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College of American Pathologists Foundation  
Instructions for Filing  
Form AG990-IL  
Illinois Charitable Organization Annual Report  
For the year ended December 31, 2023

The return should be signed (use full name) and dated on page 2 by an authorized officer of the organization.

File the signed return by November 15, 2024 with:

Office of the Illinois Attorney General  
Charitable Trust Bureau  
115 S. LaSalle St.  
Chicago, IL 60603

A filing fee of \$115 must be submitted with the report payable to the IL Charity Bureau Fund.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

## ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

Form AG990-IL  
Revised 01/24

For Office Use Only

Illinois Attorney General Kwame Raoul  
Charitable Trust Bureau, 115 S. LaSalle St  
Chicago, IL 60603

CO # 01002244

Report for the Fiscal Period:

Beginning 1 / 1 / 2023

& Ending 12 / 31 / 2023  
MO DAY YRMake Checks  
Payable to  
Illinois Charity  
Bureau Fund

## Check all items attached:

- ☒
- Copy of IRS Return
- 
- ☒
- Audited Financial Statements
- 
- ☐
- Reviewed Financial Statements
- 
- ☐
- Copy of Form IFC
- 
- ☒
- \$15 Annual Report Filing Fee
- 
- ☒
- \$100 Late Report Filing Fee

Federal ID # 36-6134600

Are contributions to the organization tax deductible? Yes ☒ No ☐Date organization was created: 12 / 18 / 1963  
MO DAY YR

|   |                  |  |
|---|------------------|--|
| Legal Name: COLLEGE OF AMERICAN PATHOLOGISTS FOUNDATION   | YEAR-END AMOUNTS |  |
| Mail Address: 325 WAUKEGAN ROAD   |                  |  |
| City, State: NORTHFIELD, IL   | A) ASSETS        | A) \$ 3,094,985                        |
| Zip Code: 60093-2760  | B) LIABILITIES   | B) \$ 327,031                          |
|   | C) NET ASSETS    | C) \$ 2,767,954                        |
| <b>I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:</b>   | PERCENTAGE       | AMOUNT                                 |
| D) PUBLIC SUPPORT, CONTRIBUTIONS AND PROGRAM SERVICE REV.(GROSS AMTS.)  | 82.24 %          | D) \$ 816,202                          |
| E) GOVERNMENT GRANTS AND MEMBERSHIP DUES  | 0.00 %           | E) \$ 0                                |
| F) OTHER REVENUES   | 17.76 %          | F) \$ 176,248                          |
| G) TOTAL REVENUES, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E & F)   | 100%             | G) \$ 992,450                          |
| <b>II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR</b>  |                  |  |
| H) OPERATING CHARITABLE PROGRAM EXPENSE   | 31.08 %          | H) \$ 358,744                          |
| I) EDUCATION PROGRAM SERVICE EXPENSE  | 0.00 %           | I) \$ 0                                |
| J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)   | 31.08 %          | J) \$ 358,744                          |
| J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J) \$ 0  |                  |  |
| K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS   | 15.64 %          | K) \$ 180,542                          |
| L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)   | 46.72 %          | L) \$ 539,286                          |
| M) MANAGEMENT AND GENERAL EXPENSE   | 22.79 %          | M) \$ 263,003                          |
| N) FUNDRAISING EXPENSE  | 30.49 %          | N) \$ 351,966                          |
| O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M & N)  | 100%             | O) \$ 1,154,255                        |
| <b>III. SUMMARY OF ALL PAID FUNDRAISER &amp; CONSULTANT ACTIVITIES</b>  |                  |  |
| (Attach Attorney General Report of Individual Fundraising Campaign (Form IFC). One for each PFR.)   |                  |  |
| <b>PROFESSIONAL FUNDRAISERS:</b>  |                  |  |
| P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS   | 100%             | P) \$ 0                                |
| Q) TOTAL FUNDRAISERS FEES AND EXPENSES  | %                | Q) \$ 0                                |
| R) NET RECEIVED BY THE CHARITY (P MINUS Q = R)  | 100.00 %         | R) \$ 0                                |
| <b>• PROFESSIONAL FUNDRAISING CONSULTANTS:</b>  |                  |  |
| S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS  |                  | S) \$ 0                                |
| <b>IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:</b>  |                  |  |
| T) NAME, TITLE:   |                  | T) \$                                  |
| U) NAME, TITLE:   |                  | U) \$                                  |
| V) NAME, TITLE:   |                  | V) \$                                  |
| <b>V. CHARITABLE PROGRAM DESCRIPTION:</b> CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES   |                  | List on back side of Instructions CODE |
| W) DESCRIPTION: THE FOUNDATION CHAMPIONS PATIENT-CENTERED AND HUMANITARIAN ROLES FOR PATHOLOGISTS STRIVING TO CONNECT PEOPLE, ESPECIALLY THOSE IN NEED, TO THE SPECIALIZED, LIFE-SAVI |                  | W) # 300                               |
| X) DESCRIPTION:   |                  | X) #                                   |
| Y) DESCRIPTION:   |                  | Y) #                                   |

| IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, ATTACH A DETAILED EXPLANATION:   | YES                      | NO                                  |
|--|--------------------------|-------------------------------------|
| 1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGEMENT?.....1.  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY? .....2.  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PART TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?.....3. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? .....4.  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? .....5.  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC.).....6.   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?.....7.  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7b. IF "YES", ENTER<br>(I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____ 0 ;<br>(II) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____ 0 ;<br>(III) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____ 0 ; AND<br>(IV) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____ 0 .  |                          |                                     |
| 8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?.....8.  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? .....9.   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? .....10.   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:<br>MORGAN STANLEY SMITH BARNEY LLC, 12505 PARK POTOMAC AVE, SUITE 420, ROCKVILLE, MD 20854<br>CHASE, JP MORGAN CHASE BANK, N.A. ILLINOIS MARKET, P.O. BOX 659754, SAN ANTONIO, TX 78265   |                          |                                     |
| 12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: EVA M. WOJCIK (847) 832-7000  |                          |                                     |

**• ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT – SEE INSTRUCTIONS •**

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

**BE SURE TO INCLUDE ALL FEES DUE:**

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE, SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

|                                   |           |           |
|-----------------------------------|-----------|-----------|
| PRESIDENT or TRUSTEE (PRINT NAME) | SIGNATURE | DATE      |
| TREASURER OR TRUSTEE (PRINT NAME) | SIGNATURE | DATE      |
| JESS WAGENER                      |           | 10/7/2024 |
| PREPARER (PRINT NAME)             | SIGNATURE | DATE      |

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**2023****Open to Public Inspection**

|  |  |
|--|--|
| <b>A</b> For the 2023 calendar year, or tax year beginning , 2023, and ending , 20   |  |
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization <b>COLLEGE OF AMERICAN PATHOLOGISTS FOUNDATION</b><br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>325 WAUKEGAN ROAD</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>NORTHFIELD, IL 60093-2760</b><br><b>F</b> Name and address of principal officer: <b>EVA M. WOJCIK</b><br><b>SAME AS C ABOVE</b><br><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions.<br><b>H(c)</b> Group exemption number |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   | <b>D</b> Employer identification number<br><b>36-6134600</b><br><b>E</b> Telephone number<br><b>(847) 832-7000</b><br><b>G</b> Gross receipts \$ <b>1,520,445</b>  |
| <b>J</b> Website: <b>WWW.FOUNDATION.CAP.ORG</b>  |  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other  | <b>L</b> Year of formation: <b>1963</b> <b>M</b> State of legal domicile: <b>IL</b>  |

**Part I Summary**

|                                    |  |   |
|------------------------------------|--|---|
| <b>Activities &amp; Governance</b> | <b>1</b>   | Briefly describe the organization's mission or most significant activities: <b>CHAMPION HUMANITARIAN &amp; PATIENT-CENTERED ROLES FOR PATHOLOGISTS. CONNECT THOSE IN NEED TO THE SPECIALIZED, LIFE SAVINGS SKILLS OF PATHOLOGISTS. CONFER TRAINING &amp; AWARDS TO RESIDENTS.</b> |
|                                    | <b>2</b>   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |
|                                    | <b>3</b>   | Number of voting members of the governing body (Part VI, line 1a) . . . . . <b>3</b> <b>19</b>  |
|                                    | <b>4</b>   | Number of independent voting members of the governing body (Part VI, line 1b) . . . . . <b>4</b> <b>18</b>  |
|                                    | <b>5</b>   | Total number of individuals employed in calendar year 2023 (Part V, line 2a) . . . . . <b>5</b> <b>0</b>  |
|                                    | <b>6</b>   | Total number of volunteers (estimate if necessary) . . . . . <b>6</b> <b>540</b>  |
|                                    | <b>7a</b>  | Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . <b>7a</b> <b>0</b>   |
| <b>b</b>                           | Net unrelated business taxable income from Form 990-T, Part I, line 11 . . . . . <b>7b</b> <b>0</b>    |   |
| <b>Revenue</b>                     | <b>8</b>   | Contributions and grants (Part VIII, line 1h) . . . . . <b>920,027</b> <b>816,202</b>   |
|                                    | <b>9</b>   | Program service revenue (Part VIII, line 2g) . . . . . <b>0</b> <b>0</b>  |
|                                    | <b>10</b>  | Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . <b>117,684</b> <b>9,741</b>   |
|                                    | <b>11</b>  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . <b>15,844</b> <b>121,671</b>   |
|                                    | <b>12</b>  | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . <b>1,053,555</b> <b>947,614</b>  |
|                                    | <b>Expenses</b>  | <b>13</b>   |
| <b>14</b>                          |  | Benefits paid to or for members (Part IX, column (A), line 4) . . . . . <b>0</b> <b>0</b>   |
| <b>15</b>                          |  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . . <b>0</b> <b>0</b>   |
| <b>16a</b>                         |  | Professional fundraising fees (Part IX, column (A), line 11e) . . . . . <b>0</b> <b>0</b>   |
| <b>b</b>                           |  | Total fundraising expenses (Part IX, column (D), line 25) <b>307,130</b>  |
| <b>17</b>                          |  | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . . <b>1,093,479</b> <b>871,565</b>  |
| <b>Net Assets or Fund Balances</b> | <b>18</b>  | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . . <b>1,420,455</b> <b>1,109,419</b>   |
|                                    | <b>19</b>  | Revenue less expenses. Subtract line 18 from line 12 . . . . . <b>(366,900)</b> <b>(161,805)</b>  |
|                                    | <b>20</b>  | Total assets (Part X, line 16) . . . . . <b>2,974,798</b> <b>3,094,985</b>  |
|                                    | <b>21</b>  | Total liabilities (Part X, line 26) . . . . . <b>359,457</b> <b>327,031</b>   |
| <b>22</b>                          | Net assets or fund balances. Subtract line 21 from line 20 . . . . . <b>2,615,341</b> <b>2,767,954</b> |   |

