Paid RICHARD RUVELSON RICHARD RUVELSON 11/13/2024 P(Preparer Use Only Firm's name ▶ WITHUMSMITH+BROWN, PC Firm's EIN ▶ 22-			Return of C	Drganization E	xempt	From I	nco	me Tax		OMB No. 15	45-0047
A For the 2023 calendar year, or tax year beginning and ending B Cmut year, or tax year beginning and ending B Cmut year, or tax year beginning D Employer identificat B Cmut year, or tax year beginning D Employer identificat B Cmut year, or tax year beginning D Employer identificat B Cmut year, or tax year beginning D Employer identificat B Cmut year, or tax year beginning D Employer identificat B Cmut year, or tax year beginning D Employer identificat Cmut year, or tax year beginning D Employer identificat A For the 2023 calendar year, or tax year beginning D Employer identificat A For the 2023 calendar year, or tax year beginning D Employer identificat A For the 2023 calendar year, or tax year, or tax year beginning D Employer identificat A For the 2024 calendar year, or tax year, or tax year, and the power integration or tax year,	epartment o	of the Treasury	► Do not enter	Social Security number	rs on this for	m as it may	be mad	le public.	tions)	20 Open to F	
B Concentrationation THE AMERICAN ASSOCIATION POR B Constructionation ARROSOL RESEARCH INC. 22-2387 B Constructionationation Constructionationationationationationationationa					Instructions		•	orm990.		Inspecti	on
B One-all spaces ABROSOL RESEARCH, INC. 22-2387 ABROSOL RESEARCH, INC. Date business As E Telephone number Image and an address of process country, and ZP or foreign postal code 6000 E Telephone number Image and address of process country, and ZP or foreign postal code G or sess recepts 3 E or dephone number Image and address of process country, and ZP or foreign postal code G or sess recepts 3 E or dephone number Image and address of process country, and ZP or foreign postal code G or sess recepts 3 E or dephone number Image and address of process of postal code G or sess recepts 3 Hol Scheme and address of process of postal code Image and address of process of postal code G or sess recepts 3 Hol Scheme and address of process of postal code Image and address of process of postal code G or sess recepts 3 Hol Scheme and address of process of postal code Image and address of process of postal code G or sess recepts 3 Hol Scheme and postal code Image and address of process of the governing body (Part VI, line 1a) Hol Scheme and postal code Image and address of the governing body (Part VI, line 1a) 3 A Image and process of the governing body (Part VI, line 1a) 3 4 Image and process				-	ON FOR			D Employer id	entificati	on number	
Amount of the standard of the standard additional additionadditionadditional additional additional additional a	Check if ap	pplicable:			LON FOR			1.7			
Numer and Numer and Num Numer and Numer and Numer and Numer and Numer an		ess Doin		c.				22	-2387	061	
Instrument 401.EDGENATER PLACE 600 (866)97 WAREFIELD, MA 01880 G Gross meeples 600 (866)97 Warefield Fame and address of principal effection: PAYE MCINETLL H9 is this argument H9 is this argument I Tracessempt status: X 501(c)(3) 501(c)(1) (meetino) 4947(a)(1) or 527 J Wohlter: WWW, AARR, ORG H9 is this argument H9 is this argument H9 is this argument Form of organization: X Corporation Ture Association Other ► L Year of formation: 187. Corporation H9 is this argument 2 Check this box if the organization or most significant activities: SEE_SCHEDULE_O 3 4 Number of individual employed in calendar year 2023 (Part V, line 12) Ta 3 4 5 Total number of individual employed in calendar year 2023 (Part V, line 20) 6 5 5 10 Investment income (Part VIII, line 11) COPY FOR 51, 000. 59, 6531. 11 Other revenue (Part VIII, line 12) F02, 212. F2 F2 12 Total number of individual employed in calendar year 2023 (Part V, line 12) 52, 681. 51, 000. 59, 6531. 12 Total		Num	•	not delivered to street addres	s)	Room/suite				001	
Image: service of the service of participal differ FATE of the service of participal differ FATE MOLES			01 EDGEWATER PLACE				600	(8)	66)97	2-7222	
Image: Construction WAKEFIELD, MA 01880 G Gross receipts 3 F Name and address of principal officer. FAXE_MCNEILL H(a) is not accommentation 1 Tax-example status: X is 501(c)(3) E01(c) (▲ (mast no.) 4947(a)(1) or E27 1 Tax-example status: X is 501(c)(3) E01(c) (▲ (mast no.) 4947(a)(1) or E27 H(b) free indecommentation Versite: Versite: Summary E27 H(b) free indecommentation: 1981 M State of 2 Check this box int the organization's mission or most significant activities: SEE_SCHEDULE_O		City		and ZIP or foreign postal code	e			(0			
Image: Service Procession F Name and address of principal differ. PAYE. MCNETILL H0 s this a group strutt. 401 EDGEWATER PLACEGOU, WAKEFIELD, MA 01880 H0 /s of the detadedee with the principal differ. H0 /s of the detadedee with the principal differ. 1 Tax-exempt strutt. X sol(c) x Sol(c) () Sol(c) () Gold () Sol(c) () H0 /sol(x) /sol(AKEFIELD, MA 01880					G Gross receip	ts \$	771,2	99.
401 EDGEWATER PLACE600, WAREFIELD, NA 01880 MPJ / Arst accomments with the interval inte	Applic	cation F Nam	e and address of principal officer:	FAYE MCNEILL						or Yes	X No
J Website: WWW, AAAR, ORG Meg Group exemption num K Form of organization: X Corporation Trust Association Other ▶ L Year of formation: 1981 M State of Part I Summary 1 Briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of independent voting members of the governing body (Part VI, line 1a). 3 3 4 Number of independent voting members of the governing body (Part VI, line 1a). 3 3 4 Number of independent voting members of the governing body (Part VI, line 1a). 5 5 6 Total number of voting members of the governing body (Part VI, line 1a). 5 5 6 Total number of individuals employed in calendar yeaz 2023 (Part V, line 2a). 5 5 7 Total number of voting members of the governing body (Part VI, line 1a). 7 7 7 9 Program service revenue (Part VIII, lone (N, lines 3.4, and 7d). 9 9 51, 000. 59.8, 53.1. 10 Investment income (Part VIII, column (A), lines 5.6d, 8c, 9c, 10c, and 11e). 702.2, 21.2. 13 50.6.9.8.3.1. <td< td=""><td></td><td>-</td><td>01 EDGEWATER PLACE6</td><td>00, WAKEFIELD, 1</td><td>MA 01880</td><td>1</td><td></td><td></td><td></td><td>ed? Yes</td><td>No</td></td<>		-	01 EDGEWATER PLACE6	00, WAKEFIELD, 1	MA 01880	1				ed? Yes	No
K Form of organization: X Corporation: Trust Association Other L Year of formation: 1981 M State of Part1 Summary Image: Second Secon	Tax-exe	empt status:	X 501(c)(3) 501(c) () ┥ (insert no.)	4947(a)(1) o	r 52	7	If "No," attac	ch a list. (s	ee instructions)	
Part 1 Summary 1 Briefly describe the organization's mission or most significant activities: _SEE_SCHEDULE_0				1				H(c) Group exem	ption numb	ber 🕨	
9 Briefly describe the organization's mission or most significant activities:	Form o	of organization:	X Corporation Trust	Association Other	•	L Year of	f formati	on: 1981 M	State of	legal domicile:	NY
2 Check this box ▶ □ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of volting members of the governing body (Part VI, line 1a) 4 4 Number of independent voting members of the governing body (Part VI, line 1a) 4 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 9 Program service revenue (Part VIII, line 2h) 5 9 Fordar number of individuals employed point (D, lines 3, 4, and 7d) Public INSPECTION 9 Forgram service revenue (Part VIII, line 2h) Fordar Stranger Stra											
4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 9 Program service revenue (Part VIII, line 2g) 7b 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 51, 000. 10 Investment income (Part VIII, column (A), lines 4, 64, 62, 9c, 00c, and 11e) 702, 212. 11 Other revenue (Part VIII, column (A), lines 5, 64, 62, 9c, 01c, and 11e) 702, 212. 13 Grants and similar amounts paid (Part IX, column (A), lines 5-10) NONE 14 Benefits paid to or for members (Part IX, column (A), lines 5-10) NONE 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) NONE 15 Total numbarising expenses (Part IX, column (A), line 25) 749, 395. 16 Profer sepanses (Part IX, colum (A), line 12,, 124,,		Briefly descr	ibe the organization's mission of	or most significant activities	s: <u>SEE</u> S	CHEDULE	0				
4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 9 Program service revenue (Part VIII, line 2g) 7b 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 51, 000. 10 Investment income (Part VIII, column (A), lines 4, 64, 62, 9c, 00c, and 11e) 702, 212. 11 Other revenue (Part VIII, column (A), lines 5, 64, 62, 9c, 01c, and 11e) 702, 212. 13 Grants and similar amounts paid (Part IX, column (A), lines 5-10) NONE 14 Benefits paid to or for members (Part IX, column (A), lines 5-10) NONE 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) NONE 15 Total numbarising expenses (Part IX, column (A), line 25) 749, 395. 16 Profer sepanses (Part IX, colum (A), line 12,, 124,,	nce										
4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 9 Program service revenue (Part VIII, line 2g) 7b 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 51, 000. 10 Investment income (Part VIII, column (A), lines 4, 64, 62, 9c, 00c, and 11e) 702, 212. 11 Other revenue (Part VIII, column (A), lines 5, 64, 62, 9c, 01c, and 11e) 702, 212. 13 Grants and similar amounts paid (Part IX, column (A), lines 5-10) NONE 14 Benefits paid to or for members (Part IX, column (A), lines 5-10) NONE 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) NONE 15 Total numbarising expenses (Part IX, column (A), line 25) 749, 395. 16 Profer sepanses (Part IX, colum (A), line 12,, 124,,	rna										
4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 9 Program service revenue (Part VIII, line 2g) 7b 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 51, 000. 10 Investment income (Part VIII, column (A), lines 4, 64, 62, 9c, 00c, and 11e) 702, 212. 11 Other revenue (Part VIII, column (A), lines 5, 64, 62, 9c, 01c, and 11e) 702, 212. 13 Grants and similar amounts paid (Part IX, column (A), lines 5-10) NONE 14 Benefits paid to or for members (Part IX, column (A), lines 5-10) NONE 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) NONE 15 Total numbarising expenses (Part IX, column (A), line 25) 749, 395. 16 Profer sepanses (Part IX, colum (A), line 12,, 124,,			•	•	•				1 1		1.0
a Total dimension basiness taxable income from Form 990-T, line 34 Total b Net unrelated business taxable income from Form 990-T, line 34 Prior Year a Contributions and grants (Part VIII, line 1h) Dimension b Net unrelated business taxable income from Form 990-T, line 34 Prior Year b Net unrelated business taxable income from Form 990-T, line 34 Prior Year b Net unrelated business taxable income from Form 990-T, line 34 Prior Year contributions and grants (Part VIII, line 1p) 598, 531. contributions and grants (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) NONE contributions and similar amounts paid (Part IX, column (A), lines 1-3) 56, 983. contributions and fundraising fees (Part IX, column (A), lines 1-3) Set and the expenses (Part IX, column (A), line 1e) b Total fundraising expenses (Part IX, column (A), line 25) NONE contal fundraising expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Part 2, 288, 673. contal sets (Part X, line 16) 2, 288, 673. contal sets (Part X, line 16) 2, 288, 673. contal sets of part X, line 26) 2, 129, 831. contal undraising of part X, line 20, 2, 129, 831. contal undraising expenses. Subtract line 21 from line 20, 2, 128, 842. <									-		16
a Total dimetated business taxable income from Form 990-T, line 34 Total b Net unrelated business taxable income from Form 990-T, line 34 Prior Year a Contributions and grants (Part VIII, line 1h) Difference b Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) Difference c Opty For PUBLIC INSPECTION b Set unrelated business through 11 (must equal Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) NONE c Opty For PUBLIC INSPECTION 52, 681. c Opty For PUBLIC INSPECTION 52, 681. c Opty For PUBLIC INSPECTION 52, 681. c Opty For Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 56, 983. c Opty For Set or for members (Part IX, column (A), lines 1-3) Set or for members (Part IX, column (A), lines 1-3) c Optier expenses (Part IX, column (A), line 11e) NONE NONE c Total fundraising expenses (Part IX, column (A), line 25) NONE 692, 412. c Total assets, (Part X, line 16) 2, 288, 673. 129, 831. c Total assets (Part X, line 16) 2, 288, 673. 129, 831. c Total assets (Part X, line 26) 2, 129, 831. 129, 831. c Total asset	s 4										16 NONE
a Total dimetated business taxable income from Form 990-T, line 34 Total b Net unrelated business taxable income from Form 990-T, line 34 Prior Year a Contributions and grants (Part VIII, line 1h) Difference b Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) Difference c Opty For PUBLIC INSPECTION b Set unrelated business through 11 (must equal Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) NONE c Opty For PUBLIC INSPECTION 52, 681. c Opty For PUBLIC INSPECTION 52, 681. c Opty For PUBLIC INSPECTION 52, 681. c Opty For Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 56, 983. c Opty For Set or for members (Part IX, column (A), lines 1-3) Set or for members (Part IX, column (A), lines 1-3) c Optier expenses (Part IX, column (A), line 11e) NONE NONE c Total fundraising expenses (Part IX, column (A), line 25) NONE 692, 412. c Total assets, (Part X, line 16) 2, 288, 673. 129, 831. c Total assets (Part X, line 16) 2, 288, 673. 129, 831. c Total assets (Part X, line 26) 2, 129, 831. 129, 831. c Total asset											NONE 100
b Net unrelated business taxable income from Form 990-T, line 34 74 a Contributions and grants (Part VIII, line 1h) 51, 000. b Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) PUBLIC INSPECTION copy For Public INSPECTION 52, 681. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) NONE 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 702, 212. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 56, 983. 14 Benefits paid to or for members (Part IX, column (A), line 1-3) NONE 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) NONE 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 25) NONE 16 Total expenses (Part IX, column (A), line 11a- NONE 17 Other expenses (Part IX, column (A), line 25) NONE 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -47, 183. 19 Revenue less expenses. Subtract line 18 from line 20. 2, 288, 673. 20 Total assets (Part X, line 26) 2, 288, 673. 2	tj ∀ 7a								-		NONE
B Contributions and grants (Part VIII, line 1h)											NONE
9 Program service revenue (Part VIII, line 2g) 598, 531. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 52, 681. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) NONE 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 56, 983. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 56, 983. 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 56, 983. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) NONE 16a Professional fundraising fees (Part IX, column (A), line 25) NONE 17 Other expenses (Part IX, column (A), line 11e) NONE 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 749, 395. 19 Revenue less expenses. Subtract line 18 from line 12 692, 412. 19 Revenue less expenses. Subtract line 21 from line 20. 2, 288, 673. 21 Total assets (Part X, line 16) 2, 288, 673. 21 Total assets or fund balances. Subtract line 21 from line 20. 2, 158, 842. Part II Signature Block Date <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Current Ye</td><td></td></td<>										Current Ye	
