTION: MANAGEMENT SERVICES	Frovide additional information for te	esponses to questions on Schedule E. See ii	istructions.			
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BK ASSOCIATION MANAGEMENT, LLC IS OWNED BY BOB AND JANECE BEVANS-KERR. (C) AMOUNT OF TRANSACTION \$ 173,769. (D) DESCRIPTION OF TRANSACTION: MANAGEMENT SERVICES	SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVING	G INTEREST	ED PERSONS:		
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(C) AMOUNT OF TRANSACTION \$ 173,769. (D) DESCRIPTION OF TRANSACTION: MANAGEMENT SERVICES		- 111)11				
(D) DESCRIPTION OF TRANSACTION: MANAGEMENT SERVICES	BK ASSOCIATION MANAGEMEN'	T, LLC IS OWNED BY BOB	AND JANEC	E BEVANS-KEF	RR.	
	(C) AMOUNT OF TRANSACTION	N \$ 173,769.				
(E) SHARING OF ORGANIZATION REVENUES? = NO	(D) DESCRIPTION OF TRANS	ACTION: MANAGEMENT SER	VICES			
Сору	(E) SHARING OF ORGANIZAT	ION REVENUES? = NO				
Сору	(=, ===================================					
Copy	-					
		Conv	/			
		- OOP				

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.

2023 Open to Public Inspection

OMB No. 1545-0047

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 WITH BOARD OF DIRECTORS OVERSIGHT.

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

THE TYPES OF MEMBERSHIP ARE AS FOLLOWS: (1) CHARTER MEMBER; (2) MEMBER; (4)ASSOCIATE MEMBER; (5) INTERNATIONAL ASSOCIATE MEMBER; LIFE MEMBER; AND RETIRED ASSOCIATE MEMBER; RETIRED MEMBER; HONORARY 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") 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, CENTRAL AND SOUTH AMERICA, AND INTERNATIONAL), WESTERN, GRADUATE OF A VETERINARY COLLEGE AND, IF A RESIDENT OF THE UNITED STATES, BE A MEMBER OF THE AVMA. LIFE MEMBERS SHALL NOT BE REQUIRED TO PAY DUES OR THE FOLLOWING CRITERIA HAVE TO BE FULFILLED TO BE CONSIDERED ASSESSMENTS. For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023

LHA 332211 11-14-23

Schedule O (Form 990) 2023 Page 2

Name of the organization **Employer identification number** AMERICAN ASSOCIATION OF AVIAN PATHOLOGIS 04-2349061 FOR ELECTION: (1) THE CANDIDATE MUST HAVE BEEN ACTIVE IN THE FIELD OF POULTRY HEALTH FOR A MINIMUM OF 25 YEARS. (2) THE CANDIDATE MUST HAVE MADE SIGNIFICANT CONTRIBUTIONS TO THE AMERICAN ASSOCIATION OF AVIAN PATHOLOGISTS. EXAMPLES OF SIGNIFICANT CONTRIBUTIONS ARE SERVING ON THE BOARD OF DIRECTORS, AND/OR SERVING ON COMMITTEES OF THE AAAP SUCH AS THE EDITORIAL BOARDS ASSOCIATED WITH THE AAAP (DISEASES OF POULTRY, AVIAN DISEASES, ISOLATION AND IDENTIFICATION OF AVIAN PATHOGENS, ETC.), AWARDS COMMITTEE, AND/OR OTHER COMMITTEES ESSENTIAL FOR THE AAAP. (3) THE CANDIDATE MUST HAVE MADE SIGNIFICANT CONTRIBUTIONS TO THE FIELD OF POULTRY HEALTH. EQUAL WEIGHT WILL BE GIVEN TO CRITERIA 2 AND 3 IN THE DECISION IF THE MEMBER OR ASSOCIATE MEMBER HAS RETIRED FROM MAJOR GAINFUL EMPLOYMENT. ASSOCIATE MEMBERS ARE VETERINARIANS WHO ARE RESIDENTS OF THE UNITED STATES BUT NOT MEMBERS OF THE AVMA AND PERSONS WITHOUT A DEGREE IN VETERINARY MEDICINE WHO ARE ENGAGED IN SOME PHASE OF AVIAN DISEASES. INTERNATIONAL ASSOCIATE MEMBERS ARE PERSONS FROM OUTSIDE THE DESIGNATED REGIONS WHO ARE ENGAGED IN SOME PHASE OF AVIAN DISEASES. INTERNATIONAL ASSOCIATE MEMBERS WHO ELECT TO RECEIVE CORRESPONDENCE AND JOURNALS BYPOSTAL MAIL RATHER THAN BY INTERNET COMMUNICATIONS WILL BE ASSESSED A POSTAGE FEE TO COVER THE HIGHER COSTS OF OVERSEAS MAILINGS. HONORARY MEMBERS ARE SCIENTISTS WHO HAVE MADE UNUSUALLY SIGNIFICANT CONTRIBUTIONS TO THE FIELD OF AVIAN PATHOLOGY. NOT MORE THAN TWO HONORARY MEMBERS SHALL BE SELECTED IN ANY ONE YEAR. AN HONORARY MEMBER SHALL NOT BE REQUIRED TO PAY ANY DUES OR ASSESSMENTS. RETIRED MEMBERS AND RETIRED ASSOCIATE MEMBERS ARE MEMBERS WHO UPON ENTERING RETIREMENT AS A MEMBER, ASSOCIATE MEMBER, OR INTERNATIONAL ASSOCIATE MEMBER, MAY BECOME ELIGIBLE FOR RETIRED MEMBERSHIP. RETIREMENT IS INTERPRETED IN THE MANNER DESCRIBED UNDER 3(B), LIFE MEMBER. DUES FOR RETIRED MEMBERS SHALL BE EITHER NONE OR SHALL BE AT A REDUCED RATE. THIS RATE SHALL BE SET AND PERIODICALLY REVIEWED BY THE GOVERNING BOARD OF THE Schedule O (Form 990) 2023 Schedule O (Form 990) 2023 Page 2