**Part II Signature Block**

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

|                               |  |                                    |      |   |                          |
|-------------------------------|--|------------------------------------|------|---|--------------------------|
| <b>Sign Here</b>              | Signature of officer<br><b>NICHOLAS T SERAFY, JR., SECRETARY-TREASURER</b> | Date                               |      |   |                          |
|                               | Type or print name and title   |                                    |      |   |                          |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>JESS WAGENER</b>                          | Preparer's signature               | Date | Check <input type="checkbox"/> if self-employed | PTIN<br><b>P01622613</b> |
|                               | Firm's name<br><b>ERNST &amp; YOUNG US LLP</b>                             | Firm's EIN<br><b>34-6565596</b>    |      |   |                          |
|                               | Firm's address<br><b>155 N WACKER DRIVE, CHICAGO, IL 60606</b>             | Phone no.<br><b>(312) 879-2000</b> |      |   |                          |

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

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:SEE SCHEDULE O**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 539,286 including grants of \$ 237,854 ) (Revenue \$ 0 )

THE FOUNDATION CHAMPIONS PATIENT-CENTERED AND HUMANITARIAN ROLES FOR PATHOLOGISTS STRIVING TO  
CONNECT PEOPLE, ESPECIALLY THOSE IN NEED, TO THE SPECIALIZED, LIFE-SAVING SKILLS OF  
PATHOLOGISTS. SEE, TEST & TREAT® IS THE FOUNDATION'S FLAGSHIP ENDEAVOR. IT IS A FREE,  
PATHOLOGIST-LED CERVICAL AND BREAST CANCER-SCREENING PROGRAM OFFERED TO VULNERABLE WOMEN  
THROUGHOUT THE U.S. THE FOUNDATION REGARDS SEE, TEST & TREAT AS A MODEL PROGRAM TO SPUR  
ENGAGEMENT, REDUCE HEALTH DISPARITIES, AND IMPROVE HEALTH OUTCOMES IN MEDICALLY UNDERSERVED  
COMMUNITIES. THE FOUNDATION ALSO CONFERS EDUCATIONAL TRAINING AND LEADERSHIP AWARDS TO PATHOLOGY  
RESIDENTS TO INCREASE THE SPECIALTY'S IMPACT IN HEALTHCARE. IN 2023, THE CAP FOUNDATION AWARDED  
60 GLOBAL PATHOLOGY EDUCATION AWARDS AND AWARDED THREE PATHOLOGISTS THE GLOBAL DEVELOPMENT AWARD  
WHICH PROVIDES FUNDING TO SUPPORT SUSTAINABLE GLOBAL PROJECTS THAT DEVELOP AND EXPAND THE  
DELIVERY OF PATHOLOGY SERVICES IN MEDICALLY UNDER RESOURCED AREAS. THE CAP FOUNDATION AWARDED 50  
OTHER GRANTS AND AWARDS IN 2023.

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**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 539,286

**Part IV Checklist of Required Schedules**

|  | Yes          | No |
|--|--------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .   | <b>1</b> ✓   |    |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .   | <b>2</b> ✓   |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .  | <b>3</b>     | ✓  |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .   | <b>4</b>     | ✓  |
| <b>5</b> 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 . . . . .  | <b>5</b>     | ✓  |
| <b>6</b> 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 . . . . .  | <b>6</b>     | ✓  |
| <b>7</b> 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 . . . . .  | <b>7</b>     | ✓  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .   | <b>8</b>     | ✓  |
| <b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .            | <b>9</b>     | ✓  |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .   | <b>10</b> ✓  |    |
| <b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.   |              |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .   | <b>11a</b> ✓ |    |
| <b>b</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 . . . . .  | <b>11b</b>   | ✓  |
| <b>c</b> 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 . . . . .  | <b>11c</b>   | ✓  |
| <b>d</b> 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 . . . . .   | <b>11d</b>   | ✓  |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .   | <b>11e</b>   | ✓  |
| <b>f</b> 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 . . . . .  | <b>11f</b>   | ✓  |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .  | <b>12a</b> ✓ |    |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .   | <b>12b</b>   | ✓  |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .  | <b>13</b>    | ✓  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .   | <b>14a</b>   | ✓  |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . | <b>14b</b> ✓ |    |
| <b>15</b> 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 . . . . .   | <b>15</b> ✓  |    |
| <b>16</b> 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 . . . . .   | <b>16</b>    | ✓  |
| <b>17</b> 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 . . . . .   | <b>17</b>    | ✓  |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .   | <b>18</b> ✓  |    |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .   | <b>19</b>    | ✓  |
| <b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .   | <b>20a</b>   | ✓  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .  | <b>20b</b>   |    |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .  | <b>21</b> ✓  |    |

**Part IV Checklist of Required Schedules** (continued)

|  | Yes         | No |
|--|-------------|----|
| <b>22</b> 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 . . . . .  | <b>22</b> ✓ |    |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .  | <b>23</b> ✓ |    |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .  | <b>24a</b>  | ✓  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .   | <b>24b</b>  |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .  | <b>24c</b>  |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .   | <b>24d</b>  |    |
| <b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .   | <b>25a</b>  | ✓  |
| <b>b</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 . . . . .   | <b>25b</b>  | ✓  |
| <b>26</b> 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 . . . . .   | <b>26</b>   | ✓  |
| <b>27</b> 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 . . . . . | <b>27</b>   | ✓  |
| <b>28</b> 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).  |             |    |
| <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .  | <b>28a</b>  | ✓  |
| <b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .   | <b>28b</b>  | ✓  |
| <b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .  | <b>28c</b>  | ✓  |
| <b>29</b> Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M . . . . .  | <b>29</b>   | ✓  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .   | <b>30</b>   | ✓  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .   | <b>31</b>   | ✓  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .   | <b>32</b>   | ✓  |
| <b>33</b> 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 . . . . .   | <b>33</b>   | ✓  |
| <b>34</b> 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 . . . . .   | <b>34</b> ✓ |    |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .   | <b>35a</b>  | ✓  |
| <b>b</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 . . . . .   | <b>35b</b>  |    |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .  | <b>36</b> ✓ |    |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .  | <b>37</b>   | ✓  |
| <b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O . . . . .  | <b>38</b> ✓ |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

|   | Yes         | No |
|---|-------------|----|
| <b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .  | <b>1a</b> 4 |    |
| <b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .  | <b>1b</b> 0 |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | <b>1c</b> ✓ |    |



| <b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued) |  | Yes        | No |
|---|--|------------|----|
| <b>2a</b>   | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  | <b>2a</b>  | 0  |
| <b>b</b>  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | <b>2b</b>  |    |
| <b>3a</b>   | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | <b>3a</b>  | ✓  |
| <b>b</b>  | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  | <b>3b</b>  |    |
| <b>4a</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)?     | <b>4a</b>  | ✓  |
| <b>b</b>  | If "Yes," enter the name of the foreign country<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |            |    |
| <b>5a</b>   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | <b>5a</b>  | ✓  |
| <b>b</b>  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | <b>5b</b>  | ✓  |
| <b>c</b>  | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | <b>5c</b>  |    |
| <b>6a</b>   | 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?  | <b>6a</b>  | ✓  |
| <b>b</b>  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | <b>6b</b>  |    |
| <b>7</b>  | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |            |    |
| <b>a</b>  | 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?  | <b>7a</b>  | ✓  |
| <b>b</b>  | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | <b>7b</b>  |    |
| <b>c</b>  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | <b>7c</b>  | ✓  |
| <b>d</b>  | If "Yes," indicate the number of Forms 8282 filed during the year  | <b>7d</b>  |    |
| <b>e</b>  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | <b>7e</b>  | ✓  |
| <b>f</b>  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | <b>7f</b>  | ✓  |
| <b>g</b>  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | <b>7g</b>  |    |
| <b>h</b>  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | <b>7h</b>  |    |
| <b>8</b>  | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   | <b>8</b>   |    |
| <b>9</b>  | <b>Sponsoring organizations maintaining donor advised funds.</b>   |            |    |
| <b>a</b>  | Did the sponsoring organization make any taxable distributions under section 4966?   | <b>9a</b>  |    |
| <b>b</b>  | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | <b>9b</b>  |    |
| <b>10</b>   | <b>Section 501(c)(7) organizations.</b> Enter:   |            |    |
| <b>a</b>  | Initiation fees and capital contributions included on Part VIII, line 12   | <b>10a</b> |    |
| <b>b</b>  | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | <b>10b</b> |    |
| <b>11</b>   | <b>Section 501(c)(12) organizations.</b> Enter:  |            |    |
| <b>a</b>  | Gross income from members or shareholders  | <b>11a</b> |    |
| <b>b</b>  | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  | <b>11b</b> |    |
| <b>12a</b>  | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | <b>12a</b> |    |
| <b>b</b>  | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | <b>12b</b> |    |
| <b>13</b>   | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |            |    |
| <b>a</b>  | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.   | <b>13a</b> |    |
| <b>b</b>  | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  | <b>13b</b> |    |
| <b>c</b>  | Enter the amount of reserves on hand   | <b>13c</b> |    |
| <b>14a</b>  | Did the organization receive any payments for indoor tanning services during the tax year?   | <b>14a</b> | ✓  |
| <b>b</b>  | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  | <b>14b</b> |    |
| <b>15</b>   | 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?<br>If "Yes," see the instructions and file Form 4720, Schedule N.                   | <b>15</b>  | ✓  |
| <b>16</b>   | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O.   | <b>16</b>  | ✓  |
| <b>17</b>   | <b>Section 501(c)(21) organizations.</b> 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?<br>If "Yes," complete Form 6069. | <b>17</b>  |    |



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

### Section A. Governing Body and Management

|  |              | Yes                                 | No                                  |
|--|--------------|-------------------------------------|-------------------------------------|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . .  | <b>1a</b> 19 |                                     |                                     |
| 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>b</b> Enter the number of voting members included on line 1a, above, who are independent . . .  | <b>1b</b> 18 |                                     |                                     |
| <b>2</b> 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? . . .   | <b>2</b>     |                                     | <input checked="" type="checkbox"/> |
| <b>3</b> 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? . . . | <b>3</b>     |                                     | <input checked="" type="checkbox"/> |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . .  | <b>4</b>     |                                     | <input checked="" type="checkbox"/> |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . .  | <b>5</b>     |                                     | <input checked="" type="checkbox"/> |
| <b>6</b> Did the organization have members or stockholders? . . .  | <b>6</b>     |                                     | <input checked="" type="checkbox"/> |
| <b>7a</b> 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? . . .   | <b>7a</b>    |                                     | <input checked="" type="checkbox"/> |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . .   | <b>7b</b>    |                                     | <input checked="" type="checkbox"/> |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |              |                                     |                                     |
| <b>a</b> The governing body? . . .   | <b>8a</b>    | <input checked="" type="checkbox"/> |                                     |
| <b>b</b> Each committee with authority to act on behalf of the governing body? . . .   | <b>8b</b>    | <input checked="" type="checkbox"/> |                                     |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . .      | <b>9</b>     |                                     | <input checked="" type="checkbox"/> |

