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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Open to Public Inspection

Form 990-EZ

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011

- B Check if applicable:
[X] Address change
[ ] Name change
[ ] Initial return
[ ] Terminated
[ ] Amended return
[ ] Application pending

C Name of organization: ASLAP FOUNDATION
Number and street (or P.O. box, if mail is not delivered to street address): 9190 CRESTWYN HILLS DRIVE
City or town, state or country, and ZIP + 4: MEMPHIS, TN 38125

D Employer identification number: 30-0323350
E Telephone number: (901) 333-0498
F Group Exemption Number: [ ]

G Accounting Method: [ ] Cash [X] Accrual Other (specify)
I Website: WWW.ASLAP.ORG/FOUNDATION.PHP
J Tax-exempt status (check only one) - [X] 501(c)(3) [ ] 501(c) ( ) (insert no.) [ ] 4947(a)(1) or [ ] 527

H Check [ ] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

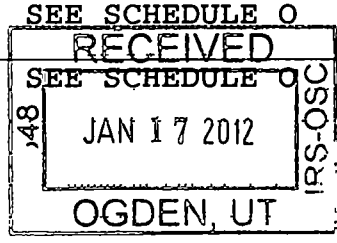
K Check [ ] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 72,756.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 2 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received (70,535); 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Investment income (246); 5a Gross amount from sale of assets other than inventory; 5b Less: cost or other basis and sales expenses; 5c Gain or (loss) from sale of assets other than inventory; 6 Gaming and fundraising events; 6a Gross income from gaming; 6b Gross income from fundraising events; 6c Less: direct expenses from gaming and fundraising events; 6d Net income or (loss) from gaming and fundraising events; 7a Gross sales of inventory, less returns and allowances; 7b Less: cost of goods sold; 7c Gross profit or (loss) from sales of inventory; 8 Other revenue (1,975); 9 Total revenue (72,756); 10 Grants and similar amounts paid (47,800); 11 Benefits paid to or for members; 12 Salaries, other compensation, and employee benefits; 13 Professional fees and other payments to independent contractors (640); 14 Occupancy, rent, utilities, and maintenance; 15 Printing, publications, postage, and shipping; 16 Other expenses (736); 17 Total expenses (49,176); 18 Excess or (deficit) for the year (23,580); 19 Net assets or fund balances at beginning of year (143,794); 20 Other changes in net assets or fund balances (0); 21 Net assets or fund balances at end of year (167,374).



SCANNED JAN 24 2011 Revenue

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

Handwritten signatures and initials.

**Part II Balance Sheets.** (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	145,289.	167,274.
23 Land and buildings		
24 Other assets (describe in Schedule O) SEE SCHEDULE O	1,005.	100.
25 Total assets	146,294.	167,374.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	2,500.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	143,794.	167,374.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? **PROVIDE AWARDS AND SCHOLARSHIPS**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 <b>STUDENT AWARDS - GIVEN TO 26 VETERINARY STUDENTS WHO DEMONSTRATED A SIGNIFICANT INTEREST IN THE PRACTICE OF LABORATORY ANIMAL MEDICINE</b> (Grants \$ 7,800.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	7,800.
29 <b>SEE SCHEDULE O</b> (Grants \$ 40,000.) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	40,000.
30 (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	47,800.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DR. B. TAYLOR BENNETT PO BOX 218, HINSDALE, IL 60522	CHAIRMAN 4.00	0.	0.	0.
DR. JUDITH S. DAVIAU, 1020 LOCUST ST RM M28, PHILADELPHIA, PA 19107-5541	SECRETARY-TREASURER 4.00	0.	0.	0.
DR. GERALD D. SMITH, LILLY CORPORATE CTR DROP CODE 0522, INDIANAPOLIS, IN	COMMITTEE MEMBER 1.00	0.	0.	0.
DR. STEPHEN L. DENNY, 9000 ROCKVILLE BLDG 31 RM B1C37, BETHESDA, MD	COMMITTEE MEMBER 1.00	0.	0.	0.
DR. KARL FIELD, PO BOX 4000 D24-09, PRINCETON, NJ 08543-4000	COMMITTEE MEMBER 1.00	0.	0.	0.
DR. LESLEY A. COLBY, 1150 W MEDICAL CTR DR 018 ARF, ANN ARBOR, MI 48109	COMMITTEE MEMBER 1.00	0.	0.	0.
DR. PEGGY J. DANNEMAN, 600 MAIN STREET, BAR HARBOR, ME 04609-1500	COMMITTEE MEMBER 1.00	0.	0.	0.
DR. EVAN T. SHUKAN, 35 COVENANT DR. PNRC BLDG 35 RM BC 901, BETHESDA, MD	COMMITTEE MEMBER 1.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V)