9 Program service revenue (Part VIII, line 2g) 598, 531. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 52, 681. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) NONE 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 56, 983. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 56, 983. 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 56, 983. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) NONE 16a Professional fundraising fees (Part IX, column (A), line 25) NONE 17 Other expenses (Part IX, column (A), line 11e) NONE 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 749, 395. 19 Revenue less expenses. Subtract line 18 from line 12 692, 412. 19 Revenue less expenses. Subtract line 21 from line 20. 2, 288, 673. 21 Total assets (Part X, line 16) 2, 288, 673. 21 Total assets or fund balances. Subtract line 21 from line 20. 2, 158, 842. Part II Signature Block Date <td< td=""><td>. 8</td><td>Contributions</td><td>s and grants (Part VIII, line 1h)</td><td></td><td></td><td></td><td></td><td>51,0</td><td>00.</td><td>65</td><td>,000.</td></td<>	. 8	Contributions	s and grants (Part VIII, line 1h)					51,0	00.	65	,000.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). NONE 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). 702, 212. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 56, 983. 14 Benefits paid to or for members (Part IX, column (A), line 4) NONE 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). NONE 16a Professional fundraising fees (Part IX, column (D), line 25) NONE 17 Other expenses (Part IX, column (D), line 25) NONE 18 total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 749, 395. 19 Revenue less expenses. Subtract line 18 from line 12. 749, 395. 10 Total assets (Part X, line 16) 2, 288, 673. 20 Total assets (Part X, line 26) 129, 831. 21 Total assets (Part X, line 26) 129, 831. 22 Net assets or fund balances. Subtract line 21 from line 20. 2, 158, 842. Part III Signature Block Signature of officer Date Inder penaties of perjuy, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knd	9 Ju					-		598,53	31.	635	,102.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). NONE 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). 702, 212. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 56, 983. 14 Benefits paid to or for members (Part IX, column (A), line 4) NONE 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). NONE 16a Professional fundraising fees (Part IX, column (D), line 25) NONE 17 Other expenses (Part IX, column (D), line 25) NONE 18 total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 749, 395. 19 Revenue less expenses. Subtract line 18 from line 12. 749, 395. 19 Revenue less expenses. Subtract line 18 from line 20. 2, 288, 673. 20 Total assets (Part X, line 26) 129, 831. 21 Total assets (Part X, line 26) 129, 831. 22 Net assets or fund balances. Subtract line 21 from line 20. 2, 158, 842. Part III Signature Block Signature of officer Date Inder penaties of perjuy. Ideclaration of preparer (other than officer) is based on all information of whi	a 10				PUBLIC IN	SPECTION					,799.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 56,983. 14 Benefits paid to or for members (Part IX, column (A), line 4) NONE 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). NONE 16a Professional fundraising fees (Part IX, column (A), line 11e) NONE b Total fundraising expenses (Part IX, column (D), line 25)	ື່ 11	Other revenu	ue (Part VIII, column (A), lines 5	, 6d, 8c, 9c, 10c, and 11e)				N	ONE	6	,398.
14 Benefits paid to or for members (Part IX, column (A), line 4) NONE 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) NONE 16a Professional fundraising fees (Part IX, column (A), line 11e) NONE b Total fundraising expenses (Part IX, column (D), line 25) NONE 17 Other expenses (Part IX, column (A), line 11a-11d, 11f-24e) 692, 412. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -47, 183. 19 Revenue less expenses. Subtract line 18 from line 12. -47, 183. 20 Total assets (Part X, line 16) 2, 288, 673. 21 Total assets (Part X, line 26). 129, 831. 22 Net assets or fund balances. Subtract line 21 from line 20. 2, 158, 842. Part II Signature Block Jong penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knot true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Vintor prior print name and title Prior Type or print name and title Print/Type preparer's name RICHARD RUVELSON 11/13/2024 self-employed get peneployed schemes	12	Total revenu	e - add lines 8 through 11 (mus	t equal Part VIII, column (A	A), line 12)	<u></u>		702,23	12.	771	,299.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) NONE 16a Professional fundraising fees (Part IX, column (A), line 11e) NONE b Total fundraising expenses (Part IX, column (D), line 25) ▶ NONE 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 692, 412. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 749, 395. 19 Revenue less expenses. Subtract line 18 from line 12 -477, 183. Beginning of Current Year 2, 288, 673. 20 Total assets (Part X, line 26). 129, 831. 21 Total liabilities (Part X, line 26). 129, 831. 22 Net assets or fund balances. Subtract line 21 from line 20. 2, 158, 842. Part II Signature Block 2, 158, 842. Under penalties of perjury. I declare that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge.								56,9	83.	65	,800.
16a Professional fundraising fees (Part IX, column (A), line 11e) NONE b Total fundraising expenses (Part IX, column (D), line 25) ▶ NONE 17 Other expenses (Part IX, column (A), line 11a-11d, 11f-24e) 692, 412. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 749, 395. 19 Revenue less expenses. Subtract line 18 from line 12. -47, 183. Beginning of Current Year 2, 288, 673. 21 Total assets (Part X, line 16) 2, 288, 673. 21 Total assets (Part X, line 26). 129, 831. 22 Net assets or fund balances. Subtract line 21 from line 20. 2, 158, 842. Part III Signature Block Date Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge. Signature of officer Date Virue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Virue or print name and title Preparer's signature Preparer Signature of officer Use Only Firm's name WITHUMSMITH+BROWN, PC	14	Benefits paid	I to or for members (Part IX, colu	umn (A), line 4)				N	ONE		NONE
b Total fundraising expenses (Part IX, column (D), line 25) ▶NONE 692,412. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 692,412. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 749,395. 19 Revenue less expenses. Subtract line 18 from line 12 -47,183. 19 Revenue less expenses. Subtract line 18 from line 12 -47,183. 20 Total assets (Part X, line 16) 2,288,673. 21 Total liabilities (Part X, line 26) 129,831. 22 Net assets or fund balances. Subtract line 21 from line 20. 2,158,842. Vunder penalties of perjuy, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge. Signature Block Under penalties of perjuy, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge. Signature of officer Date Date Print/Type or print name and title Preparer's signature Preparer Signature of officer Use Only Firm's name WITHUMSMITH+BROWN, PC Firm's address ▶ 4600 EAST WEST HWY 900 BETHESDA, MD 20814 Phone no. 300											NONE
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 692, 412. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 749, 395. 19 Revenue less expenses. Subtract line 18 from line 12 -47, 183. 19 Revenue less expenses. Subtract line 18 from line 12 -47, 183. 19 Revenue less expenses. Subtract line 18 from line 12 -47, 183. 19 Revenue less expenses. Subtract line 18 from line 20 -47, 183. 10 Total assets (Part X, line 16) 2, 288, 673. 21 Total liabilities (Part X, line 26) 129, 831. 22 Net assets or fund balances. Subtract line 21 from line 20. 2, 158, 842. Part II Signature Block Under penalties of perjuy. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge. Sign isignature of officer Date Image: Type or print name and title Preparer's signature Date RICHARD RUVELSON RICHARD RUVELSON 11/13/2024 ref-employed Firm's name WITHUMSMITH+BROWN, PC Firm's EIN 22 22 Firm's address > 4600 EAST WEST HWY 900	<u>°</u> 16a			n (A), line 11e)				N	ONE		NONE
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 749,395. 19 Revenue less expenses. Subtract line 18 from line 12	₿ B B			(D), line 25) 🕨	NONE						
19 Revenue less expenses. Subtract line 18 from line 12											,388.
Beginning of Current Year 20 Total assets (Part X, line 16) 2, 288, 673. 21 Total liabilities (Part X, line 26) 129, 831. 22 Net assets or fund balances. Subtract line 21 from line 20. 2, 158, 842. Part II Signature Block 2, 158, 842. Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge. Sign Signature of officer Date Date Print/Type or print name and title Print/Type preparer's name Preparer RICHARD RUVELSON RICHARD RUVELSON Virus only Firm's name ▶ WITHUMSMITH+BROWN, PC Firm's EIN ▶ 22- Firm's address ▶ 4600 EAST WEST HWY 900 BETHESDA, MD 20814 Phone no. 301 May the IRS discuss this return with the preparer shown above? (see instructions) Signature of size instructions)											,188.
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. Sign Here Signature of officer Date Paid Preparer Date Print/Type preparer's name Preparer's signature Date RICHARD RUVELSON 11/13/2024 self-employed Firm's name WITHUMSMITH+BROWN, PC Firm's EIN 22- Firm's address 4600 EAST WEST HWY 900 BETHESDA, MD 20814 Phone no. 301 May the IRS discuss this return with the preparer shown above? (see instructions)	19	Revenue les	s expenses. Subtract line 18 fror	m line 12			Beginn	-		End of Yea	<u>,889.</u>
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. Sign Here Signature of officer Date Paid Preparer Date Print/Type preparer's name Preparer's signature Date RICHARD RUVELSON 11/13/2024 self-employed Firm's name WITHUMSMITH+BROWN, PC Firm's EIN 22- Firm's address 4600 EAST WEST HWY 900 BETHESDA, MD 20814 Phone no. 301 May the IRS discuss this return with the preparer shown above? (see instructions)		Total accete	(Part X, line 16)				begini			2,525	
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. Sign Here Signature of officer Date Paid Preparer Print/Type preparer's name Preparer's signature Date RICHARD RUVELSON RICHARD RUVELSON 11/13/2024 Firm's name WITHUMSMITH+BROWN, PC Firm's EIN 22- Firm's address 4600 EAST WEST HWY 900 BETHESDA, MD 20814 Phone no. 301	20 10 10 10	Total liabilitie	(Part X, line 10)								,481.
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. Sign Here Signature of officer Date Paid Preparer Print/Type preparer's name Preparer's signature Date RICHARD RUVELSON RICHARD RUVELSON 11/13/2024 Firm's name WITHUMSMITH+BROWN, PC Firm's EIN 22- Firm's address 4600 EAST WEST HWY 900 BETHESDA, MD 20814 Phone no. 301	22						<u> </u>			2,350	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge. Sign Here Signature of officer Paid Print/Type preparer's name Print/Type preparer's name Preparer's signature BICHARD RUVELSON RICHARD RUVELSON Firm's name WITHUMSMITH+BROWN, PC Firm's address 4600 EAST WEST HWY 900 BETHESDA, MD 20814 May the IRS discuss this return with the preparer shown above? (see instructions)	_							2713070	12.	27550	/0001
Sign Here Signature of officer Date Type or print name and title Print/Type preparer's name Preparer's signature Date Paid Preparer Print/Type preparer's name Preparer's signature Date Check if self-employed Firm's name WITHUMSMITH+BROWN, PC Firm's EIN ▶ 22- Firm's address ▶ 4600 EAST WEST HWY 900 BETHESDA, MD 20814 Phone no. 301 May the IRS discuss this return with the preparer shown above? (see instructions)				nis return, including accompa	anying schedul	es and staten	nents, ar	nd to the best o	f my kno	wledge and be	elief, it is
Here Type or print name and title Paid Print/Type preparer's name Preparer's signature Date Check if PTI RICHARD RUVELSON RICHARD RUVELSON 11/13/2024 self-employed Pti Vise Only Firm's name WITHUMSMITH+BROWN, PC Firm's EIN 22- Firm's address 4600 EAST WEST HWY 900 BETHESDA, MD 20814 Phone no. 301 May the IRS discuss this return with the preparer shown above? (see instructions)	rue, corre	ect, and complet	e. Declaration of preparer (other that	n officer) is based on all infor	mation of whic	h preparer ha	s any kn	owledge.			
Here Type or print name and title Paid Print/Type preparer's name Preparer's signature Date Check if PTI RICHARD RUVELSON RICHARD RUVELSON 11/13/2024 self-employed Pti Vise Only Firm's name WITHUMSMITH+BROWN, PC Firm's EIN 22- Firm's address 4600 EAST WEST HWY 900 BETHESDA, MD 20814 Phone no. 301 May the IRS discuss this return with the preparer shown above? (see instructions)											
Paid Print/Type or print name and title Preparer Use Only Prim's name Preparer's signature Date Check if PTI Firm's name MUVELSON RICHARD RUVELSON 11/13/2024 self-employed PC Firm's name WITHUMSMITH+BROWN, PC Firm's eIN ≥ 22- Firm's address 4600 EAST WEST HWY 900 BETHESDA, MD 20814 Phone no. 301 May the IRS discuss this return with the preparer shown above? (see instructions)	-	Signatu	ire of officer					Date			
Print/Type preparer's name Preparer's signature Date Checkif PTI Preparer RICHARD RUVELSON RICHARD 11/13/2024 self-employed p(Firm's name WITHUMSMITH+BROWN, PC Firm's EIN 22- Firm's address 4600 EAST WEST HWY 900 BETHESDA, MD 20814 Phone no. 301 May the IRS discuss this return with the preparer shown above? (see instructions)	lere										
Paid RICHARD RUVELSON RICHARD RUVELSON 11/13/2024 self-employed p(Preparer Use Only Firm's name WITHUMSMITH+BROWN, PC Firm's EIN 22- Firm's address 4600 EAST WEST HWY 900 BETHESDA, MD 20814 Phone no. 301 May the IRS discuss this return with the preparer shown above? (see instructions) Self-employed Self-employed Self-employed P(Type or	print name and title						_		
Preparer RICHARD RUVELSON II/13/2024 seif-employed p(Use Only Firm's name WITHUMSMITH+BROWN, PC Firm's EIN 22- Firm's address 4600 EAST WEST HWY 900 BETHESDA, MD 20814 Phone no. 301 May the IRS discuss this return with the preparer shown above? (see instructions) Cee instructions) Cee instructions Cee instructions	aid	Print/Type pr	eparer's name	Preparer's signature		Date		Check	if PTI	N	
Use Only Firm's name ▶ WITHUMSMITH+BROWN, PC Firm's EIN ▶ 22- Firm's address ▶ 4600 EAST WEST HWY 900 BETHESDA, MD 20814 Phone no. 301 May the IRS discuss this return with the preparer shown above? (see instructions) 301		RICHARD	RUVELSON	RICHARD RUVELS	SON	11/13	/2024	4 self-employ	ed PC	0234075	
Firm's address ▶ 4600 EAST WEST HWY 900 BETHESDA, MD 20814 Phone no. 301 May the IRS discuss this return with the preparer shown above? (see instructions) 301	•	Firm's name	► WITHUMSMITH+BROW	N, PC				Firm's EIN 🕨	22-	2027092	
	-	Firm's address						Phone no.		2726000	
For Paperwork Reduction Act Notice, see the separate instructions.	lay the IF	RS discuss th	is return with the preparer show	n above? (see instructions	s)	<u></u>	<u></u>	<u> </u>		X Yes	No
	or Paper	rwork Reduc	tion Act Notice, see the separa	te instructions.						Form 99() (2023)