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

|   | Yes        | No                                  |
|---|------------|-------------------------------------|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates? . . .   | <b>10a</b> | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . .   | <b>10b</b> |                                     |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . .  | <b>11a</b> | <input checked="" type="checkbox"/> |
| <b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.  |            |                                     |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . .  | <b>12a</b> | <input checked="" type="checkbox"/> |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . .  | <b>12b</b> | <input checked="" type="checkbox"/> |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . .   | <b>12c</b> | <input checked="" type="checkbox"/> |
| <b>13</b> Did the organization have a written whistleblower policy? . . .   | <b>13</b>  | <input checked="" type="checkbox"/> |
| <b>14</b> Did the organization have a written document retention and destruction policy? . . .  | <b>14</b>  | <input checked="" type="checkbox"/> |
| <b>15</b> 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?  |            |                                     |
| <b>a</b> The organization's CEO, Executive Director, or top management official . . .   | <b>15a</b> | <input checked="" type="checkbox"/> |
| <b>b</b> Other officers or key employees of the organization . . .  | <b>15b</b> | <input checked="" type="checkbox"/> |
| If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  |            |                                     |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . .  | <b>16a</b> | <input checked="" type="checkbox"/> |
| <b>b</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? . . . | <b>16b</b> |                                     |

### Section C. Disclosure

**17** List the states with which a copy of this Form 990 is required to be filed IL

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
AKSHAY PATEL, 325 WAUKEGAN ROAD, NORTHFIELD, IL 60093-2760, (847) 832-7597

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

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

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

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

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

| (A)<br>Name and title                               | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1) STEPHEN R MYERS, CAP CEO<br>DIRECTOR            | 1.0<br>39.0  | ✓  |                       |         |              |                              |        | 0   | 975,345  | 66,640  |
| (2) MAYA OGDEN<br>EXECUTIVE DIRECTOR CAP FOUNDATION | 40.0<br>0.0  |  |                       | ✓       |              |                              |        | 0   | 182,855  | 41,811  |
| (3) JULIA RANKENBURG<br>PROGRAM DEVELOPMENT MANAGER | 40.0<br>0.0  |  |                       |         |              | ✓                            |        | 0   | 131,568  | 41,293  |
| (4) EVA M WOJCIK, MD, FCAP<br>PRESIDENT             | 9.0<br>0.0   | ✓  |                       | ✓       |              |                              |        | 0   | 0  | 0   |
| (5) BHARATI S. JHAVERI, MD, FCAP<br>VICE-PRESIDENT  | 6.0<br>0.0   | ✓  |                       | ✓       |              |                              |        | 0   | 0  | 0   |
| (6) NICHOLAS T SERAFY, JR.<br>SECRETARY-TREASURER   | 5.0<br>0.0   | ✓  |                       | ✓       |              |                              |        | 0   | 0  | 0   |
| (7) BOBBI PRITT, MD, FCAP<br>DIRECTOR (LIAISON)     | 4.0<br>0.0   | ✓  |                       |         |              |                              |        | 0   | 0  | 0   |
| (8) EARLE COLLUM, MD, FCAP<br>DIRECTOR (LIAISON)    | 4.0<br>0.0   | ✓  |                       |         |              |                              |        | 0   | 0  | 0   |
| (9) GERALD R HANSON, MD, FCAP<br>DIRECTOR           | 4.0<br>0.0   | ✓  |                       |         |              |                              |        | 0   | 0  | 0   |
| (10) JOANNA L. CONANT, MD, FCAP<br>DIRECTOR         | 4.0<br>0.0   | ✓  |                       |         |              |                              |        | 0   | 0  | 0   |
| (11) KAREN MUDD, M.A.<br>DIRECTOR                   | 4.0<br>0.0   | ✓  |                       |         |              |                              |        | 0   | 0  | 0   |
| (12) KATHRYN KNIGHT, MD, FCAP<br>DIRECTOR           | 4.0<br>0.0   | ✓  |                       |         |              |                              |        | 0   | 0  | 0   |
| (13) MARVIN KOGAN<br>DIRECTOR                       | 4.0<br>0.0   | ✓  |                       |         |              |                              |        | 0   | 0  | 0   |
| (14) MASA PERIC, MD<br>DIRECTOR (JUNIOR MEMBER)     | 4.0<br>0.0   | ✓  |                       |         |              |                              |        | 0   | 0  | 0   |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (15) SARA HERBEK, ESQ<br>DIRECTOR                              | 4.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0   | 0  | 0   |
| (16) SWIKRITY BASKOTA, MD, FCAP<br>DIRECTOR                    | 4.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0   | 0  | 0   |
| (17) TABARI BAKER, PHD<br>DIRECTOR                             | 4.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0   | 0  | 0   |
| (18) TERENCE SHIRLEY, MPH<br>DIRECTOR                          | 4.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0   | 0  | 0   |
| (19) THERESA ROHR-KIRCHGRABER, MD, FCAP, FAMWA<br>DIRECTOR     | 4.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0   | 0  | 0   |
| (20) TIMOTHY ALLEN, MD, JD, FCAP<br>DIRECTOR                   | 4.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0   | 0  | 0   |
| (21) VON SAMEDI<br>DIRECTOR                                    | 4.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |         |              |                              |        | 0   | 0  | 0   |
| (22)   |  |  |                       |         |              |                              |        |   |  |   |
| (23)   |  |  |                       |         |              |                              |        |   |  |   |
| (24)   |  |  |                       |         |              |                              |        |   |  |   |
| (25)   |  |  |                       |         |              |                              |        |   |  |   |
| <b>1b Subtotal</b>   |  |  |                       |         |              |                              |        | 0   | 1,289,768  | 149,744   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |  |                       |         |              |                              |        | 0   | 0  | 0   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |  |                       |         |              |                              |        | 0   | 1,289,768  | 149,744   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

|  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| <b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  | <input checked="" type="checkbox"/> |                                     |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | <input checked="" type="checkbox"/> |                                     |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |                                     | <input checked="" type="checkbox"/> |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE                             |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

|  |  |  |                | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |
|--|--|--|----------------|----------------------|--|--------------------------------------|---|
| <b>Contributions, Gifts, Grants,<br/>and Other Similar Amounts</b> | <b>1a</b>  | Federated campaigns . . . . .  | <b>1a</b>      |                      |  |                                      |   |
|  | <b>b</b>   | Membership dues . . . . .  | <b>1b</b>      |                      |  |                                      |   |
|  | <b>c</b>   | Fundraising events . . . . .   | <b>1c</b>      | 10,416               |  |                                      |   |
|  | <b>d</b>   | Related organizations . . . . .  | <b>1d</b>      | 500,000              |  |                                      |   |
|  | <b>e</b>   | Government grants (contributions)  | <b>1e</b>      |                      |  |                                      |   |
|  | <b>f</b>   | All other contributions, gifts, grants,<br>and similar amounts not included above  | <b>1f</b>      | 305,786              |  |                                      |   |
|  | <b>g</b>   | Noncash contributions included in<br>lines 1a-1f . . . . .   | <b>1g</b>      | \$ 2,371             |  |                                      |   |
|  | <b>h</b>   | <b>Total.</b> Add lines 1a-1f . . . . .  |                | 816,202              |  |                                      |   |
|  | <b>Business Code</b>                             |  |                |                      |  |                                      |   |
| <b>Program Service<br/>Revenue</b>                                 | <b>2a</b>  |  |                |                      |  |                                      |   |
|  | <b>b</b>   |  |                |                      |  |                                      |   |
|  | <b>c</b>   |  |                |                      |  |                                      |   |
|  | <b>d</b>   |  |                |                      |  |                                      |   |
|  | <b>e</b>   |  |                |                      |  |                                      |   |
|  | <b>f</b>   | All other program service revenue . .  |                | 0                    | 0  | 0                                    | 0   |
|  | <b>g</b>   | <b>Total.</b> Add lines 2a-2f . . . . .  |                | 0                    |  |                                      |   |
| <b>Other Revenue</b>   | <b>3</b>   | Investment income (including dividends, interest, and<br>other similar amounts) . . . . .  |                | 94,637               | 0  | 0                                    | 94,637  |
|  | <b>4</b>   | Income from investment of tax-exempt bond proceeds   |                |                      |  |                                      |   |
|  | <b>5</b>   | Royalties . . . . .  |                |                      |  |                                      |   |
|  | <b>6a</b>  | Gross rents . . . . .  | (i) Real       | (ii) Personal        |  |                                      |   |
|  | <b>b</b>   | Less: rental expenses  |                |                      |  |                                      |   |
|  | <b>c</b>   | Rental income or (loss)  | 0              | 0                    |  |                                      |   |
|  | <b>d</b>   | Net rental income or (loss) . . . . .  |                |                      |  |                                      |   |
|  | <b>7a</b>  | Gross amount from<br>sales of assets<br>other than inventory   | (i) Securities | (ii) Other           |  |                                      |   |
|  | <b>b</b>   | Less: cost or other basis<br>and sales expenses . . . . .  |                |                      |  |                                      |   |
|  | <b>c</b>   | Gain or (loss) . . . . .   |                |                      |  |                                      |   |
|  | <b>d</b>   | Net gain or (loss) . . . . .   |                | (84,896)             | 0  | 0                                    | (84,896)  |
|  | <b>8a</b>  | Gross income from fundraising<br>events (not including \$ 10,416<br>of contributions reported on line<br>1c). See Part IV, line 18 . . . . . |                |                      |  |                                      |   |
|  | <b>b</b>   | Less: direct expenses . . . . .  |                |                      |  |                                      |   |
|  | <b>c</b>   | Net income or (loss) from fundraising events . . . . .   |                | 49,023               |  | 0                                    | 49,023  |
|  | <b>9a</b>  | Gross income from gaming<br>activities. See Part IV, line 19 . . . . .   |                |                      |  |                                      |   |
|  | <b>b</b>   | Less: direct expenses . . . . .  |                |                      |  |                                      |   |
|  | <b>c</b>   | Net income or (loss) from gaming activities . . . . .  |                |                      |  |                                      |   |
|  | <b>10a</b>                                       | Gross sales of inventory, less<br>returns and allowances . . . . .   |                |                      |  |                                      |   |
|  | <b>b</b>   | Less: cost of goods sold . . . . .   |                |                      |  |                                      |   |
|  | <b>c</b>   | Net income or (loss) from sales of inventory . . . . .   |                |                      |  |                                      |   |
| <b>Miscellaneous<br/>Revenue</b>                                   | <b>Business Code</b>                             |  |                |                      |  |                                      |   |
|  | <b>11a</b>                                       | ADMINISTRATIVE FEES  | 900099         | 37,648               | 0  | 0                                    | 37,648  |
|  | <b>b</b>   | RETURN OF GRANT AWARDS   | 900099         | 35,000               | 0  | 0                                    | 35,000  |
|  | <b>c</b>   |  |                |                      |  |                                      |   |
|  | <b>d</b>   | All other revenue . . . . .  |                | 0                    | 0  | 0                                    | 0   |
|  | <b>e</b>   | <b>Total.</b> Add lines 11a-11d . . . . .  |                | 72,648               |  |                                      |   |
| <b>12</b>  | <b>Total revenue.</b> See instructions . . . . . |  | 947,614        | 0                    | 0  | 131,412                              |   |