Check if the organization used Schedule O to respond to any question in this Part V

X

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

Table with columns Yes, No and row 33 with 'X' in the No column.

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

Table with columns Yes, No and row 34 with 'X' in the No column.

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?

Table with columns Yes, No and row 35a with 'X' in the No column.

b If "Yes," has it filed a tax return on Form 990-T for this year?

Table with columns Yes, No and row 35b with 'N/A' in the Yes column.

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

Table with columns Yes, No and row 36 with 'X' in the No column.

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.

37a 0.

b Did the organization file Form 1120-POL for this year?

Table with columns Yes, No and row 37b with 'X' in the No column.

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

Table with columns Yes, No and row 38a with 'X' in the No column.

b If "Yes," complete Schedule L, Part II and enter the total amount involved

38b N/A

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

39a N/A

b Gross receipts, included on line 9, for public use of club facilities

39b N/A

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 0.; section 4912 0.; section 4955 0.

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

Table with columns Yes, No and row 40b with 'X' in the No column.

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

0.

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization

0.

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

Table with columns Yes, No and row 40e with 'X' in the No column.

41 List the states with which a copy of this return is filed. IL

42a The organization's books are in care of SALLY WESTLAKE

Telephone no. (901) 333-0498

Located at 9190 CRESTWYN HILLS DR, MEMPHIS, TN

ZIP + 4 38125

b 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)?

Table with columns Yes, No and row 42b with 'X' in the No column.

If "Yes," enter the name of the foreign country:

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

Table with columns Yes, No and row 42c with 'X' in the No column.

If "Yes," enter the name of the foreign country:

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

43 N/A

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Table with columns Yes, No and row 44a with 'X' in the No column.

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Table with columns Yes, No and row 44b with 'X' in the No column.

c Did the organization receive any payments for indoor tanning services during the year?

Table with columns Yes, No and row 44c with 'X' in the No column.

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Table with columns Yes, No and row 44d with 'X' in the No column.

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ		X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." **NONE**

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Yes  No

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

**Sign Here** Signature of officer: *[Signature]* Date: 1/12/2012  
 DR. B. TAYLOR BENNETT, CHAIRMAN  
 Type or print name and title

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>CARL J. HAAG</b>	Preparer's signature <i>[Signature]</i>	Date 1/5/12	Check <input type="checkbox"/> if self-employed	PTIN Pas052953
	Firm's name ▶ <b>REYNOLDS BONE &amp; GRIESBECK PLC</b>			Firm's EIN ▶	
	Firm's address ▶ <b>5100 WHEELIS DRIVE, SUITE 300 MEMPHIS, TN 38117-4568</b>			Phone no. (901)682-2431	

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



**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**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						

**12** Gross receipts from related activities, etc. (see instructions) 12

**13** First five 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

**Section C. Computation of Public Support Percentage**

**14** Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 14 %

**15** Public support percentage from 2009 Schedule A, Part II, line 14 15 %

**16a 33 1/3% support test - 2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support test - 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

**17a 10% -facts-and-circumstances test - 2010.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	27,590.	28,595.	47,660.	57,230.	70,535.	231,610.
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	27,590.	28,595.	47,660.	57,230.	70,535.	231,610.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons					35,720.	35,720.
<b>b</b> 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						0.
<b>c</b> Add lines 7a and 7b					35,720.	35,720.
<b>8 Public support</b> (Subtract line 7c from line 6)						195,890.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6	27,590.	28,595.	47,660.	57,230.	70,535.	231,610.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		1,627.	901.	397.	246.	3,171.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b		1,627.	901.	397.	246.	3,171.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)	27,590.	30,222.	48,561.	57,627.	70,781.	234,781.