	THE AMERICAN ASSOCIATION FOR	22-2387061
For	n 990 (2023)	Page 2
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	TO PROVIDE SCIENTIFIC FORUMS AND PUBLICATIONS IN ALL ASPECTS OF	
	AEROSOL RESEARCH, TO ENCOMPASS THE DIVERSE TECHNICAL DISCIPLINES	
	UTILIZING AEROSOL TECHNOLOGY, AND TO ENGENDER AEROSOL RESEARCH AND	
	INNOVATION OF THE HIGHEST QUALITY	
2	Did the organization undertake any significant program services during the year which were not listed	on the
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any p	orogram
	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	
	expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grant	s and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.	
4.0	(Code:)/[)
4a	(Code:) (Expenses \$including grants of \$) (Revenue	544,440.)
	LATEST ADVANCES AND STATE-OF-THE-ART TECHNOLOGY ACROSS THE FULL	
	SPECTRUM OF AEROSOL RESEARCH.	
46	(Code:)/Evenue (90,662.)
40	(Code:) (Expenses \$including grants of \$) (Revenue \$)	90,662.
	PUBLICATIONS - AEROSOL SCIENCE AND TECHNOLOGY (AS&T), IS THE	
	OFFICIAL JOURNAL OF AAAR. IT PUBLISHES THE RESULTS OF THEORETICAL	
	AND EXPERIMENTAL INVESTIGATIONS INTO AEROSOL PHENOMENA AND	
	CLOSELY RELATED MATERIAL AS WELL AS HIGH-QUALITY REPORTS ON	
	FUNDAMENTAL AND APPLIED TOPICS.	
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$))
_		
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 678,027.	
JSA 3E1	020 2.000	Form 990 (2023)
		_