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

|   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .   | 180,542               | 180,542                         |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .  | 43,074                | 43,074                          |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .   | 14,238                | 14,238                          |  |                             |
| <b>4</b> Benefits paid to or for members . . . . .  | 0                     | 0                               |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .   | 0                     | 0                               | 0                                      | 0                           |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   | 0                     | 0                               | 0                                      | 0                           |
| <b>7</b> Other salaries and wages . . . . .   | 0                     | 0                               | 0                                      | 0                           |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .   | 0                     | 0                               | 0                                      | 0                           |
| <b>9</b> Other employee benefits . . . . .  | 0                     | 0                               | 0                                      | 0                           |
| <b>10</b> Payroll taxes . . . . .   | 0                     | 0                               | 0                                      | 0                           |
| <b>11</b> Fees for services (nonemployees):   |                       |                                 |  |                             |
| <b>a</b> Management . . . . .   | 0                     | 0                               | 0                                      | 0                           |
| <b>b</b> Legal . . . . .  | 0                     | 0                               | 0                                      | 0                           |
| <b>c</b> Accounting . . . . .   | 12,000                | 0                               | 12,000                                 | 0                           |
| <b>d</b> Lobbying . . . . .   | 0                     | 0                               | 0                                      | 0                           |
| <b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .  | 0                     |                                 |  | 0                           |
| <b>f</b> Investment management fees . . . . .   | 5,913                 | 2,319                           | 3,594                                  | 0                           |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .  | 50,956                | 17,303                          | 7,982                                  | 25,671                      |
| <b>12</b> Advertising and promotion . . . . .   | 0                     | 0                               | 0                                      | 0                           |
| <b>13</b> Office expenses . . . . .   | 8,533                 | 1,198                           | 274                                    | 7,061                       |
| <b>14</b> Information technology . . . . .  | 15,991                | 0                               | 15,991                                 | 0                           |
| <b>15</b> Royalties . . . . .   | 0                     | 0                               | 0                                      | 0                           |
| <b>16</b> Occupancy . . . . .   | 10,250                | 0                               | 10,250                                 | 0                           |
| <b>17</b> Travel . . . . .  | 78,690                | 21,439                          | 21,664                                 | 35,587                      |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  | 0                     | 0                               | 0                                      | 0                           |
| <b>19</b> Conferences, conventions, and meetings . . . . .  | 0                     | 0                               | 0                                      | 0                           |
| <b>20</b> Interest . . . . .  | 0                     | 0                               | 0                                      | 0                           |
| <b>21</b> Payments to affiliates . . . . .  | 0                     | 0                               | 0                                      | 0                           |
| <b>22</b> Depreciation, depletion, and amortization . . . . .   | 0                     | 0                               | 0                                      | 0                           |
| <b>23</b> Insurance . . . . .   | 0                     | 0                               | 0                                      | 0                           |
| <b>24</b> 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.) . . . . .   |                       |                                 |  |                             |
| <b>a</b> <u>PURCHASED SERVICES</u> . . . . .  | 700,431               | 253,822                         | 210,580                                | 236,029                     |
| <b>b</b> <u>STAFF DEVELOPMENT</u> . . . . .   | 3,010                 | 3,000                           | 10                                     |                             |
| <b>c</b> <u>FULFILLMENT</u> . . . . .   | 1,632                 | 0                               | 0                                      | 1,632                       |
| <b>d</b> <u>OUTSIDE PRINTING</u> . . . . .  | 1,093                 | 52                              | 191                                    | 850                         |
| <b>e</b> All other expenses . . . . .   | (16,934)              | 2,299                           | (19,533)                               | 300                         |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .   | 1,109,419             | 539,286                         | 263,003                                | 307,130                     |
| <b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . |                       |                                 |  |                             |

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

|  |  | (A)<br>Beginning of year |              | (B)<br>End of year |
|--|--|--------------------------|--------------|--------------------|
| <b>Assets</b>  | <b>1</b> Cash—non-interest-bearing . . . . .   | 178,367                  | <b>1</b>     | 187,400            |
|  | <b>2</b> Savings and temporary cash investments . . . . .  | 0                        | <b>2</b>     | 0                  |
|  | <b>3</b> Pledges and grants receivable, net . . . . .  | 644,348                  | <b>3</b>     | 455,668            |
|  | <b>4</b> Accounts receivable, net . . . . .  | 0                        | <b>4</b>     | 0                  |
|  | <b>5</b> 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 . . . . . | 0                        | <b>5</b>     | 0                  |
|  | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .   | 0                        | <b>6</b>     | 0                  |
|  | <b>7</b> Notes and loans receivable, net . . . . .   |                          | <b>7</b>     | 0                  |
|  | <b>8</b> Inventories for sale or use . . . . .   | 0                        | <b>8</b>     | 0                  |
|  | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 0                        | <b>9</b>     | 2,500              |
|  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .   | <b>10a</b> 32,380        |              |                    |
|  | <b>b</b> Less: accumulated depreciation . . . . .  | <b>10b</b> 32,380        | <b>10c</b> 0 | 0                  |
|  | <b>11</b> Investments—publicly traded securities . . . . .   | 2,110,348                | <b>11</b>    | 2,417,037          |
|  | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .   | 0                        | <b>12</b>    | 0                  |
|  | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .  | 0                        | <b>13</b>    | 0                  |
|  | <b>14</b> Intangible assets . . . . .  | 0                        | <b>14</b>    | 0                  |
|  | <b>15</b> Other assets. See Part IV, line 11 . . . . .   | 41,735                   | <b>15</b>    | 32,380             |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . . | 2,974,798  | <b>16</b>                | 3,094,985    |                    |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses . . . . .  | 288,874                  | <b>17</b>    | 266,801            |
|  | <b>18</b> Grants payable . . . . .   | 70,583                   | <b>18</b>    | 60,230             |
|  | <b>19</b> Deferred revenue . . . . .   | 0                        | <b>19</b>    | 0                  |
|  | <b>20</b> Tax-exempt bond liabilities . . . . .  | 0                        | <b>20</b>    | 0                  |
|  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  | 0                        | <b>21</b>    | 0                  |
|  | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .     | 0                        | <b>22</b>    | 0                  |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   | 0                        | <b>23</b>    | 0                  |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   | 0                        | <b>24</b>    | 0                  |
|  | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .  | 0                        | <b>25</b>    | 0                  |
|  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .  | 359,457                  | <b>26</b>    | 327,031            |
| <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>  |                          |              |                    |
|  | <b>27</b> Net assets without donor restrictions . . . . .  | 1,648,640                | <b>27</b>    | 1,925,985          |
|  | <b>28</b> Net assets with donor restrictions . . . . .   | 966,701                  | <b>28</b>    | 841,969            |
|  | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>  |                          |              |                    |
|  | <b>29</b> Capital stock or trust principal, or current funds . . . . .   | 0                        | <b>29</b>    | 0                  |
|  | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .   | 0                        | <b>30</b>    | 0                  |
|  | <b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   | 0                        | <b>31</b>    | 0                  |
|  | <b>32</b> <b>Total net assets or fund balances</b> . . . . .   | 2,615,341                | <b>32</b>    | 2,767,954          |
| <b>33</b> <b>Total liabilities and net assets/fund balances</b> . . . . .            | 2,974,798  | <b>33</b>                | 3,094,985    |                    |



**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

|           |  |           |           |
|-----------|--|-----------|-----------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 947,614   |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 1,109,419 |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | (161,805) |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 2,615,341 |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 314,418   |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  | 0         |
| <b>7</b>  | Investment expenses  | <b>7</b>  | 0         |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  | 0         |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | 0         |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 2,767,954 |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

|   | Yes | No |
|---|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . .<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | ✓  |
| <b>b</b> Were the organization's financial statements audited by an independent accountant? . . .<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | ✓   |    |
| <b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . .<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  | ✓   |    |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . .   |     | ✓  |
| <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .   |     |    |

SCHEDULE A  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

Name of the organization

COLLEGE OF AMERICAN PATHOLOGISTS FOUNDATION

Employer identification number

36-6134600

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| Total                              |          |   |   |    |   |   |

**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) 2019 | (b) 2020 | (c) 2021  | (d) 2022 | (e) 2023 | (f) Total |
|--|----------|----------|-----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .  | 876,768  | 799,804  | 2,590,633 | 920,027  | 816,202  | 6,003,434 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .   |          |          |           |          |          | 0         |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .   |          |          |           |          |          | 0         |
| <b>4 Total.</b> Add lines 1 through 3 . . . . .  | 876,768  | 799,804  | 2,590,633 | 920,027  | 816,202  | 6,003,434 |
| <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) . . . . . |          |          |           |          |          | 2,751,718 |
| <b>6 Public support.</b> Subtract line 5 from line 4   |          |          |           |          |          | 3,251,716 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)   | (a) 2019 | (b) 2020 | (c) 2021  | (d) 2022 | (e) 2023 | (f) Total                |
|---|----------|----------|-----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 . . . . .  | 876,768  | 799,804  | 2,590,633 | 920,027  | 816,202  | 6,003,434                |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .  | 68,063   | 75,745   | 137,967   | 85,067   | 94,637   | 461,479                  |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .   |          |          |           |          |          | 0                        |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .   | 26,036   | 39,935   | 52,535    | 26,752   | 72,648   | 217,906                  |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |           |          |          | 6,682,819                |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .   |          |          |           |          | 12       | 152,609                  |
| <b>13 First 5 years.</b> 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 <b>stop here</b> . . . . . |          |          |           |          |          | <input type="checkbox"/> |

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

|   |                                     |         |
|---|-------------------------------------|---------|
| <b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . .   | <b>14</b>                           | 48.66 % |
| <b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 . . . . .  | <b>15</b>                           | 52.04 % |
| <b>16a 33<sup>1</sup>/<sub>3</sub>% support test—2023.</b> If the organization did not check the box on line 13, and line 14 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .   | <input checked="" type="checkbox"/> |         |
| <b>b 33<sup>1</sup>/<sub>3</sub>% support test—2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .  | <input type="checkbox"/>            |         |
| <b>17a 10%-facts-and-circumstances test—2023.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .    | <input type="checkbox"/>            |         |
| <b>b 10%-facts-and-circumstances test—2022.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . | <input type="checkbox"/>            |         |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .  | <input type="checkbox"/>            |         |

**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)   | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <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 . . . .   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .  |          |          |          |          |          |           |
| <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                   |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b . . . .  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . .   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources   |          |          |          |          |          |           |
| <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 . . . .   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on 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 VI.) . . . .  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .   |          |          |          |          |          |           |
| <b>14 First 5 years.</b> 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 <b>stop here</b> . . . . <input type="checkbox"/> |          |          |          |          |          |           |

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

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 . . . .                       | <b>16</b> | % |

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

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) . . . .  | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 . . . .  | <b>18</b> | % |
| <b>19a 33<sup>1</sup>/<sub>3</sub>% support tests—2023.</b> If the organization did not check the box on line 14, and line 15 is more than 33 <sup>1</sup> / <sub>3</sub> %, and line 17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>         |           |   |
| <b>b 33<sup>1</sup>/<sub>3</sub>% support tests—2022.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 <sup>1</sup> / <sub>3</sub> %, and line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/> |           |   |
| <b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>  |           |   |

**Part IV Supporting Organizations**

(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**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>  |     |    |
| <b>b</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)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>   |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>  |     |    |
| <b>c</b> 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)? <i>If "Yes," explain in <b>Part VI</b> 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.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b>, 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).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?   |     |    |
| <b>6</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>  |     |    |
| <b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>   |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>   |     |    |
| <b>9a</b> 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))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>   |     |    |
| <b>b</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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>  |     |    |
| <b>c</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>   |     |    |
| <b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>   |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>  |     |    |