**14 First five 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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	83.44 %
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	1.35 %
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

**19a 33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE O  
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

ASLAP FOUNDATION

Employer identification number

30-0323350

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:

AMOUNT:

INTEREST INCOME

246.

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:

AMOUNT:

CORRECT PRIOR YEAR EQUITY

1,975.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: FELLOWSHIP GRANT - COLORADO STATE UNIVERSITY

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

5,000.

ACTIVITY CLASSIFICATION: FELLOWSHIP GRANT - UNIVERSITY OF MISSOURI

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

5,000.

ACTIVITY CLASSIFICATION: FELLOWSHIP GRANT - UNIVERSITY OF ILLINOIS AT

CHICAGO

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

5,000.

ACTIVITY CLASSIFICATION: FELLOWSHIP GRANT - MD ANDERSON CANCER CENTER

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

5,000.

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

Schedule O (Form 990 or 990-EZ) (2010)

032211  
01-24-11

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

**ASLAP FOUNDATION**

Employer identification number

**30-0323350**

**ACTIVITY CLASSIFICATION: FELLOWSHIP GRANT - OHIO STATE UNIVERSTIY**

**GRANTEE RELATIONSHIP: NONE**

**AMOUNT GIVEN: 5,000.**

**ACTIVITY CLASSIFICATION: FELLOWSHIP GRANT - EMORY UNIVERSTIY**

**GRANTEE RELATIONSHIP: NONE**

**AMOUNT GIVEN: 5,000.**

**ACTIVITY CLASSIFICATION: FELLOWSHIP GRANT - UNIVERSITY OF CALIFORNIA**

**GRANTEE RELATIONSHIP: NONE**

**AMOUNT GIVEN: 5,000.**

**ACTIVITY CLASSIFICATION: FELLOWSHIP GRANT - LOUISIANA STATE UNIVERSTIY**

**GRANTEE RELATIONSHIP: NONE**

**AMOUNT GIVEN: 5,000.**

**ACTIVITY CLASSIFICATION: VET STUDENT AWARD - CYNTHIA ADAMS**

**GRANTEE RELATIONSHIP: NONE**

**AMOUNT GIVEN: 300.**

**ACTIVITY CLASSIFICATION: VET STUDENT AWARD - CHARA BATCHELDER**

**GRANTEE RELATIONSHIP: NONE**

**AMOUNT GIVEN: 300.**

**ACTIVITY CLASSIFICATION: VET STUDENT AWARD - LESLEY BLACK**

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

Schedule O (Form 990 or 990-EZ) (2010)

032211  
01-24-11

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

ASLAP FOUNDATION

Employer identification number

30-0323350

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

300.

ACTIVITY CLASSIFICATION: VET STUDENT AWARD - PAIGE BROWN

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

300.

ACTIVITY CLASSIFICATION: VET STUDENT AWARD - MIKE CAO

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

300.

ACTIVITY CLASSIFICATION: VET STUDENT AWARD - JULIAN CASTANEDA

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

300.

ACTIVITY CLASSIFICATION: VET STUDENT AWARD - RICHARD HENRY CHICHESTER

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

300.

ACTIVITY CLASSIFICATION: VET STUDENT AWARD - CHEREEN COLLYMORE

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

300.

ACTIVITY CLASSIFICATION: VET STUDENT AWARD - LAURA CRAWFORD

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

300.

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

Schedule O (Form 990 or 990-EZ) (2010)

032211  
01-24-11

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

ASLAP FOUNDATION

Employer identification number

30-0323350

ACTIVITY CLASSIFICATION: VET STUDENT AWARD - JULIA GOLDMAN

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

300.

ACTIVITY CLASSIFICATION: VET STUDENT AWARD - REBEKAH HICKERSON

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

300.

ACTIVITY CLASSIFICATION: VET STUDENT AWARD - DEAN JEFFREY

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

300.

ACTIVITY CLASSIFICATION: VET STUDENT AWARD - APRIL KENDRICKS

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

300.

ACTIVITY CLASSIFICATION: VET STUDENT AWARD - JOHN KNOUSE

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

300.