Employer identification number

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

FULL DISCLOSURE OF ALL ACTUAL OR POTENTIAL CONFLICTS AND A DETERMINATION BY

THE DISINTERESTED BOARD (OR ORGANIZATION COMMITTEE) MEMBERS - WITH THE

332212 11-14-23 Schedule O (Form 990) 2023

Name of the organization

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization **Employer identification number** AMERICAN ASSOCIATION OF AVIAN PATHOLOGIS 04-2349061 INTERESTED BOARD MEMBER(S) RECUSED FROM PARTICIPATING IN DEBATES AND VOTING AN ANNUAL DISCLOSURE FORM IS MAINTAINED AND COMPLETED AT ON THE MATTER. 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 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 4/30/2024. FORM 990, PART VI, SECTION C, LINE GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. LINE 11G, FORM 990, PART IX, OTHER FEES: OTHER PROFESSIONAL FEES 1,230. 78,535. HONORARIUM TOTAL OTHER FEES ON FORM 990 PART IX, LINE 11G, COL A 79,765. 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.

2023
Open to Public Inspection

OMB No. 1545-0047

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

Name of the organization

Department of the Treasury Internal Revenue Service

AMERICAN ASSOCIATION OF AVIAN PATHOLOGIS

Employer identification number 04-2349061

(a)	(b)	(c)	(d)	(e)		(f)		
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total incom	ne End-of-year	• • • • • • • • • • • • • • • • • • •	ts Direct controlling entity		
	Pu	blic						
	+1001	OCI						
art II Identification of Related Tax-Exempt Organizations during the tax year	ganizations. Complete if the organization	answered "Yes" on Form 990,	Part IV, line 34, be	ecause it had one	or more related tax-exe	mpt		
organizations during the tax year.	71001	000				1	a)	
Identification of Related Tax-Exempt Orgonizations during the tax year. (a) Name, address, and EIN of related organization	ganizations. Complete if the organization (b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code	(e) Public charity status (if section	or more related tax-exe (f) Direct controlling entity	Section 5	trolled	
organizations during the tax year. (a) Name, address, and EIN	(b)	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	Section 5	rolled	
organizations during the tax year. (a) Name, address, and EIN of related organization AP FOUNDATION, INC, - 23-2542890 627 SAN JOSE BOULEVARD 202	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling	Section 5	trolled	
organizations during the tax year. (a) Name, address, and EIN of related organization AP FOUNDATION, INC, - 23-2542890 627 SAN JOSE BOULEVARD 202	(b) Primary activity AID TO STUDENTS AND VETERINARIANS FOR RESEACH	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling	Section 5	trolled tity?	
organizations during the tax year. (a) Name, address, and EIN of related organization AP FOUNDATION, INC, - 23-2542890 627 SAN JOSE BOULEVARD 202	(b) Primary activity AID TO STUDENTS AND VETERINARIANS FOR RESEACH	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling	Section 5	trolled tity?	
organizations during the tax year. (a) Name, address, and EIN of related organization	(b) Primary activity AID TO STUDENTS AND VETERINARIANS FOR RESEACH	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling	Section 5	trolled tity?	

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

Schedule R (Form 990) 2023

Part III	Identification of Related Orgonganizations treated as a part	,	 hip. Complete if	the organization answe	ered "Yes" on For	m 990, Part IV, line	e 34, becaus	e it had one or moi	re related	t

(a) Name, address, and EIN of related organization	(b) Primary activity	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	Disprop	ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managing partner? Yes No	(k) Percentage ownership
				h							
					.						

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	(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		controlled entity?	
		country)	n	/				Yes	No	
		U	M							

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?

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

X

Yes No

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

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b	Х	
С	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e	X	
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1 g		_X_
	Purchase of assets from related organization(s)	1h		_X_
i	Exchange of assets with related organization(s)	1i		_X_
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		_X_
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		_X_
n	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_
	Sharing of paid employees with related organization(s)	10		_X_
	INOOLOOLIKO			
р	Reimbursement paid to related organization(s) for expenses	1 p		X
	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
	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		
1)	UUUY			
2)				
3)				
4)				
5)				
6)				
3216	3 09-28-23 Schedule R	R (Forn	า 990)	2023
	33			

Page 4

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

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

(a)	(b)	(c)		(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	(e) Are all partners sec 501(c)(3) orgs.?	Share of	Share of	Dispropor tionate	Code V-UBI	General or	Percentage
of entity	, ,	(state or foreign	(related, unrelated,	501(c)(3) orgs.?	total	end-of-year	tionate allocations	amount in box 20	managing partner?	ownership
		country)		Yes No		assets	Yes No		Yes No	1
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