**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> 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? |     |    |
| <b>11a</b>   |     |    |
| <b>b</b> A family member of a person described on line 11a above?  |     |    |
| <b>11b</b>   |     |    |
| <b>c</b> 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 <b>Part VI</b> .                             |     |    |
| <b>11c</b>   |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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 <b>Part VI</b> 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. |     |    |
| <b>1</b>  |     |    |
| <b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   |     |    |
| <b>2</b>  |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |
| <b>1</b>   |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? |     |    |
| <b>1</b>  |     |    |
| <b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).  |     |    |
| <b>2</b>  |     |    |
| <b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.  |     |    |
| <b>3</b>  |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |  |  |  |
|---|--|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |  |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).  |  |  |  |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.   |  |  |  |
| <b>a</b> 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 <b>Part VI</b> 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>2a</b>   |  |  |  |
| <b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  |  |  |  |
| <b>2b</b>   |  |  |  |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.   |  |  |  |
| <b>a</b> 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 <b>Part VI</b> .   |  |  |  |
| <b>3a</b>   |  |  |  |
| <b>b</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 <b>Part VI</b> the role played by the organization in this regard.   |  |  |  |
| <b>3b</b>   |  |  |  |



**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.

| <b>Section A—Adjusted Net Income</b>  |  | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------------|--|----------------|-----------------------------|
| <b>1</b>                              | Net short-term capital gain  | <b>1</b>       |                             |
| <b>2</b>                              | Recoveries of prior-year distributions   | <b>2</b>       |                             |
| <b>3</b>                              | Other gross income (see instructions)  | <b>3</b>       |                             |
| <b>4</b>                              | Add lines 1 through 3.   | <b>4</b>       |                             |
| <b>5</b>                              | Depreciation and depletion   | <b>5</b>       |                             |
| <b>6</b>                              | 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) | <b>6</b>       |                             |
| <b>7</b>                              | Other expenses (see instructions)  | <b>7</b>       |                             |
| <b>8</b>                              | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | <b>8</b>       |                             |
| <b>Section B—Minimum Asset Amount</b> |  | (A) Prior Year | (B) Current Year (optional) |
| <b>1</b>                              | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  |                |                             |
| <b>a</b>                              | Average monthly value of securities  | <b>1a</b>      |                             |
| <b>b</b>                              | Average monthly cash balances  | <b>1b</b>      |                             |
| <b>c</b>                              | Fair market value of other non-exempt-use assets   | <b>1c</b>      |                             |
| <b>d</b>                              | <b>Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b>      |                             |
| <b>e</b>                              | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):   |                |                             |
| <b>2</b>                              | Acquisition indebtedness applicable to non-exempt-use assets   | <b>2</b>       |                             |
| <b>3</b>                              | Subtract line 2 from line 1d.  | <b>3</b>       |                             |
| <b>4</b>                              | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).   | <b>4</b>       |                             |
| <b>5</b>                              | Net value of non-exempt-use assets (subtract line 4 from line 3)   | <b>5</b>       |                             |
| <b>6</b>                              | Multiply line 5 by 0.035.  | <b>6</b>       |                             |
| <b>7</b>                              | Recoveries of prior-year distributions   | <b>7</b>       |                             |
| <b>8</b>                              | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>       |                             |
| <b>Section C—Distributable Amount</b> |  |                | Current Year                |
| <b>1</b>                              | Adjusted net income for prior year (from Section A, line 8, column A)  | <b>1</b>       |                             |
| <b>2</b>                              | Enter 0.85 of line 1.  | <b>2</b>       |                             |
| <b>3</b>                              | Minimum asset amount for prior year (from Section B, line 8, column A)   | <b>3</b>       |                             |
| <b>4</b>                              | Enter greater of line 2 or line 3.   | <b>4</b>       |                             |
| <b>5</b>                              | Income tax imposed in prior year   | <b>5</b>       |                             |
| <b>6</b>                              | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  | <b>6</b>       |                             |
| <b>7</b>                              | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).                                |                |                             |

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

| Section D—Distributions |  | Current Year |
|-------------------------|--|--------------|
| <b>1</b>                | Amounts paid to supported organizations to accomplish exempt purposes  | <b>1</b>     |
| <b>2</b>                | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              | <b>2</b>     |
| <b>3</b>                | Administrative expenses paid to accomplish exempt purposes of supported organizations  | <b>3</b>     |
| <b>4</b>                | Amounts paid to acquire exempt-use assets  | <b>4</b>     |
| <b>5</b>                | Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )   | <b>5</b>     |
| <b>6</b>                | Other distributions (describe in <b>Part VI</b> ). See instructions.   | <b>6</b>     |
| <b>7</b>                | <b>Total annual distributions.</b> Add lines 1 through 6.  | <b>7</b>     |
| <b>8</b>                | Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. | <b>8</b>     |
| <b>9</b>                | Distributable amount for 2023 from Section C, line 6   | <b>9</b>     |
| <b>10</b>               | Line 8 amount divided by line 9 amount   | <b>10</b>    |

| Section E—Distribution Allocations (see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2023 | (iii)<br>Distributable<br>Amount for 2023 |
|--|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2023 from Section C, line 6  |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.   |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2023   |                             |  |   |
| <b>a</b> From 2018 . . . . .   |                             |  |   |
| <b>b</b> From 2019 . . . . .   |                             |  |   |
| <b>c</b> From 2020 . . . . .   |                             |  |   |
| <b>d</b> From 2021 . . . . .   |                             |  |   |
| <b>e</b> From 2022 . . . . .   |                             |  |   |
| <b>f</b> <b>Total</b> of lines 3a through 3e   |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>h</b> Applied to 2023 distributable amount  |                             |  |   |
| <b>i</b> Carryover from 2018 not applied (see instructions)  |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                             |  |   |
| <b>4</b> Distributions for 2023 from Section D, line 7: \$   |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>b</b> Applied to 2023 distributable amount  |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.  |                             |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |                             |  |   |
| <b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                        |                             |  |   |
| <b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.   |                             |  |   |
| <b>8</b> Breakdown of line 7:  |                             |  |   |
| <b>a</b> Excess from 2019 . . .  |                             |  |   |
| <b>b</b> Excess from 2020 . . .  |                             |  |   |
| <b>c</b> Excess from 2021 . . .  |                             |  |   |
| <b>d</b> Excess from 2022 . . .  |                             |  |   |
| <b>e</b> Excess from 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.)

## Part VI

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.)

| Return Reference - Identifier                     | Explanation                        |          |          |          |          |          |           |
|---|------------------------------------|----------|----------|----------|----------|----------|-----------|
| SCHEDULE A, PART II,<br>LINE 10 - OTHER<br>INCOME | Description                        | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|   | (1)<br>ADMINISTRATIVE FEES         | 5,000    | 2,000    | 35,500   | 18,333   | 37,648   | 98,481    |
|   | (2) RETURN<br>OF GRANTS<br>AWARDED | 21,036   | 37,935   | 17,035   | 8,419    | 35,000   | 119,425   |
|   | Total                              | 26,036   | 39,935   | 52,535   | 26,752   | 72,648   | 217,906   |

**Schedule B  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

COLLEGE OF AMERICAN PATHOLOGISTS FOUNDATION

Employer identification number

36-6134600

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

☒ 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 $\frac{1}{3}$ % 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).

|  |   |
|--|---|
| Name of organization<br><b>COLLEGE OF AMERICAN PATHOLOGISTS FOUNDATION</b> | Employer identification number<br><b>36-6134600</b> |
|--|---|

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 1          | COLLEGE OF AMERICAN PATHOLOGIST<br><br>325 WAUKEGAN ROAD<br><br>NORTHFEILD, IL 60093-2750 | \$ 500,000                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | ELI LILLY AND COMPANY<br><br>893 S. DELAWARE STREET<br><br>INDIANAPOLIS, IN 46285         | \$ 30,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | ERIC F. GLASSY<br><br>2801 VIA BUENA<br><br>PALOS VERDES ESTATES,, CA 90274-4417          | \$ 25,750                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | ASTRAZENECA<br><br>1800 CONCORD PIKE<br><br>WILMINTON, DE 01850                           | \$ 25,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | SEAGEN, INC<br><br>22310 20TH AVE SE STE 200<br><br>BOTHELL, WA 98021-841                 | \$ 25,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | DAIICHI SANKYO, INC.<br><br>211 MT. AIRY ROAD<br><br>BASKING RIDGE, NJ 07920              | \$ 25,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |



|   |  |
|---|--|
| Name of organization<br>COLLEGE OF AMERICAN PATHOLOGISTS FOUNDATION | Employer identification number<br>36-6134600 |
|---|--|

Part II

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|---------------------------|--|---|----------------------|
| -----                     | -----<br>-----<br>-----<br>-----             | \$ -----  | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----<br>-----             | \$ -----  | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----<br>-----             | \$ -----  | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----<br>-----             | \$ -----  | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----<br>-----             | \$ -----  | -----                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| -----                     | -----<br>-----<br>-----<br>-----             | \$ -----  | -----                |

|  |   |
|--|---|
| Name of organization<br><b>COLLEGE OF AMERICAN PATHOLOGISTS FOUNDATION</b> | Employer identification number<br><b>36-6134600</b> |
|--|---|

**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No.<br>from<br>Part I | (b) Purpose of gift                            | (c) Use of gift         | (d) Description of how gift is held             |
|---------------------------|--|-------------------------|---|
| -----                     | -----<br>-----<br>-----                        | -----<br>-----<br>----- | -----<br>-----<br>-----                         |
|                           | <b>(e) Transfer of gift</b>                    |                         |   |
|                           | <b>Transferee's name, address, and ZIP + 4</b> |                         | <b>Relationship of transferor to transferee</b> |
|                           | -----<br>-----<br>-----                        |                         | -----<br>-----<br>-----                         |
| (a) No.<br>from<br>Part I | (b) Purpose of gift                            | (c) Use of gift         | (d) Description of how gift is held             |
| -----                     | -----<br>-----<br>-----                        | -----<br>-----<br>----- | -----<br>-----<br>-----                         |
|                           | <b>(e) Transfer of gift</b>                    |                         |   |
|                           | <b>Transferee's name, address, and ZIP + 4</b> |                         | <b>Relationship of transferor to transferee</b> |
|                           | -----<br>-----<br>-----                        |                         | -----<br>-----<br>-----                         |
| (a) No.<br>from<br>Part I | (b) Purpose of gift                            | (c) Use of gift         | (d) Description of how gift is held             |
| -----                     | -----<br>-----<br>-----                        | -----<br>-----<br>----- | -----<br>-----<br>-----                         |
|                           | <b>(e) Transfer of gift</b>                    |                         |   |
|                           | <b>Transferee's name, address, and ZIP + 4</b> |                         | <b>Relationship of transferor to transferee</b> |
|                           | -----<br>-----<br>-----                        |                         | -----<br>-----<br>-----                         |
| (a) No.<br>from<br>Part I | (b) Purpose of gift                            | (c) Use of gift         | (d) Description of how gift is held             |
| -----                     | -----<br>-----<br>-----                        | -----<br>-----<br>----- | -----<br>-----<br>-----                         |
|                           | <b>(e) Transfer of gift</b>                    |                         |   |
|                           | <b>Transferee's name, address, and ZIP + 4</b> |                         | <b>Relationship of transferor to transferee</b> |
|                           | -----<br>-----<br>-----                        |                         | -----<br>-----<br>-----                         |