Page 3

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	1	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	Х	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	5		
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		х
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? If "Yes,"			
	complete 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			
4.0	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	37	
44	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	Х	
11	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,"			
u	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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
a	Was the organization included in consolidated, independent audited financial statements for the tax year? If	126		v
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
-	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		- 21
	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		х
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		Х
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	Х	
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			Í
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			Í
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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 12 /f "Ves." complete Schedule I. Parts I and II.	21		v
JSA	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	121	000	Х

3E1021 2.000

Form 990 (2023)

3426XG P490 11/13/2024 15:52:29 V23-7.6F 3916

Page	4

-	90 (2023)		F	Page 4
Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	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			
24-	employees? If "Yes," complete Schedule J	23		_X
24 a	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? <i>If "Yes," answer lines 24b</i>			
		24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
•	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		Х
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		Х
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		Х
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	20-		37
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	280		_X
C	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		
	conservation contributions? If "Yes," complete Schedule M	30		Х
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		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		
27	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		v
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	31		X
30	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part		50	21	
- and	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
JSA 3E1030	1.000	Form	990	(2023)
	3426XG P490 11/13/2024 15:52:29 V23-7.6F 3916		7	

THE AMERICAN ASSOCIATION FOR

Form	990 (2023)		F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a NONE			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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		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 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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.	•		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
40-	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? If "Yes." enter the amount of tax-exempt interest received or accrued during the year 12b	120		-
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b] Section 501(c)(29) qualified nonprofit health insurance issuers.			
13	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
a	Note: See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in which			
N	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	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			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		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.			

Form 9	990 (2023) THE AMERICAN ASSOCIATION FOR 22-2385	7061	F	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.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion 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 16			
	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			
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		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	-		
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			37
Secti	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9)	X
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Coue	.) Yes	No
		10a	X	
	Did the organization have local chapters, branches, or affiliates?	10a	Λ	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b	х	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Δ	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		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	120	21	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	х	
с	rise to conflicts?			
C	describe on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
	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		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	T (sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	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	of inter	est p	olicy,
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record	ls.		
	VIRTUAL, INC. 401 EDGEWATER PLACE, SUITE 600, WAKEFIELD, MA 01880			
JSA	866-972-7222	Form	990	(2023)
3E1042			~	
	3426XG P490 11/13/2024 15:52:29 V23-7.6F 3916		9	

Page **7**

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	box,	(C) Position (do not check more tha box, unless person is bo officer and a director/tr			is both	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Highest compensated employee Key employee Officer Institutional trustee Individual trustee or director		-ormer Highest compensated Imployee Key employee Officer		Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) LEAH WILLIAMS	1.00									
PRESIDENT	NONE	x		Х				NONE	NONE	NONE
(2) FAYE MCNEILL	1.00									
VICE PRESIDENT	NONE	x		х				NONE	NONE	NONE
(3) AMY SULLIVAN	1.00									
VICE PRESIDENT ELECT	NONE	x		Х				NONE	NONE	NONE
(4) JIM SMITH	1.00									
TREASURER	NONE	X		Х				NONE	NONE	NONE
(5) CARI DUTCHER	1.00									
SECRETARY	NONE	Х		Х				NONE	NONE	NONE
(6) RACHEL O'BRIEN	1.00									
SECRETARY ELECT	NONE	Х		Х				NONE	NONE	NONE
(7) AKUA ASA-AWUKU	1.00									
IMMEDIATE PAST PRESIDENT	NONE	Х		Х				NONE	NONE	NONE
(8) JASON OLFERT	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(9) SALLY NG	1.00	-								
DIRECTOR	NONE	Х						NONE	NONE	NONE
(10) RICH MOORE	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(11) ANDY AULT	1.00	-								
DIRECTOR	NONE	Х						NONE	NONE	NONE
(12) ROYA BAHREINI	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(13) ALEX HUFFMAN	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(14) MANJULA CANAGERATNA	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE

Form **990** (2023)

JSA

Form 990 (2023) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (A) (C) (D) (B) (E) (F) Name and title Position Reportable Reportable Estimated Average (do not check more than one hours per compensation compensation from amount of week (list any box, unless person is both an other from related officer and a director/trustee) hours for compensation the organizations Officer Former Individual trustee or director Institutional trustee Highest compensated employee related Key from the organization (W-2/1099-MISC) organizations organization employee (W-2/1099-MISC) below dotted and related organizations line) 15) SHANTANU JATHAR 1.00 DIRECTOR NONE Х NONE NONE NONE 16) RODNEY WEBER 1.00 DIRECTOR NONE NONE Х NONF NONE NONE NONE NONE 1b Sub-total NONE NONE c Total from continuation sheets to Part VII, Section A NONE NONE NONE NONE Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of 2 reportable compensation from the organization **>** NONE Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 Х For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the 4 organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 Х 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Х Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation SEE SCHEDULE O

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 1

JSA 3E1055 1.000

Form 990 (2023)

THE AMERICAN ASSOCIATION FOR Part VIII Statement of Revenue

		Check if Schedule O contains a respor	nse or note to an	y line in this Part V	/111		
		· · · ·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s, s,	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues					
ΰÊ	c	Fundraising events					
rs,	d	Related organizations					
ila	e	Government grants (contributions) 1e					
Sim's,	f	All other contributions, gifts, grants,					
ž Č	· ·	and similar amounts not included above • 1f	65,000.				
t pr		Noncash contributions included in	03,000.				
2 T	g	lines 1a-1f 1g	¢				
anc	h	Total. Add lines 1a-1f		65,000.			
	h		Business Code	03,000.			
e		ANNUAL CONFERENCE	900099	476,284.	399,952.		76,332.
Program Service Revenue	2a	MEMBERSHIP DUES	900099	68,156.	68,156.		10,552
Sei	b	PUBLICATIONS	900099	90,662.	90,662.		
E N	C		500055	50,002.	50,002.		
gra Re	d						
2	e						
	f	All other program service revenue		635,102.			
	g	Total. Add lines 2a-2f		035,102.			
	3	Investment income (including dividends,		64,799.			64,799.
		other similar amounts)		NONE			04,155.
	4 5	Income from investment of tax-exempt bond		NONE			
	5	Royalties	(ii) Personal	NONE			
	6a	Gross rents 6a					
	b	Less: rental expenses 6b Rental income or (loss) 6c NONE	e none				
	C			NONE			
	d	Net rental income or (loss) (i) Securities Gross amount from (i) Securities	(ii) Other	NONE			
	7a						
		sales of assets					
	h	other than inventory 7a					
evenue	b	Less: cost or other basis					
Nel		and sales expenses 7b					
2		Gain or (loss) 7c		NONE			
Other	d	Net gain or (loss)		NONE			
đ	8a	Gross income from fundraising					
		events (not including \$					
		of contributions reported on line	NONE				
		1c). See Part IV, line 18	NONE				
	b	Less: direct expenses 8b		NONE			
	c	Net income or (loss) from fundraising events		NONE			
	9a	Gross income from gaming	NONE				
		activities. See Part IV, line 19	NONE				
	b	Less: direct expenses		NONE			
	c	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less	NONE				
	.	returns and allowances					
	b c	Less: cost of goods sold10b_ Net income or (loss) from sales of inventory	INOINE	NONE			
			Business Code	NOINE			
Miscellaneous Revenue		OTHER INCOME	Duoin 1000 OUUE	6,398.	6,398.		
nue	11a			0,390.	0,390.		
ella	b						
Re	c d	All other revenue					
Ξ		Total. Add lines 11a-11d		6,398.			
	<u>е</u> 12	Total revenue. See instructions		771,299.	565,168.	NONE	141,131.

THE AMERICAN ASSOCIATION FOR

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must		. All other organization	ns must complete colui	mn (A).
Check if Schedule O contains a respo				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations			general expenses	
and domestic governments. See Part IV, line 21	NONE			
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	55,250.	55,250.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and				
foreign individuals. See Part IV, lines 15 and 16	10,550.	10,550.		
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors,				
trustees, and key employees	NONE			
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	NONE			
8 Pension plan accruals and contributions (include	NONE			
section 401(k) and 403(b) employer contributions)	NONE			
9 Other employee benefits	NONE			
IO Payroll taxes	INOINE			
11 Fees for services (nonemployees):	166,800.	116,150.	50,650.	
a Management	NONE	110,150.	50,050.	
	9,600.		9,600.	
c Accounting	NONE		9,000.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17 f Investment management fees	10,200.		10,200.	
	10,200.		10,200.	
9 Other. (If line 11g amount exceeds 10% of line 25, column	75,347.	55,502.	19,845.	NOI
(A), amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion	NONE	55,502.	17,045.	1101
13 Office expenses	50,478.	45,786.	4,692.	
14 Information technology	44,027.	8,551.	35,476.	
15 Royalties	NONE	0,0011	5571701	
	NONE			
17 Travel	11,825.	11,825.		
18 Payments of travel or entertainment expenses	,	,		
for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	321,747.	321,747.		
20 Interest	NONE	·		
21 Payments to affiliates	NONE			
2 Depreciation, depletion, and amortization	NONE			
23 Insurance	NONE			
24 Other expenses. Itemize expenses not covered				
above. (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A), amount, list line 24e expenses on Schedule O.)				
a JOURNAL EXPENSE	37,560.	37,560.	NONE	NOI
b SHIPPING/FREIGHT	6,890.	3,081.	3,809.	
c APP EXPENSES	6,559.	2,933.	3,626.	
d REG TEMPS	3,683.	1,647.	2,036.	
e All other expenses	24,672.	7,445.	17,227.	
25 Total functional expenses. Add lines 1 through 24e	835,188.	678,027.	157,161.	NOI
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				

JSA 3E1052 2.000

following SOP 98-2 (ASC 958-720)

. . . . Form 990 (2023)