ACTIVITY CLASSIFICATION: VET STUDENT AWARD - KATHERINE MAKOWSKI

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

300.

ACTIVITY CLASSIFICATION: VET STUDENT AWARD - RUTH MARCHANT-FORDE

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Department of the Treasury  
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Name of the organization

**ASLAP FOUNDATION**

Employer identification number

**30-0323350**

**GRANTEE RELATIONSHIP: NONE**

**AMOUNT GIVEN:**

**300.**

**ACTIVITY CLASSIFICATION: VET STUDENT AWARD - CHARLES J. MATYI**

**GRANTEE RELATIONSHIP: NONE**

**AMOUNT GIVEN:**

**300.**

**ACTIVITY CLASSIFICATION: VET STUDENT AWARD - BLYTHE PHILIPS**

**GRANTEE RELATIONSHIP: NONE**

**AMOUNT GIVEN:**

**300.**

**ACTIVITY CLASSIFICATION: VET STUDENT AWARD - TARA RISLING**

**GRANTEE RELATIONSHIP: NONE**

**AMOUNT GIVEN:**

**300.**

**ACTIVITY CLASSIFICATION: VET STUDENT AWARD - SARAH SCHROEDER**

**GRANTEE RELATIONSHIP: NONE**

**AMOUNT GIVEN:**

**300.**

**ACTIVITY CLASSIFICATION: VET STUDENT AWARD - KEELY SZILAGYI**

**GRANTEE RELATIONSHIP: NONE**

**AMOUNT GIVEN:**

**300.**

**ACTIVITY CLASSIFICATION: VET STUDENT AWARD - WENDY TUTTLE**

**GRANTEE RELATIONSHIP: NONE**

**AMOUNT GIVEN:**

**300.**

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**ACTIVITY CLASSIFICATION: VET STUDENT AWARD - MEGHAN VERMILLION**

**GRANTEE RELATIONSHIP: NONE**

**AMOUNT GIVEN: 300.**

**ACTIVITY CLASSIFICATION: VET STUDENT AWARD - AMBER WOLFE**

**GRANTEE RELATIONSHIP: NONE**

**AMOUNT GIVEN: 300.**

**ACTIVITY CLASSIFICATION: VET STUDENT AWARD - LAURA WOZNIAK**

**GRANTEE RELATIONSHIP: NONE**

**AMOUNT GIVEN: 300.**

**ACTIVITY CLASSIFICATION: VET STUDENT AWARD - ANDREW WAYWIRE**

**GRANTEE RELATIONSHIP: NONE**

**AMOUNT GIVEN: 300.**

**TOTAL INCLUDED ON FORM 990-EZ, LINE 10 47,800.**

**FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:**

**DESCRIPTION OF OTHER EXPENSES: AMOUNT:**

**BANKING CHARGES AND FEES 592.**

**MISCELLANEOUS 29.**

**FEES, LICENSES AND OTHER TAXES 115.**

**TOTAL TO FORM 990-EZ, LINE 16 736.**

**FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:**

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

Schedule O (Form 990 or 990-EZ) (2010)

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SCHEDULE O  
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2010

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30-0323350

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	1,005.	100.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	2,500.	0.

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

FELLOWSHIP GRANTS - PROVIDES FUNDING FOR INSTITUTIONS TO  
SEND STUDENTS TO A 10-12 WEEK SUMMER PROGRAM COMBINING  
DIDACTIC AND EXPERIMENTAL TRAINING IN THE PRACTICE OF  
LABORATORY ANIMAL MEDICINE

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,  
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,  
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

<b>Type or print</b>	Name of exempt organization <b>ASLAP FOUNDATION</b>	Employer identification number <b>30-0323350</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>9190 CRESTWYN HILLS DRIVE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MEMPHIS, TN 38125</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 3

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**SALLY WESTLAKE**

• The books are in the care of ▶ **9190 CRESTWYN HILLS DR - MEMPHIS, TN 38125**  
 Telephone No. ▶ **(901) 333-0498** FAX No. ▶ **(901) 753-0046**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2010**, and ending **JUN 30, 2011**

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions  
 LHA For Paperwork Reduction Act Notice, see Instructions. Form 8868 (Rev. 1-2011)