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

COLLEGE OF AMERICAN PATHOLOGISTS FOUNDATION

Employer identification number

36-6134600

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|   | (a) Donor advised funds | (b) Funds and other accounts                             |
|---|-------------------------|--|
| 1 Total number at end of year . . . . .   |                         |  |
| 2 Aggregate value of contributions to (during year) . . . . .   |                         |  |
| 3 Aggregate value of grants from (during year) . . . . .  |                         |  |
| 4 Aggregate value at end of year . . . . .  |                         |  |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part II Conservation Easements**

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

|   |  |
|---|--|
| 1 Purpose(s) of conservation easements held by the organization (check all that apply).<br><input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area<br><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure<br><input type="checkbox"/> Preservation of open space |  |
| 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.   |  |
| a Total number of conservation easements . . . . .  | 2a   |
| b Total acreage restricted by conservation easements . . . . .  | 2b   |
| c Number of conservation easements on a certified historic structure included on line 2a . . . . .  | 2c   |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . . .  | 2d   |
| 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year . . . . .   |  |
| 4 Number of states where property subject to conservation easement is located . . . . .   |  |
| 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year . . . . .   |  |
| 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year . . . . .   |  |
| 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.   |  |

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

|  |    |
|--|----|
| 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. |    |
| b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.   |    |
| (i) Revenue included on Form 990, Part VIII, line 1 . . . . .  | \$ |
| (ii) Assets included in Form 990, Part X . . . . .   | \$ |
| 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.   |    |
| a Revenue included on Form 990, Part VIII, line 1 . . . . .  | \$ |
| b Assets included in Form 990, Part X . . . . .  | \$ |

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

**a** ☐ Public exhibition

**b** ☐ Scholarly research

**c** ☐ Preservation for future generations

**d** ☐ Loan or exchange program

**e** ☐ Other \_\_\_\_\_

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements**

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

**1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table.

|  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |

**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 ☐

**Part V Endowment Funds**

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

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance                     | 966,701          | 1,317,493      | 610,277            | 1,372,766            | 1,275,055           |
| <b>b</b> Contributions                                  | 191,870          | 180,906        | 1,095,341          | (332,917)            | 569,516             |
| <b>c</b> Net investment earnings, gains, and losses     | 0                | (32,698)       | 13,832             | 50,433               | 67,359              |
| <b>d</b> Grants or scholarships                         | 200,205          | 308,556        | 188,092            | 145,882              | 206,766             |
| <b>e</b> Other expenditures for facilities and programs | 113,397          | 187,112        | 211,365            | 332,123              | 331,398             |
| <b>f</b> Administrative expenses                        | 3,000            | 3,332          | 2,500              | 2,000                | 1,000               |
| <b>g</b> End of year balance                            | 841,969          | 966,701        | 1,317,493          | 610,277              | 1,372,766           |

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

**a** Board designated or quasi-endowment 0.00 %

**b** Permanent endowment 0.00 %

**c** Term endowment 100.00 %

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? ☒ Yes ☐ No

**(ii)** Related organizations? ☐ Yes ☒ No

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No

**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 |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land  | 0                                    | 0                               |                              | 0              |
| <b>b</b> Buildings  | 0                                    | 0                               | 0                            | 0              |
| <b>c</b> Leasehold improvements   | 0                                    | 0                               | 0                            | 0              |
| <b>d</b> Equipment  | 32,380                               | 0                               | 32,380                       | 0              |
| <b>e</b> Other  | 0                                    | 0                               | 0                            | 0              |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) |                                      |                                 |                              | 0              |

**Part VII Investments—Other Securities**

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

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

**Part VIII Investments—Program Related**

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

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

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) _____   |                |
| (3) _____   |                |
| (4) _____   |                |
| (5) _____   |                |
| (6) _____   |                |
| (7) _____   |                |
| (8) _____   |                |
| (9) _____   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) . . . . . |                |

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

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

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

|          |  |           |           |
|----------|--|-----------|-----------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       | <b>1</b>  | 1,530,238 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                      |           |           |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .   | <b>2a</b> | 314,418   |
| <b>b</b> | Donated services and use of facilities . . . . .   | <b>2b</b> | 266,932   |
| <b>c</b> | Recoveries of prior year grants . . . . .  | <b>2c</b> | 0         |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .   | <b>2d</b> | 0         |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  | <b>2e</b> | 581,350   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   | <b>3</b>  | 948,888   |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                     |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> | 5,913     |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .   | <b>4b</b> | (7,187)   |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  | <b>4c</b> | (1,274)   |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . . | <b>5</b>  | 947,614   |

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

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

|          |   |           |           |
|----------|---|-----------|-----------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      | <b>1</b>  | 1,377,625 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |           |           |
| <b>a</b> | Donated services and use of facilities . . . . .  | <b>2a</b> | 266,932   |
| <b>b</b> | Prior year adjustments . . . . .  | <b>2b</b> | 0         |
| <b>c</b> | Other losses . . . . .  | <b>2c</b> | 0         |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .  | <b>2d</b> | 0         |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   | <b>2e</b> | 266,932   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  | <b>3</b>  | 1,110,693 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> | 5,913     |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .  | <b>4b</b> | (7,187)   |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   | <b>4c</b> | (1,274)   |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . . | <b>5</b>  | 1,109,419 |

**Part XIII Supplemental Information**

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

[SEE STATEMENT](#)



**Part XIII**

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.

| Return Reference - Identifier                       | Explanation                        |            |
|---|------------------------------------|------------|
| SCHEDULE D, PART XI, LINE<br>4(B) - OTHER REVENUE   | (a) Description                    | (b) Amount |
|   | RECOVERY OF PRIOR YEAR GRANTS      | 37,649     |
|   | FUNDRAISING EXPENSES               | - 44,836   |
| SCHEDULE D, PART XII, LINE<br>4(B) - OTHER EXPENSES | (a) Description                    | (b) Amount |
|   | RECOVERY OF GRANTS FROM PRIOR YEAR | 37,649     |
|   | FUNDRAISING EXPENSES               | - 44,836   |

Part XIII

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

| Return Reference - Identifier                                       | Explanation   |
|---|---|
| SCHEDULE D, PART V,<br>LINE 4 - INTENDED USES<br>OF ENDOWMENT FUNDS | INTENDED USE OF ENDOWMENT FUNDS THE FUND WAS ESTABLISHED FOR A VARIETY OF PURPOSES WHICH INCLUDES PROGRAM COSTS, GRANTS, AND SIMILAR COSTS ASSOCIATED WITH THE NON-PROFIT ORGANIZATION'S TAX EXEMPT PURPOSES. |

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

COLLEGE OF AMERICAN PATHOLOGISTS FOUNDATION

Employer identification number

36-6134600

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

**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.

**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 |
|---|-------------------------------------|--|--|--|--|
| SUB-SAHARAN AFRICA  |                                     |  | GRANTMAKING  | PROGRAM SERVICES   |  |
| (1)   | 0                                   | 0  |  |  | 14,238   |
| (2)   |                                     |  |  |  |  |
| (3)   |                                     |  |  |  |  |
| (4)   |                                     |  |  |  |  |
| (5)   |                                     |  |  |  |  |
| (6)   |                                     |  |  |  |  |
| (7)   |                                     |  |  |  |  |
| (8)   |                                     |  |  |  |  |
| (9)   |                                     |  |  |  |  |
| (10)  |                                     |  |  |  |  |
| (11)  |                                     |  |  |  |  |
| (12)  |                                     |  |  |  |  |
| (13)  |                                     |  |  |  |  |
| (14)  |                                     |  |  |  |  |
| (15)  |                                     |  |  |  |  |
| (16)  |                                     |  |  |  |  |
| (17)  |                                     |  |  |  |  |
| <b>3a</b> Subtotal . . . . .                                | 0                                   | 0  |  |  | 14,238   |
| <b>b</b> Total from continuation sheets to Part I . . . . . | 0                                   | 0  |  |  | 0  |
| <b>c Totals</b> (add lines 3a and 3b)                       | 0                                   | 0  |  |  | 14,238   |

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| <b>1</b> | <b>(a)</b> Name of organization | <b>(b)</b> IRS code section and EIN (if applicable) | <b>(c)</b> Region | <b>(d)</b> Purpose of grant | <b>(e)</b> Amount of cash grant | <b>(f)</b> Manner of cash disbursement | <b>(g)</b> Amount of noncash assistance | <b>(h)</b> Description of noncash assistance | <b>(i)</b> Method of valuation (book, FMV, appraisal, other) |
|----------|---------------------------------|---|-------------------|-----------------------------|---------------------------------|--|---|--|--|
|          |                                 |   | (SEE STATEMENT)   |                             |                                 |  |   |  |  |
| (1)      |                                 |   |                   |                             |                                 |  |   |  |  |
| (2)      |                                 |   |                   |                             |                                 |  |   |  |  |
| (3)      |                                 |   |                   |                             |                                 |  |   |  |  |
| (4)      |                                 |   |                   |                             |                                 |  |   |  |  |
| (5)      |                                 |   |                   |                             |                                 |  |   |  |  |
| (6)      |                                 |   |                   |                             |                                 |  |   |  |  |
| (7)      |                                 |   |                   |                             |                                 |  |   |  |  |
| (8)      |                                 |   |                   |                             |                                 |  |   |  |  |
| (9)      |                                 |   |                   |                             |                                 |  |   |  |  |
| (10)     |                                 |   |                   |                             |                                 |  |   |  |  |
| (11)     |                                 |   |                   |                             |                                 |  |   |  |  |
| (12)     |                                 |   |                   |                             |                                 |  |   |  |  |
| (13)     |                                 |   |                   |                             |                                 |  |   |  |  |
| (14)     |                                 |   |                   |                             |                                 |  |   |  |  |
| (15)     |                                 |   |                   |                             |                                 |  |   |  |  |
| (16)     |                                 |   |                   |                             |                                 |  |   |  |  |

**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 . . . . .

1

**3** Enter total number of other organizations or entities . . . . .

1

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

| (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)                             |            |                          |                          |                                 |                                  |                                       |   |
| (2)                             |            |                          |                          |                                 |                                  |                                       |   |
| (3)                             |            |                          |                          |                                 |                                  |                                       |   |
| (4)                             |            |                          |                          |                                 |                                  |                                       |   |
| (5)                             |            |                          |                          |                                 |                                  |                                       |   |
| (6)                             |            |                          |                          |                                 |                                  |                                       |   |
| (7)                             |            |                          |                          |                                 |                                  |                                       |   |
| (8)                             |            |                          |                          |                                 |                                  |                                       |   |
| (9)                             |            |                          |                          |                                 |                                  |                                       |   |
| (10)                            |            |                          |                          |                                 |                                  |                                       |   |
| (11)                            |            |                          |                          |                                 |                                  |                                       |   |
| (12)                            |            |                          |                          |                                 |                                  |                                       |   |
| (13)                            |            |                          |                          |                                 |                                  |                                       |   |
| (14)                            |            |                          |                          |                                 |                                  |                                       |   |
| (15)                            |            |                          |                          |                                 |                                  |                                       |   |
| (16)                            |            |                          |                          |                                 |                                  |                                       |   |
| (17)                            |            |                          |                          |                                 |                                  |                                       |   |
| (18)                            |            |                          |                          |                                 |                                  |                                       |   |