Page	1	1	

	Check if Schedule O contains a response or note to any line in this Pa	(A)	Ť	(B)
		(A) Beginning of year		End of year
1	Cash - non-interest-bearing	109,442.	1	71,703
2	Savings and temporary cash investments.	47,744.	2	265,760
3	Pledges and grants receivable, net	NONE	3	NON
4	Accounts receivable, net	123,569.	4	100,654
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	5	NON
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NON
5 St	Notes and loans receivable, net	NONE	7	NON
Assets	Inventories for sale or use	NONE	8	NON
⋖ 9	Prepaid expenses and deferred charges SEE SCHEDULE O	27,872.	9	14,408
10 :	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
	D Less: accumulated depreciation	NONE	10c	
11	Investments - publicly traded securities SEE SCHEDULE .O	1,980,046.	11	2,073,042
12	Investments - other securities. See Part IV, line 11	NONE	12	NON
13	Investments - program-related. See Part IV, line 11	NONE	13	NON
14	Intangible assets	NONE	14	NON
15	Other assets. See Part IV, line 11	NONE	15	NON
16	Total assets. Add lines 1 through 15 (must equal line 33)	2,288,673.	16	2,525,567
17	Accounts payable and accrued expenses	71,820.	17	97,625
18	Grants payable	NONE		NON
19	Deferred revenue SEE SCHEDULE O	58,011.	19	77,856
20	Tax-exempt bond liabilities	NONE		NON
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NON
22 <u>ie</u> s	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities	controlled entity or family member of any of these persons	NONE		NON
23	Secured mortgages and notes payable to unrelated third parties	NONE		NON
24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NON
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X	NONT		NON
26	of Schedule D	NONE		NON
-	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here X	129,831.	26	175,481
Ses	Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
	Net assets without donor restrictions	1 725 /0/	27	1 024 250
	Net assets with donor restrictions	1,735,484. 423,358.	28	1,834,250
2	Organizations that do not follow FASB ASC 958, check here	425,550.	20	515,836
or Fund Balances	and complete lines 29 through 33.			
	Capital stock or trust principal, or current funds		29	
5 29 30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Assets 30 31	Retained earnings, endowment, accumulated income, or other funds		31	
a 32	Total net assets or fund balances	2,158,842.	32	2,350,086
¥ 32 33	Total liabilities and net assets/fund balances	2,288,673.	33	2,525,567
		2,200,073.	55	Form 990 (2023)

THE AMERICAN ASSOCIATION FOR

Form 9	90 (2023)				Page 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>,299</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			,188
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>,889</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,	158	<u>,842</u>
5	Net unrealized gains (losses) on investments	5		255	<u>,133</u>
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	2,	350	<u>,086</u>
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				
				Ye	s No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain c	n		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled o	or		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2	b X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on	a		
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight of	of 2	c X	
	the audit, review, or compilation of its financial statements and selection of an independent accountant?				
	If the organization changed either its oversight process or selection process during the tax year, ex	kplain c	n		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	udits .	. 3	b	

Form 990 (2023)

SCHE	DU	LE	Α
(Form	990)	

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

	nt of the Treasury evenue Service			v/Form990 for instruction			nformation.	Open to Public Inspection
Name of t	he organization	HE AMERIC	CAN ASSOCIATI	ON FOR			Employer identifi	cation number
-	OL RESEARC	,						387061
Part I				v			part.) See instruction	IS.
		•		t is: (For lines 1 throu	•	,	,	
1				tion of churches desc			70(b)(1)(A)(I).	
23). (Attach Schedule E organization described	-		(1)(A)(;;;)	
4	-	-	-	-			n section 170(b)(1)(A)	(iii) Entor the
-	hospital's nam	-	-	conjunction with a no	spilai ue	SCIDEUI		
5				a college or universi	tv owne	d or one	erated by a governme	ntal unit described in
•	-	-	Complete Part II.)		ty owno		fated by a governme	
6				rnmental unit describe	ed in sec t	tion 170(b)(1)(A)(v).	
7								
	described in section 170(b)(1)(A)(vi). (Complete Part II.)							
8				b)(1)(A)(vi). (Complete	e Part II.)			
9	An agricultura	I research or	ganization describ	ed in section 170(b)(1)(A)(ix)	operated	I in conjunction with a	land-grant college
	or university c	or a non-land-	grant college of a	griculture (see instruc	tions). E	nter the	name, city, and state of	the college or
	university:							
10 <u>x</u>	receipts from support from acquired by th	activities rela gross investr ne organizatio	ted to its exempt nent income and u n after June 30, 1	functions. subiect to a	certain e: able inco (a)(2). (0	xceptions ome (les Complete		1 331/3 % of its
12	•	•	•	•				ry out the purposes of
	-	-	-	-	-			tion 509(a)(3). Check
			-			-	and complete lines 1	
a							orted organization(s),	-
			-		-		f the directors or truste	
		•	• •	te Part IV, Sections A		- j - ' j -		
b [-	-			n with its	supported organization	on(s), by having
	control or m	anagement o	of the supporting of	organization vested in	the sam	ne persor	ns that control or man	age the supported
_	organization	(s). You must	complete Part IV	, Sections A and C.				
c		ctionally inte	grated. A support	ing organization opera	ated in c	onnectio	n with, and functional	ly integrated with,
_	_ its supporte	d organizatior	n(s) (see instruction	ns). You must comple	ete Part	IV, Sectio	ons A, D, and E.	
d	Type III non	-functionally	integrated. A sup	porting organization of	operated	in conn	ection with its suppor	ted organization(s)
	that is not fu	unctionally into	egrated. The orga	nization generally mu	st satisfy	/ a distrib	oution requirement and	an attentiveness
_	_ requirement	: (see instruct	ions). You must c	omplete Part IV, Sect	ions A a	and D, an	d Part V.	
e	Check this t	pox if the orga	anization received	a written determination	on from t	the IRS t	hat it is a Type I, Type I	I, Type III
	-	-		tionally integrated sup	porting	organizat	tion.	
			l organizations					•••••
				orted organization(s).	1			
(i) N	ame of supported of	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in yo docu	organization our governing iment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Total								
For Pape JSA 3E1210 1.0		n Act Notice, s	see the Instructions	for Form 990 or 990-EZ.			S	chedule A (Form 990) 2023

Schedule A (Form 990) 2023

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support		•					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc. (s	see instructions) .				12		
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u></u>	<u> </u>					
	tion C. Computation of Public Sup		•					
14	Public support percentage for 2023 (li				,	14	%	
15								
16a	a 331/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this							
	box and stop here. The organization qualifies as a publicly supported organization							
b								
47-	this box and stop here . The organization qualifies as a publicly supported organization							
17a	17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in							
	Part VI how the organization meets					•		
	-			-	-			
h	organization							
D	15 is 10% or more, and if the organiz		•					
	in Part VI how the organization meets					-	-	
	organization			-				
18	Private foundation. If the organization							
10	instructions							

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and membership fees							
	received. (Do not include any "unusual grants.")	62,347.	101,673.	107,444.	123,100.	128,600.	523,164.	
2	Gross receipts from admissions, merchandise							
	sold or services performed, or facilities							
	furnished in any activity that is related to the							
	organization's tax-exempt purpose	439,733.	326,912.	328,216.	448,283.	558,770.	2,101,914.	
3	Gross receipts from activities that are not an							
•	unrelated trade or business under section 513	111,704.	48,613.	14,354.	78,148.	76,332.	329,151.	
4	Tax revenues levied for the	,			,			
-	organization's benefit and either paid to							
	or expended on its behalf						NONE	
5	The value of services or facilities						110111	
5								
	furnished by a governmental unit to the						NON	
	organization without charge	£10.504	455 400	450.014	C 40 501		NONE	
6	Total. Add lines 1 through 5	613,784.	477,198.	450,014.	649,531.	763,702.	2,954,229.	
7a	Amounts included on lines 1, 2, and 3							
L	received from disqualified persons						NONE	
D	Amounts included on lines 2 and 3 received from other than disqualified							
	persons that exceed the greater of \$5,000							
	or 1% of the amount on line 13 for the year						NONE	
С	Add lines 7a and 7b						NONI	
8	Public support. (Subtract line 7c from							
line 6.)								
Section B. Total Support								
Cale	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
9	Amounts from line 6.	613,784.	477,198.	450,014.	649,531.	763,702.	2,954,229	
10 a	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties, and income from similar							
	sources	87,287.	50,900.	45,770.	52,681.	64,799.	301,437.	
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after June 30, 1975						NONE	
с	Add lines 10a and 10b	87,287.	50,900.	45,770.	52,681.	64,799.	301,437.	
11	Net income from unrelated business							
	activities not included on line 10b, whether							
	or not the business is regularly carried on						NONE	
12	Other income. Do not include gain or							
12	loss from the sale of capital assets							
	(Explain in Part VI.) SEE SUPP PAGE	NONE	13,252.	3,851.	NONE	6,398.	23,501	
13	Total support. (Add lines 9, 10c, 11,							
10	and 12.)	701,071.	541,350.	499,635.	702,212.	834,899.	3,279,167.	
14	,	I						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.								
Sec	tion C. Computation of Public Sup				<u></u>		•••••	
15	Public support percentage for 2023 (line 8	•		nn (f))		15	90.09%	
		. ,	•					
16 Public support percentage from 2022 Schedule A, Part III, line 15								
	•			0		47	0 100/	
17	Investment income percentage for 2023 (li				r i i i i i i i i i i i i i i i i i i i	17	9.19%	
18	Investment income percentage from 2022					18	9.45%	
19 a	331/3% support tests - 2023. If the o	-						
	17 is not more than 331/3%, check thi	-	-					
b	331/3% support tests - 2022. If the org							
	line 18 is not more than 331/3%, check							
20	Private foundation. If the organization	did not check a	a box on line 1	4, 19a, or 19b,	check this box			
JSA 3E122	21 1.000					Schedule /	A (Form 990) 2023	
	3426XG P490 11/13/2024 1	5:52:29 V23	3-7.6F 3916	5			18	

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

22-2387061

JSA

22-2387061

Part IV Supporting Organizations (continued)								
			Yes	No				
11	Has the organization accepted a gift or contribution from any of the following persons?							
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and							
	11c below, the governing body of a supported organization?	11a						
b	A family member of a person described on line 11a above?	11b						
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,							
	provide detail in Part VI.	11c						
Secti	on B. Type I Supporting Organizations							
			Yes	No				

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr					
а	The organization satisfied the Activities Test. Complete line 2 below.					
b	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>					
С	c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction					
A stilling Test Annual lines On and Ob balance						
2	Activities Test. Answer lines 2a and 2b below.					
-	Did substantially all of the anneximation is activities during the terror and in other further the annexet summaries of					

а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify
	those supported organizations and explain how these activities directly furthered their exempt purposes,
	how the organization was responsive to those supported organizations, and how the organization determined
	that these activities constituted substantially all of its activities.

- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

/. 3b 3b 2023 Schedule A (Form 990) 2023

2a

2b

3a

JSA 3E1230 1.000 3426XG P490 11/13/2024 15:52:29 V23-7.6F 3916 1

2

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Se	ction A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Se	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
k	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
c	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2		2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
	Enter greater of line 2 or line 3.	4		
	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	on D - Distributions				Current Year			
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1				
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed					
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpo	zations	3					
4	Amounts paid to acquire exempt-use assets		4					
5	Qualified set-aside amounts (prior IRS approval required - p		5					
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which	the organization is resp	onsive					
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2023 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023			
1	Distributable amount for 2023 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2023							
	(reasonable cause required - explain in Part VI). See							
	instructions.							
3	Excess distributions carryover, if any, to 2023							
а	From 2018							
b	From 2019							
С	From 2020							
d	From 2021							
е	From 2022							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2023 distributable amount							
i	Carryover from 2018 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2023 from							
	Section D, line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2023 distributable amount							
C	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2023, if							
	any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2023. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2024. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
a	Excess from 2019							
b	Excess from 2020							
C	Excess from 2021							
d	Excess from 2022							
e	Excess from 2023							
					Cabadula A (Carm 000) 2022			

Schedule A (Form 990) 2023

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2019	2020	2021	2022	2023	TOTAL
OTHER INCOME	NONE	13,252.	3,851.	NONE	6,398.	23,501.
TOTALS	NONE	13,252.	3,851.	NONE	6,398.	23,501.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

•	
THE AMERICAN ASSOCIATION FOR	
AEROSOL RESEARCH, INC.	22-2387061
Organization type (check one):	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

	8 (Form 990) (2023) organization THE AMERICAN ASSOCIATION FOR		Page Employer identification number
	AEROSOL RESEARCH, INC.		22-2387061
Part I	Contributors (see instructions). Use duplicate cop		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$18,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_	N/A	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	<u>N/A</u>	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	<u>N/A</u>	\$14,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

JSA 3E1253 1.000

ation number 7061 (d) Date received
(d)
(d)
(d) Date received

Schedule B (Form 990) (2023)

JSA 3E1254 1.000

Schedule B (Form 990) (2023)			Page 4
Name of or				Employer identification number
Part III	the following line entry. For organiza contributions of \$1,000 or less for t	c., contributions to o r the year from any ations completing Par he year. (Enter this in	one contributor. (t III, enter the total formation once. So	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,
(a) No.	Use duplicate copies of Part III if add	litional space is neede	ed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address,	(e) Transf , and ZIP + 4	_	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address	(e) Transf , and ZIP + 4	_	hip of transferor to transferee
(ạ) No.				
`fŕom Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address,	(e) Transf , and ZIP + 4	_	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address,	(e) Transf , and ZIP + 4	_	hip of transferor to transferee
JSA				Schedule B (Form 990) (2023)

(For	EDULE D m 990) rtment of the Treasury al Revenue Service	Complete if th Part IV, line 6, 7, i	ental Financial Statements te organization answered "Yes" on Form 990, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 1 Attach to Form 990. Form990 for instructions and the latest informa	20 23 Open to Public
	of the organization	THE AMERICAN ASSOCIAT		Employer identification number
	OSOL RESEARCH			22-2387061
Ра			ised Funds or Other Similar Funds or	Accounts
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 6.	
_			(a) Donor advised funds	(b) Funds and other accounts
1		nd of year		
2		of contributions to (during year).		
3 4		of grants from (during year)		
5		-	advisors in writing that the assets held i	in donor advised
	-		organization's exclusive legal control?	
6	Did the organizati	on inform all grantees, donors, a	and donor advisors in writing that grant fu	nds can be used
	-		fit of the donor or donor advisor, or for ar	
D-			· · · · · · · · · · · · · · · · · · ·	Yes 🛄 No
Pa		tion Easements	"Yes" on Form 990, Part IV, line 7.	
1			organization (check all that apply).	
		n of land for public use (for example		of a historically important land area
	Protection c	of natural habitat	Preservation of	of a certified historic structure
		n of open space		
2	-		eld a qualified conservation contribution in	
		ast day of the tax year.	-	Held at the End of the Tax Year
a L				<u>2a</u>
b c			s . historic structure included on line 2a .	2b 2c
d			ne 2c acquired after July 25, 2006, and	
••			gister	2d
3			nsferred, released, extinguished, or termin	nated by the organization during the
	tax year			
4		where property subject to conse		
5			garding the periodic monitoring, inspection	
6			sements it holds?	
0	Stan and volunteer	nours devoted to monitoring, insp	ecting, handling of violations, and enforcing of	conservation easements during the year
7	Amount of expens	es incurred in monitoring, inspec	ting, handling of violations, and enforcing co	onservation easements during the year
8	Does each conser	rvation easement reported on line	e 2d above satisfy the requirements of sect	tion 170(h)(4)(B)(i)
	and section 170(h))(4)(B)(ii)?		Yes No
9		c .	conservation easements in its revenue and	•
		e, if applicable, the text of the foo counting for conservation easeme	tnote to the organization's financial statem	nents that describes the
Pa			o of Art, Historical Treasures, or Other	Similar Assets
	Complete	if the organization answered	"Yes" on Form 990, Part IV, line 8.	
1a	If the organization of art, historical t	n elected, as permitted under FA treasures, or other similar asset	SB ASC 958, not to report in its revenue ts held for public exhibition, education, to its financial statements that describes th	e statement and balance sheet works or research in furtherance of public
b	If the organization art, historical treas provide the follow	n elected, as permitted under F/ sures, or other similar assets he ing amounts relating to these iter	ASB ASC 958, to report in its revenue st Id for public exhibition, education, or rese ns:	atement and balance sheet works of earch in furtherance of public service,
2	•		rt, historical treasures, or other similar a	assets for financial gain, provide the
а			ASB ASC 958 relating to these items:	Þ
a b				
		Act Notice, see the Instructions for		Schedule D (Form 990) 2023
JSA 3E126	8 1.000			