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . . ☐ Yes ☒ 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 Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . . ☐ Yes ☒ No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* . . . . . ☐ Yes ☒ 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? *If "Yes," 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 Instructions for Form 8621)* . . . . . ☐ Yes ☒ No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . . ☐ Yes ☒ No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* . . . . . ☐ Yes ☒ No

**Part II****Grants and Other Assistance to Organizations or Entities Outside the United States** (continued)

| (a)<br>Name of<br>Organization | (b)<br>IRS code<br>section and<br>EIN | (c)<br>Region         | (d)<br>Purpose of grant   | (e)<br>Amount of<br>cash grant | (f)<br>Manner of<br>cash<br>disbursement | (g)<br>Amount of<br>non-cash<br>assistance | (h)<br>Description of<br>non-cash<br>assistance | (i)<br>Method of<br>valuation (book,<br>FMV, appraisal,<br>other) |
|--------------------------------|---------------------------------------|-----------------------|---|--------------------------------|--|--|---|---|
| (1)                            |                                       | SUB-SAHARAN<br>AFRICA | LEVERAGING A<br>NATIONAL HIV/TB<br>SPECIMEN<br>TRANSPORT<br>NETWORK TO<br>INCREASE<br>ACCESS TO<br>ANATOMICAL<br>PATHOLOGY<br>SERVICES.                               | 10,000                         | WIRE                                     |  |   | FMV   |
| (2)                            |                                       | SUB-SAHARAN<br>AFRICA | PATHOLOGY<br>ACCESS<br>INITIATIVE:<br>EMPOWERING<br>GLOBAL<br>HEALTHCARE IN<br>RWANDA<br>THROUGH LOW-<br>COST 3D<br>PRINTED<br>MICROSCOPE-<br>ENABLED<br>DIAGNOSTICS. | 4,238                          | WIRE                                     |  |   | FMV   |

## Part V

**Supplemental Information.** Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

| Return Reference - Identifier   | Explanation   |
|---|---|
| SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS                           | TO ACTIVATE FUNDING THE INSTITUTION MUST SUBMIT A TAX FORM BEFORE THE FIRST HALF OF FUNDING IS SENT. A PAYMENT SCHEDULE IS INCLUDED IN THE AWARD LETTER DETAILING DUE DATES FOR REQUIRED REPORTS. THE SECOND HALF OF PAYMENT IS SENT TO THE ORGANIZATION ONCE ALL THE REQUIREMENTS HAVE BEEN MET. |
| SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS  | SUB-SAHARAN AFRICA -ACCRUAL   |
| SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS | SUB-SAHARAN AFRICA -ACCRUAL   |



Name of the organization  
COLLEGE OF AMERICAN PATHOLOGISTS FOUNDATION

Employer identification number  
36-6134600

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
| 1   |               |  |    |                                   |   |   |
| 2   |               |  |    |                                   |   |   |
| 3   |               |  |    |                                   |   |   |
| 4   |               |  |    |                                   |   |   |
| 5   |               |  |    |                                   |   |   |
| 6   |               |  |    |                                   |   |   |
| 7   |               |  |    |                                   |   |   |
| 8   |               |  |    |                                   |   |   |
| 9   |               |  |    |                                   |   |   |
| 10  |               |  |    |                                   |   |   |
| Total   |               |  |    |                                   |   |   |

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
-

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |  | (a) Event #1<br><small>THE CAP FOUNDATION ANNUAL EVENT</small><br>(event type) | (b) Event #2<br><small>AUCTION</small><br>(event type) | (c) Other events<br>(total number) | (d) Total events<br>(add col. (a) through col. (c)) |
|-----------------|--|--|--|------------------------------------|---|
|                 |  |  |  |                                    |   |
| Revenue         | <b>1</b> Gross receipts . . . . .  | 100,900  | 3,375  | 0                                  | 104,275   |
|                 | <b>2</b> Less: Contributions . . . . .   | 9,916  | 500  | 0                                  | 10,416  |
|                 | <b>3</b> Gross income (line 1 minus line 2) . . . . .                            | 90,984   | 2,875  | 0                                  | 93,859  |
| Direct Expenses | <b>4</b> Cash prizes . . . . .   | 0  | 0  | 0                                  | 0   |
|                 | <b>5</b> Noncash prizes . . . . .  | 0  | 0  | 0                                  | 0   |
|                 | <b>6</b> Rent/facility costs . . . . .   | 0  | 0  | 0                                  | 0   |
|                 | <b>7</b> Food and beverages . . . . .  | 27,535   | 0  | 0                                  | 27,535  |
|                 | <b>8</b> Entertainment . . . . .   | 16,000   | 0  | 0                                  | 16,000  |
|                 | <b>9</b> Other direct expenses . . . . .   | 558  | 743  | 0                                  | 1,301   |
|                 | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .  |  |  |                                    | 44,836  |
|                 | <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . |  |  |                                    | 49,023  |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo   | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>col. (a) through col. (c)) |
|-----------------|---|---|---|---|---|
|                 |   |   |   |   |   |
| Revenue         | <b>1</b> Gross revenue . . . . .  |   |   |   |   |
|                 |   |   |   |   |   |
| Direct Expenses | <b>2</b> Cash prizes . . . . .  |   |   |   |   |
|                 | <b>3</b> Noncash prizes . . . . .   |   |   |   |   |
|                 | <b>4</b> Rent/facility costs . . . . .  |   |   |   |   |
|                 | <b>5</b> Other direct expenses . . . . .  |   |   |   |   |
|                 | <b>6</b> Volunteer labor . . . . .  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |   |
|                 | <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .        |   |   |   |   |
|                 | <b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . |   |   |   |   |

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . . ☐ Yes ☐ No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . . ☐ Yes ☐ No

**b** If "Yes," explain: \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers? ☐ **Yes** ☐ **No**
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ **Yes** ☐ **No**
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name .....

Address .....

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ **Yes** ☐ **No**
- b** If "Yes," enter the amount of gaming revenue received by the organization \$ ..... and the amount of gaming revenue retained by the third party \$ .....
- c** If "Yes," enter name and address of the third party:

Name .....

Address .....

**16** Gaming manager information:

Name .....

Gaming manager compensation \$ .....

Description of services provided .....

☐ Director/officer

☐ Employee

☐ Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ **Yes** ☐ **No**
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ .....

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

[SEE NEXT PAGE](#)

Part IV

**Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

| Return Reference - Identifier | Explanation  |
|-------------------------------|--|
| SCHEDULE G, PART II -         | IN 2023 THE FOUNDATION HELD TWO FUNDRAISING EVENTS AT THE CAP FOUNDATION ANNUAL EVENT AND AUCTION. |

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

COLLEGE OF AMERICAN PATHOLOGISTS FOUNDATION

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Employer identification number

36-6134600

**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? ☒ Yes ☐ No
- 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) DUKE UNIVERSITY<br>40 DUKE MEDICINE CIRCLE, DURHAM, NC 27710                       | 56-0532129 | 501(C)(3)                       | 25,000                   |                                  |   |                                       | (SEE STATEMENT)                    |
| (2) PATHOLOGISTS OVERSEAS<br>4901 SW ADMIRAL WAY, #344, SEATTLE, WA 98116              | 33-0523930 | 501(C)(3)                       | 9,920                    |                                  |   |                                       | (SEE STATEMENT)                    |
| (3) UNIVERSITY OF MISSISSIPPI FOUNDATION<br>2500 NORTH STATE STREET, JACKSON, MS 39216 | 23-7310293 | 501(C)(3)                       | 13,231                   |                                  |   |                                       | CANCER SCREENING                   |
| (4) (SEE STATEMENT)  | 38-2113393 | 501(C)(3)                       | 7,500                    |                                  |   |                                       | CANCER SCREENING                   |
| (5) CLEVELAND CLINIC LABORATORIES<br>9500 EUCLID AVENUE, CLEVELAND, OH 44195           | 34-0714585 | 501(C)(3)                       | 14,098                   |                                  |   |                                       | CANCER SCREENING                   |
| (6) TRUSTEES OF INDIANA UNIVERSITY<br>980 INDIANA AVENUE, INDIANAPOLIS, IN 46202       | 35-6001673 | 501(C)(3)                       | 15,760                   |                                  |   |                                       | CANCER SCREENING                   |
| (7) LOYOLA MEDICINE<br>2160 S. FIRST AVENUE, MAYWOOD, IL 60153                         | 36-4015560 | 501(C)(3)                       | 7,761                    |                                  |   |                                       | CANCER SCREENING                   |
| (8) WHITE PLAINS HOSPITAL MEDICAL CENTER<br>41 EAST POST ROAD, WHITE PLAINS, NY 10601  | 13-1740130 | 501(C)(3)                       | 7,500                    |                                  |   |                                       | CANCER SCREENING                   |
| (9) ST. ELIZABETH MEDICAL CENTER INC<br>1 MEDICAL VILLAGE DRIVE, EDGEWOOD, KY 41017    | 61-0445850 | 501(C)(3)                       | 18,000                   |                                  |   |                                       | CANCER SCREENING                   |
| (10) NORTH COUNTRY HEALTHCARE INC<br>2920 N. 4TH STREET, FLAGSTAFF, AZ 86004           | 86-0663432 | 501(C)(3)                       | 16,500                   |                                  |   |                                       | CANCER SCREENING                   |
| (11) LIBERTY-DAYTON REGIONAL MEDICAL CENTER<br>1353 TRAVIS STREET, LIBERTY, TX 77575   | 20-2797853 | STATE GOV'T                     | 8,000                    |                                  |   |                                       | CANCER SCREENING                   |
| (12) (SEE STATEMENT)   |            |                                 |                          |                                  |   |                                       |                                    |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 13
- 3 Enter total number of other organizations listed in the line 1 table 0

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

Cat. No. 50055P

Schedule I (Form 990) 2023

**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 noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| 1 ADVANCE TRAINING                    | 4                        | 17,503                   |                                  |   |                                       |
| 2 (SEE STATEMENT)                     | 5                        | 5,000                    |                                  |   |                                       |
| 3 HERBEK HUMANITARIAN AWARD           | 1                        | 469                      |                                  |   |                                       |
| 4 LEADERSHIP DEVELOPMENT TRAVEL AWARD | 17                       | 16,896                   |                                  |   |                                       |
| 5 KEITGES GRANT FOR MEDICAL ETHICS    | 3                        | 3,206                    |                                  |   |                                       |
| 6                                     |                          |                          |                                  |   |                                       |
| 7                                     |                          |                          |                                  |   |                                       |

|                |  |
|----------------|--|
| <b>Part IV</b> | <b>Supplemental Information.</b> Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. |
|----------------|--|

(SEE STATEMENT)