Part W Organizations acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply). a Public exhibition d Loan or exchange program b Scholarly research e Dotter c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solit to raise funds rather than to be maintained as part of the organization's collection? Yes Ne Part V Excore and Custodial Arrangements Complete If the organization answered "Yes" on Form 990, Part V, line 9, or reported an amount on Form 980, Part X, line 21. Is it he organization an agent. trustee, custodian or other intermediary for contributions or other assets not include an amount on Form 980, Part X, line 21. Is it he organization and agent. trustee, custodian or other intermediary for contributions or other assets not include an amount on Form 980, Part X, line 21. Is it he organization include an amount on Form 980, Part X, line 21. Yes No If include the organization answered "Yes" on Form 990, Part V, line 9, or reported an amount on Form 980, Part X, line 21. Is againing the year. Is againing the year. Is adaption include an amount on Form 980, Part X, line 21. Is adaption include an amount on Form 980, Part X, line 21. Is adaptin the arrangement in	Schee	dule D (Form 990) 2023 THE	AMERICAN	ASSOCIATION	J FOR			2	2-2387061	Page 2
a Delice while while while while while while while while a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	Ра					asures, o	or Other	Similar Asset	t s (continued	
a Public exhibition d Clean or exchange program c Preservation for future generations e Other 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be old to raise funds rather than to be maintained as part of the organization's collection? Yes No 7 Provide a description of the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent the Part XII and complete the following table. 6 Beginning balance. 1d It Manual 7 Ending balance. 1d It It It 2a Did the organization an agent mem in Part XII. Check here if the explanation has been provided in Part XII. No If 'te' It It 2a Did the organization an agent on Form 990, Part IV, line 10. It'te' It'se', explain the arrangement in Part XII. Check here if the explanation has been provided in Part XII. No 1d 'teondowment Funds 27, 281.	3	Using the organization's acquisitio	n, accession,	and other record	ds, check	any of t	he follow	ring that make	significant us	e of its
b Scholarly research e Other 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization asolicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization scollection?		collection items (check all that appl	ly).		_					
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid traits funds rather than to be maintained as part of the organization collection? Ves No 7 Part W Escrew and Custodial Arrangements Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization angument in Part XIII and complete the following table. Is the organization angument in Part XIII and complete the following table. Is the organization angument in Part XIII. It defines 6 Baginning biance 10 It	а	Public exhibition		d	Loan o	r exchang	ge prograr	m		
 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	b			е	Other					
XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part/W Escrow and Custodial Arrangements Complete if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes No 1 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, inc. Yes No 0 If 'Yes,' explain the arrangement in Part XIII and complete the following table. Amount Image: Complete if the organization and part of the organizat	С									
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No. Part/V Excrow and Custodial Arrangements Complete if the organization an aswered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Amount Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table. Amount Intervention during the year. Intervention during the year. Intervention during the year. Intervention during the year. No 21 Distributions during the year. Intervention during the year. Intervention during the year. No 23 Did the organization include an amount on Form 990. Part X, line 21, for escrow or custodial account liability? Yes No 24 Hodwament Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Yes No 25 Contributions . Int Yes, 's explain the arrangement in Part XIII. Check here if the explanation assoce provided in Par	4		nization's colle	ections and expla	ain how th	ney furthe	er the org	ganization's exe	empt purpose	in Part
assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements Complete if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2. No 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2. Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table. Image: Complete if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account lability? Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. No Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Part V Endowment Funds Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance										
Part V Escrow and Custodial Arrangements Complete if the organization an swered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?,	5									
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table. c Beginning balance d Additions during the year. 1d 1d Distributions during the year. 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes a Ho organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Immediate the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance 664,249. 789,122. 698,127. 688,175. 4499,363. b Ontributions 44.900. 23,300. 50,700. 63,573. 74,992. c Not bits and programs. 27,381. 23,144. 21,345. 28,26					art of the o	rganizatio	on's collec	ction?	. Yes	No No
990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. 0 If "Yes," explain the arrangement in Part XIII and complete the following table. 1a Edepinning balance 1a Additions during the year. 1b If "Yes," explain the arrangement in Part XIII and complete the following table. 1a Distributions during the year. 1b If the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Procrymer 1a Beginning of year balance (a) Gurmeryear (b) Procrymer (b) Procrymer (b) Procrymer 1a Beginning of year balance (b) Procrymer (b) Procrymer (b) Procrymer (c) Procrymer (b) Procrymer 1a Beginning of year balance 27, 361. 23, 414. 21, 445. 449, 355. 1b Contributions. 960, 687. 644, 490. 23, 414.	Ра					ort IV / lin		an arted an am	ount on For	
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table. Amount Amount c additions during the year. 1d Id Id c 1d Id Id Id Id c 1d Id Id </th <th></th> <th></th> <th>lion answere</th> <th>a res on For</th> <th>m 990, Pa</th> <th>art IV, III</th> <th>ie 9, 01 10</th> <th>eponed an an</th> <th>Iount on For</th> <th>m</th>			lion answere	a res on For	m 990, Pa	art IV, III	ie 9, 01 10	eponed an an	Iount on For	m
included on Form 930, Part X? Yes No b If 'Yes," explain the arrangement in Part XIII and complete the following table. Amount c Beginning balance 1d d Additions during the year. 1d e Distributions during the year. 1d 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. No b Off 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. No b Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Complete if the organization answered 'Yes' on Sono. 60, 307.00. 63, 372. 74, 493.353. b Contributions 44.000. 23, 300. 30, 700. 63, 372. 74, 952. c Net investment earnings, gains, and losses 27, 351. 23, 414. 22, 346. 30, 307. 74, 952. d Grants or scholarships 27, 351. 23, 414. 21, 346. 30, 307. 30, 307. 30, 307. 30, 307. 30, 307.	1a		tee custodiar	or other intern	nediary for	r contribu	utions or	other assets n	ot	
b If "Yes," explain the arrangement in Part XIII and complete the following table. c Beginning balance Image: Complete the following table. d Additions during the year. Image: Complete the following table. f Ending balance Image: Complete the following table. f Ending balance Image: Complete the following table. f Ending balance include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes f Ending balance include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No f Beginning of year balance include an amount on Form 990, Part IV, line 10. (e) Four years back (e) Four years back (e) Four years back f Administrative astrongs, gains, and losses includes in the yos school in the years includes in a sign include and programs includes include	Tu				-					
c Beginning balance Amount d Additions during the year. 1d e Distributions during the year. 1d f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Part V Endowment Funds (e) Four years back (e) Four years back Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (e) Four years back (e) Four years back 1a Beginning of year balance 643.349 789.122. 699.127. 588.175. 2 Contributions 44.900. 23.200. 30.700. 63.373. 74.992. c Net investment earnings, gains, and losses. 124.199. -124.699. 80.641. 69.9127. 588.175. 2 Crants or scholarships . 27.361. 23.414. 21.346. 18.387. 21.445. a dyor year balance 664.349. 789.122. 699.127. 588.175. 2 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: a board designated or quasi-endowment 36.0000.% 2	b									
c Beginning balance Ic Id d Additions during the year,					lie in ig iazi			Amo	ount	
d Additions during the year	с	Beginning balance				1	c			
e Distributions during the year It f Ending balance It 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance 643,349. 789,122. 669,127. 588.175. 449,363. b Contributions 44.90.0 23.300. 30.700. 63.373. 74.992. c Net investment earnings, gains, and losses 124,199. -124,659. 80.641. 65.966. 85.265. 4 Grants or scholarships 27.361. 23.414. 21.346. 18.387. 21.445. e Other expenditures for facilities and programs 644.349. 769.122. 699.127. 588.175. g End of year balance. 805.087. 664.349. 769.122. 699.127. 588.175. g For years back Image: Formal and programs Image: Formal and programs Image: Formal and programs Image: Formal and programs	d									
f Ending balance ,	е									
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. No Part V Endowment Funds (e) Four years back (e) Two years back (e) Two years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions 664,349. 789,122. 699,127. 588,175. 449,363. b Contributions 124,199. -124,659. 80,641. 65,966. 85,265. 27,361. 23,414. 21,346. 18,387. 22,445. c Other expenditures for facilities 27,361. 23,414. 21,345. 699,127. 588,175. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	f						f			
Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance	2a						custodial	account liability?	? Yes	No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (d) Four years back 1a Beginning of year balance 664,349 789,122. 599,127. 588,175. 449,363. b Contributions 44,900. 23,300. 30,700. 63,373. 74,992. c Net investment earnings, gains, and losses 124,199. -124,659. 80,641. 65,966. 85,265. d Grants or scholarships 27,361. 23,414. 21,346. 18,387. 21,445. e Other expenditures for facilities and programs 10 10 10 10 g End of year balance 806,087. 664,349. 789,122. 699,127. 588,175. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment36.0000 % Fermendowment61.0000 % Term endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations?	b	If "Yes," explain the arrangement in	n Part XIII. Ch	eck here if the e	xplanation	has been	provided	in Part XIII		
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 664,349. 789,122. 699,127. 588,175. 449,363. b Contributions 44,800. 23,300. 30,780. 63,373. 74,992. c Net investment earnings, gains, and losses 124,199. -124,659. 80,641. 65,966. 85,265. d Grants or scholarships 27,361. 23,414. 21,346. 18,387. 21,445. e Other expenditures for facilities and programs	Ра									
1a Beginning of year balance 0 0 1		Complete if the organiza	tion answere	ed "Yes" on For	m 990, P	art IV, lir	ne 10.			
A bigining of your body and body of your			(a) Current ye	ear (b) Pric	or year	(c) Two ye	ears back	(d) Three years ba	ack (e) Four ye	ears back
c Net investment earnings, gains, and losses	1a	Beginning of year balance	664,34	49. 7	89,122.	699	,127.	588,175	5. 44	19,363.
and losses 124,199. -124,659. 80,641. 65,966. 85,265. d Grants or scholarships 27,361. 23,414. 21,346. 18,387. 21,445. e Other expenditures for facilities and programs 9 64.0 64.0 18,387. 21,445. g End of year balance. 806.087. 664.349. 789,122. 699,127. 588,175. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 63.0000 % b Permanent endowment 64.0000 % 64.0000 % 56.0000 % 56.0000 % c Term endowment 64.0000 % 56.0000 % 56.0000 % 56.0000 % a For there endowment funds not in the possession of the organization that are held and administered for the organization by: 100.000 % 136.000 % a Are there endowment funds not in the possession of the organization that are held and administered for the organizations? 136.000 % 136.000 % 4 Describe in Part XIII the intended uses of the organization's endowment funds. 138.000 % 138.000 % 138.000 % Part VI Land, Buildings, and Equipment (investment) 109.000 Cost or other basis (b) Cost or other basis (c) Accumulated (cother) (c) Book value	b	Contributions	44,9	00.	23,300.	30	,700.	63,373	3	74,992.
d Grants or scholarships 27,361 23,414. 21,346. 18,387. 21,445. e Other expenditures for facilities and programs image: construction of the constructio	С	Net investment earnings, gains,								
e Other expenditures for facilities and programs		and losses			24,659.	80	,641.	65,966		
and programs image: status image: status </th <th>d</th> <th>Grants or scholarships</th> <th>27,3</th> <th>61.</th> <th>23,414.</th> <th>21</th> <th>,346.</th> <th>18,387</th> <th>7. 2</th> <th>21,445.</th>	d	Grants or scholarships	27,3	61.	23,414.	21	,346.	18,387	7. 2	21,445.
f Administrative expenses	е	Other expenditures for facilities								
g End of year balance 806,087. 664,349. 789,122. 699,127. 588,175. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment										
g End of year balance	f									
a Board designated or quasi-endowment36.0000 % b Permanent endowment% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations isted as required on Schedule R? (iii) Belated organizations answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation depreciation Ia Land. Image: Cost or other basis (c) Accumulated depreciation depreciation depreciation b Buildings Image: Cost or other basis (c) Accumulated depreciation depreciation depreciation depreciation depreciation depreciation c Leasehold improvements Image: Cost or other basis (c) Accumulated depreciation depre		-							/. 58	38,1/5.
b Permanent endowment% c Term endowment% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations? (i) If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? (i) Describe in Part XIII the intended uses of the organization's endowment funds. (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value (investment) (b) Cost or other basis (c) Accumulated (d) Book value (investment) (cother) (d) Book value (d) Book value (other) 1a Land					e (line 1g, o	column (a	i)) held as	:		
c Term endowment% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation d Equipment, b Buildings c Leasehold improvements, d Equipment, e Other 				000 /0						
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (ii) Related organizations? (iii) Related organizations? (i) Unrelated organizations? (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (i) Unrelated organizations? (i) Cost or other basis (c) Accumulated depreciation depreciation of property (a) Cost or other basis (other) (c) Accumulated depreciation depreciation (c) Accumulated depreciation (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (other) Land Land										
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land. Image: Cost or other basis (other) b Buildings (c) Leasehold improvements (c) Accumulated depreciation (d) Book value 6 Description of property (a) Cost or other basis (other) (other) (c) Accumulated depreciation (d) Book value	Ū			equal 100%						
organization by: Yes No (i) Unrelated organizations? 3a(i) x (ii) Related organizations? 3a(ii) x b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (c) Accumulated depreciation (d) Book value 1a Land	3a				ation that a	are held a	and admir	nistered for the		
(i) Unrelated organizations? 3a(i) x (ii) Related organizations? 3a(ii) x b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land.									Y	es No
(ii) Related organizations? 3a(ii) x b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land.		•							3a(i)	X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?										X
Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land.	b	If "Yes" on line 3a(ii), are the relate	ed organizatior	ns listed as requir	ed on Sche	edule R?.			3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	4	Describe in Part XIII the intended u	uses of the org	ganization's endo	wment fun	ds.			·	
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	Ра	rt VI Land, Buildings, and Equ	lipment	od "Voo" op Eo	rm 000 D	Port IV/ li	00 110 9	Soo Form 000	Dort V line	10
Ia Land (investment) (other) depreciation b Buildings					1		1	1		
b Buildings									(=,	-
c Leasehold improvements										
d Equipment		-								
e Other	-	•								
e Other							+			
		Uner	(d) must ocur	al Form 000 Par	X line 10	- column	(B))			

Schedule D (Form 990) 2023

Part VII	Investments - Other Securities	l "Yes" on Form 990), Part IV, line 11b. See Form 990, Part X, lir	ne 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	10 12.
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colum	n (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments - Program Related			
		"Yes" on Form 990), Part IV, line 11c. See Form 990, Part X, lir	ne 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	n (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets	l "Vos" on Form 990), Part IV, line 11d. See Form 990, Part X, lir	0.15
	·			
	(a) De	scription	(b) Boo	k value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	umn (b) must equal Form 990, Part X, line 15,	col. (B))		
Part X	Other Liabilities		· ·	
		d "Yes" on Form 990	0, Part IV, line 11e or 11f. See Form 990, Pa	rt X,
	line 25.			
1.	(a) Descrit	otion of liability	(b) Boo	k value
	al income taxes	, <u> </u>		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, line 25, col. (B))			
			the organization's financial statements that reports t	
organization'	s liability for uncertain tax positions under FASB	ASC 740. Check here if	the text of the footnote has been provided in Part X	(III . X

JSA 3E1270 1.000 3426XG P490 11/13/2024 15:52:29 V23-7.6F 3916

le D (Form 990) 2023 THE AMERICAN ASSOCIATION FOR	22-	2387061 Page 4
	n	
Total revenue, gains, and other support per audited financial statements	1	1,016,232.
Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
Net unrealized gains (losses) on investments		
Donated services and use of facilities		
	2e	255,133.
	3	761,099.
	1	
	4c	10,200.
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	771,299.
	urn	
	1	824,988.
	-	
	-	
	-	
	20	
		824,988.
		021,000.
Other (Describe in Part XIII.) 4b	40	10 200
	4c 5	<u> 10,200.</u> 835,188.
	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments Donated services and use of facilities Recoveries of prior year grants. Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Add lines 4a and 4b Otal revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) Amounts included on line 1 but not on Form 990, Part IX, line 12.) XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other losses	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a 255,133. Net unrealized gains (losses) on investments 2b 2c Donated services and use of facilities 2d 2d Add lines 2a through 2d 2d 2d Subtract line 2e from line 1 2b 2e Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a 10,200. Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 4c Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 5 XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part I, line 12a. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a Donated services and use of facilities 2a Prior year adjustments 2a Other (Desc

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE SUPPLEMENTAL PAGE

PART X, LINE 2

THE ASSOCIATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3)OF THE INTERNAL REVENUE CODE. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ASSOCIATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. IN ADDITION, THE ASSOCIATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION UNDER SECTION 509(A)(2).

GAAP REQUIRES ENTITIES TO EVALUATE, MEASURE, RECOGNIZE AND DISCLOSE ANY UNCERTAIN INCOME TAX POSITIONS TAKEN ON THEIR TAX RETURNS. GAAP PRESCRIBES A MINIMUM THRESHOLD THAT A TAX POSITION IS REQUIRED TO MEET IN ORDER TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS. THE ASSOCIATION BELIEVES THAT IT HAD NO UNCERTAIN TAX POSITIONS AS DEFINED IN GAAP.

SCHEDULE F (Form 990)	Statement of Activities Outside the United St Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15 Attach to Form 990.	OMB No. 1545-0047	
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		
Name of the organization TH	E AMERICAN ASSOCIATION FOR	Employer ide	ntification number
AEROSOL RESEARCH	I, INC.	22-23	87061
	formation on Activities Outside the United States. Complete if the Part IV, line 14b.	e organizati	on answered "Yes" on
0	Does the organization maintain records to substantiate the amount of its the grantees' eligibility for the grants or assistance, and the selection crite or assistance?	eria used to	

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)					
_ (2)					
(3)					
_ (4)					
(5)					
(6)					
(7)					
(8)					
(9)					
<u>(10)</u>					
<u>(11)</u>					
<u>(12)</u>					
<u>(13)</u>					
<u>(14)</u>					
<u>(15)</u>					
<u>(16)</u>					
(17) 20 Subtotal					
3a Subtotalb Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 3E1274 1.000

3426XG P490 11/13/2024 15:52:29 V23-7.6F 3916

² For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if add							
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant			

Schedule F	(Form 990) 2023	Т

1

(1)

THE AMERICAN ASSOCIATION FOR Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part II litional space is needed.

(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				
(15)				
		1		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2023

Page 2

(i) Method of valuation (book, FMV, appraisal, other)

(h) Description

of noncash

assistance

(f) Manner of

cash disbursement

34

(g) Amount of

noncash

assistance

Schedule F (Form 990) 2023 THE AME:	RICAN ASSOCIATION F	'OR		22-238	7061		Page 3
Part III Grants and Other Assistance		the United	States. Complete	if the organiz	zation answered "Ye	s" on Form 990), Part IV, line 16.
Part III can be duplicated if ad	ditional space is needed.	1	Γ	1	[1	r
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) HONORARIUM AND AWARDS	EAST ASIA/PACIFIC	2	2,650.	CHECK			
(2) GRANTS AND AWARDS	NORTH AMERICA	8	4,900.	CHECK			
(3) TRAVEL GRANT	SOUTH AMERICA	1	1,500.	CHECK			
(4) TRAVEL GRANT	CENT. AMERICA/CARIBBEAN	1	1,500.	CHECK			
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
<u>(</u> 11)							
(12)							
<u>(13)</u>							
<u>(14)</u>							
(15)							
<u>(</u> 16)							
<u>(17)</u>							
<u>(</u> 18)							

Schedule F (Form 990) 2023

22-2387061 Page **4**

Schedule F	(Form 990) 2023	THE	AMERICAN	ASSOCIATION	FOR
Part IV	Foreign Fo	orms			

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

(Form 990) GC Com Department of the Treasury Internal Revenue Service Name of the organization THE AMERICAN ASSOCIA AEROSOL RESEARCH, INC.	plete if the or Go to TION FOR	nts, and Ir rganization ans Atr o www.irs.gov/	Assistance to Individuals in wered "Yes" on F tach to Form 990. Form990 for the la	n the United	d States		2023 Open to Public Inspection on number
 Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 							
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
_(1) _(2) _(3) _(4) _(5) _(6) _(7) _(8)							
_(9)	_						
(10)	_						
(11)	_						
 (12) 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations lis 							

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

Schedule I (Form 990) 2023

THE AMERICAN ASSOCIATION FOR

22-2387061

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
TRAVEL GRANTS	53	26,500.			
-					
2 HONORARIUMS	17	8,400.			
3 NAMED AWARDS	6	17,000.			
4 poster awards	13	3,350.			
5					
6					
7					

information.

PART I DESCRIPTION OF PROCEDURE FOR MONITORING USE OF FUNDS

THE ASSOCIATION VERIFIES WITH EACH AWARDEE THAT THE AWARD RECEIVED IS USED

FOR TRAVEL TO THE ANNUAL CONFERENCE OR FOR RESEARCH THROUGH ANNUAL

DISCUSSION.

Page 2

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 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

THE AMERICAN ASSOCIATION FOR

Employer identification number

FORM 990, PART I, LINE 1, ORGANIZATION MISSION

TO PROVIDE SCIENTIFIC FORUMS AND PUBLICATIONS IN ALL ASPECTS OF AEROSOL RESEARCH, TO ENCOMPASS THE DIVERSE TECHNICAL DISCIPLINES UTILIZING AEROSOL TECHNOLOGY, AND TO ENGENDER AEROSOL RESEARCH AND INNOVATION OF THE HIGHEST QUALITY.

FORM 990, PART VI, SECTION A, LINE 3

DELEGATION OF MANAGEMENT DUTIES TO MANAGEMENT COMPANY

THE ASSOCIATION RECEIVES VARIOUS MANAGEMENT SERVICES INCLUDING THOSE

RELATED TO GENERAL ADMINISTRATION, MEMBERSHIP, FINANCIAL SERVICES,

MEETINGS, PUBLICATIONS AND OTHER PROGRAMS FROM VIRTUAL, INC.

FORM 990, PART VI, SECTION A, LINE 6

MEMBERS OF THE ORGANIZATION

THE ASSOCIATION HAS TWO CLASSES OF VOTING MEMBERS - FULL MEMBERSHIP AND RETIRED MEMBERSHIP.

FORM 990, PART VI, SECTION A, LINE 7A

ELECTION OF MEMBERS OF GOVERNING BODY

ALL FULL AND RETIRED MEMBERS ARE ENTITLED TO VOTING PRIVILEGES AND MAY HOLD OFFICE AND SERVE ON THE BOARD OF DIRECTORS.

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

GOVERNING BODY REVIEW OF FORM 990 PRIOR TO ITS FILING WITH THE IRS, A COPY OF THE FINAL FORM 990 IS PROVIDED TO THE BOARD TREASURER FOR REVIEW.

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

MONITORING AND ENFORCEMENT OF THE CONFLICT OF INTEREST POLICY

THE BOARD OF DIRECTORS AND MANAGEMENT ANNUALLY SIGN A CONFLICT OF

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service Name of the organization

THE AMERICAN ASSOCIATION FOR

INTEREST STATEMENT THAT REQUIRES ANY INDIVIDUAL TO DISCLOSE ANY POTENTIAL

CONFLICTS. ALL CONFLICTS ARE DISCUSSED WITH THE BOARD OF DIRECTORS AND

ADDRESSED, AS NEEDED.

FORM 990, PART VI, SECTION C, LINE 19

PUBLIC AVAILABILITY OF OTHER DOCUMENTS

COPIES OF THE ASSOCIATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, FINANCIAL STATEMENTS AND FORM 990 ARE PROVIDED UPON REQUEST.

Schedule O (Form 990 or 990-EZ) 2023		Page 2
Name of the organization	Employer ide	ntification number
THE AMERICAN ASSOCIATION FOR	22-238	7061
FORM 990, PART VII-COMPENSATION OF THE 5 HIGHES	T PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
VIRTUAL, INC.		
401 EDGEWATER PLACE, SUITE 600		
WAKEFIELD, MA 01880	MANAGEMENT SERV	285,141.

Schedule O (Form 990 or 990-EZ) 2023			Page 2
Name of the organization		Employer identification number	
THE AMERICAN ASSOCIATION FOR		22-2387061	
FORM 990, PART X - PREPAID EXPENSES AND DEFER	RED CHARGS		
	BEGINNING	ENDING	
DESCRIPTION	BOOK VALUE	BOOK VALUE	
PREPAID EXPENSES	27,872.	14,408.	

TOTALS

_____ _____ 27,872. 14,408. _____

Schedule O (Form 990 or 990-EZ) 2023				Page
Name of the organization		Employe	r identification number	
THE AMERICAN ASSOCIATION FOR		22-2	387061	
FORM 990, PART X - INVESTMENTS - PUBLICLY	TRADED SECURITIES			
DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV	
INVESTMENTS	1,980,046.	2,073,042.	FMV	
TOTALS -	1,980,046.	2,073,042.		

=============

================

JSA

43

Schedule O (Form 990 or 990-EZ) 2023		Pag
Name of the organization		Employer identification number
THE AMERICAN ASSOCIATION FOR		22-2387061
FORM 990, PART X - DEFERRED REVENUE		
DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
 DEFERRED MEMBERSHIP DUES & SUB	58,011.	77,856.
TOTALS	58,011.	77,856.
	===============	===========

44