**Part II****Grants and Other Assistance to Governments and Organizations in the United States (continued)**

| (a)<br>Name and address of organization or government  | (b)<br>EIN | (c)<br>IRC section if applicable | (d)<br>Amount of cash grant | (e)<br>Amount of non-cash assistance | (f)<br>Method of valuation (book, FMV, appraisal, other) | (g)<br>Description of non-cash assistance | (h)<br>Purpose of grant or assistance |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (12) CHA FOUNDATION<br>230 HIGHLAND AVE, 230 HIGHLAND AVE,<br>MA 02143                               | 01-0676306 | 501(C)(3)                        | 14,760                      |                                      |  |   | CANCER SCREENING                      |
| (13) THE FOUNDATION FOR UNIVERSITY<br>HOSPITAL<br>150 BERGEN STREET, ROOM D209C,<br>NEWARK, NJ 07101 | 47-1686351 | 501(C)(3)                        | 15,612                      |                                      |  |   | CANCER SCREENING                      |

| Return Reference - Identifier  | Explanation  |
|--|--|
| SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.         | <p>WHEN NOTIFYING APPLICANTS OF AN AWARD, THE FOLLOWING OCCURS.</p> <ol style="list-style-type: none"> <li>1. AWARD ANNOUNCEMENTS ARE SENT BY EMAIL TO AWARDEES. DEPENDING ON THE GRANT/AWARD RECIPIENTS MAY BE REQUESTED TO PROVIDE A CONFIRMATION OF ACCEPTANCE AND START DATE (AS APPLICABLE). THE EMAIL ALSO DETAILS THE EXPENSE REIMBURSEMENT PROCESS, AND EVALUATION REQUIREMENTS.</li> <li>2. NON-AWARDEES ARE NOTIFIED BY EMAIL.</li> <li>3. DOCUMENTATION INCLUDING NOTIFICATIONS, AWARD LETTERS AND REPORTING REQUIREMENTS ARE RETAINED FOR EACH APPLICANT.</li> </ol> <p>THE PAYMENT PROCESS IS AS FOLLOWS.</p> <ol style="list-style-type: none"> <li>1. ADVANCE TRAINING: <ul style="list-style-type: none"> <li>- AWARD GIVEN TO AN INDIVIDUAL.</li> <li>- CASH ADVANCES OF 50% ARE PROVIDED TO ASSIST WITH TRAVEL AND HOTEL EXPENSES.</li> <li>- AWARDEE MUST SUBMIT A W-9.</li> <li>- THE REMAINING 50% IS PAID AFTER AWARDEE SUBMITS EXPENSE REIMBURSEMENT FORM AND EVALUATION.</li> </ul> </li> <li>2. CONFERENCE TRAVEL: <ul style="list-style-type: none"> <li>- AWARD GIVEN TO AN INDIVIDUAL.</li> <li>- AWARDEES MUST PAY FOR ALL EXPENSES UPFRONT.</li> <li>- AWARDEE IS THEN REIMBURSED AFTER SUBMITTING AN EXPENSE REIMBURSEMENT WITH APPROPRIATE RECEIPTS, AND AN EVALUATION.</li> <li>- A W-9 IS NOT REQUIRED FOR THESE REIMBURSEMENTS.</li> </ul> </li> <li>3. RESEARCH AWARDS: - AWARD GIVEN TO AN INDIVIDUAL OR THEIR INSTITUTION. <ul style="list-style-type: none"> <li>- TO ACTIVATE FUNDING, THE AWARDEE OR THEIR INSTITUTION MUST SUBMIT A W-9 BEFORE THE FIRST HALF OF FUNDING IS SENT.</li> <li>- A PAYMENT SCHEDULE IS INCLUDED IN THE AWARD LETTER DETAILING DUE DATES FOR REQUIRED REPORTS.</li> </ul> </li> <li>4. SEE, TEST &amp; TREAT GRANT: <ul style="list-style-type: none"> <li>- AWARD FUNDING WILL ONLY BE MADE TO A 501 (C) (3) ORGANIZATION.</li> <li>- ORGANIZATION MUST SUBMIT A W-9.</li> <li>- GRANTEE RECEIVES 50% OF THE AWARD UPON APPLICATION APPROVAL. (WITHIN 2 MONTHS OF PROGRAM START DATE)</li> <li>- STT OUTCOMES DATA IS REQUIRED 30 DAYS POST PROGRAM. ADDITIONAL PROGRAMS OUTCOME DATA WILL ALSO BE REQUESTED AT A 3 MONTH AND 6-MONTH INTERVAL.</li> <li>- BALANCE OF FUNDS RELEASED AFTER DOCUMENTED PROGRAM COSTS RECEIVED.</li> </ul> </li> <li>5. GENE AND JEAN HERBEK HUMANITARIAN AWARD: <ul style="list-style-type: none"> <li>- AWARD BESTOWED TO AN INDIVIDUAL. (RECOGNITION AWARD)</li> <li>- AWARD IS PRESENTED AT THE CAP ANNUAL MEETING. AWARDEES MUST PAY FOR ALL EXPENSES UPFRONT.</li> <li>- AWARDEE IS THEN REIMBURSED AFTER SUBMITTING AN EXPENSE REIMBURSEMENT WITH APPROPRIATE RECEIPTS.</li> <li>- A W-9 IS NOT REQUIRED FOR THESE REIMBURSEMENTS.</li> </ul> </li> <li>6. SEE, TEST &amp; TREAT OUTSTANDING PARTNER AWARD - AWARD BESTOWED TO AN INDIVIDUAL OR THEIR ORGANIZATION. (RECOGNITION AWARD) <ul style="list-style-type: none"> <li>- AWARD IS PRESENTED AT THE RECIPIENTS HOME INSTITUTION</li> </ul> </li> </ol> |
| (4) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | <p>TRINITY HEALTH - ANN ARBOR</p> <p>5301 EAST HURON RIVER DRIVE, PO BOX 995, ANN ARBOR, MI 48106-0995</p>   |
| SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE                     | <p>DUKE UNIVERSITY:</p> <p>LACK OF STANDARDIZED TEST ORDERING PRACTICES AND LIMITED LABORATORY RESOURCES PRESENT BARRIERS TO EFFICIENT TEST UTILIZATION, RESULTING IN CLINICAL FAILURES. THIS PROJECT SEEKS TO IMPROVE THE PRE-ANALYTICAL PROCESS AT BOTH THE ORDERING PROVIDER AND LABORATORY LEVEL, AS WELL AS ANALYTICAL PROCESSES IN THE LABORATORY AIMING TO IMPROVE CLINICAL CARE BY CREATING MORE EFFICIENT AND TRANSPARENT PROCEDURES FOR PRE-ANALYTICAL LABORATORY ORDER REVIEW AND TRIAGING THAT UTILIZE THE ELECTRONIC MEDICAL RECORD.</p>  |
| SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE                     | <p>PATHOLOGISTS OVERSEAS:</p> <p>INSTALLATION OF A COMPUTERIZED LABORATORY INFORMATION SYSTEM AT FEDERAL MEDICAL CENTRE OWO</p>  |
| SCHEDULE I, PART III, COLUMN A - TYPE OF GRANT                                     | <p>GERALDINE COLBY ZEILER AWARD FOR STUDENTS OF CYTOTECHNOLOGY</p>   |



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Employer identification number

36-6134600

COLLEGE OF AMERICAN PATHOLOGISTS FOUNDATION

**Part I Questions Regarding Compensation**

|  | Yes  | No   |  |  |  |  |   |  |  |  |
|--|--|--|--|--|--|--|---|--|--|--|
| <b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.<br><table><tbody><tr><td><input type="checkbox"/> First-class or charter travel</td><td><input type="checkbox"/> Housing allowance or residence for personal use</td></tr><tr><td><input type="checkbox"/> Travel for companions</td><td><input type="checkbox"/> Payments for business use of personal residence</td></tr><tr><td><input type="checkbox"/> Tax indemnification and gross-up payments</td><td><input type="checkbox"/> Health or social club dues or initiation fees</td></tr><tr><td><input type="checkbox"/> Discretionary spending account</td><td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td></tr></tbody></table> | <input type="checkbox"/> First-class or charter travel                     | <input type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions               | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |  |  |
| <input type="checkbox"/> First-class or charter travel   | <input type="checkbox"/> Housing allowance or residence for personal use   |  |  |  |  |  |   |  |  |  |
| <input type="checkbox"/> Travel for companions   | <input type="checkbox"/> Payments for business use of personal residence   |  |  |  |  |  |   |  |  |  |
| <input type="checkbox"/> Tax indemnification and gross-up payments   | <input type="checkbox"/> Health or social club dues or initiation fees     |  |  |  |  |  |   |  |  |  |
| <input type="checkbox"/> Discretionary spending account  | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |  |  |  |  |  |   |  |  |  |
| <b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .  | <b>1b</b>  |  |  |  |  |  |   |  |  |  |
| <b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? . . . . .  | <b>2</b>   |  |  |  |  |  |   |  |  |  |
| <b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.<br><table><tbody><tr><td><input type="checkbox"/> Compensation committee</td><td><input type="checkbox"/> Written employment contract</td></tr><tr><td><input type="checkbox"/> Independent compensation consultant</td><td><input type="checkbox"/> Compensation survey or study</td></tr><tr><td><input type="checkbox"/> Form 990 of other organizations</td><td><input type="checkbox"/> Approval by the board or compensation committee</td></tr></tbody></table>   | <input type="checkbox"/> Compensation committee                            | <input type="checkbox"/> Written employment contract                     | <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    | <input type="checkbox"/> Form 990 of other organizations           | <input type="checkbox"/> Approval by the board or compensation committee |   |  |  |  |
| <input type="checkbox"/> Compensation committee  | <input type="checkbox"/> Written employment contract                       |  |  |  |  |  |   |  |  |  |
| <input type="checkbox"/> Independent compensation consultant   | <input type="checkbox"/> Compensation survey or study                      |  |  |  |  |  |   |  |  |  |
| <input type="checkbox"/> Form 990 of other organizations   | <input type="checkbox"/> Approval by the board or compensation committee   |  |  |  |  |  |   |  |  |  |
| <b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:<br><b>a</b> Receive a severance payment or change-of-control payment? . . . . .  | <b>4a</b>  | ✓  |  |  |  |  |   |  |  |  |
| <b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .   | <b>4b</b>  | ✓  |  |  |  |  |   |  |  |  |
| <b>c</b> Participate in or receive payment from an equity-based compensation arrangement? . . . . .<br>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.   | <b>4c</b>  | ✓  |  |  |  |  |   |  |  |  |
| <b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b>  |  |  |  |  |  |  |   |  |  |  |
| <b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:<br><b>a</b> The organization? . . . . .  | <b>5a</b>  | ✓  |  |  |  |  |   |  |  |  |
| <b>b</b> Any related organization? . . . . .<br>If "Yes" on line 5a or 5b, describe in Part III.   | <b>5b</b>  | ✓  |  |  |  |  |   |  |  |  |
| <b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:<br><b>a</b> The organization? . . . . .  | <b>6a</b>  | ✓  |  |  |  |  |   |  |  |  |
| <b>b</b> Any related organization? . . . . .<br>If "Yes" on line 6a or 6b, describe in Part III.   | <b>6b</b>  | ✓  |  |  |  |  |   |  |  |  |
| <b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III . . . . .   | <b>7</b>   |  |  |  |  |  |   |  |  |  |
| <b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .   | <b>8</b>   |  |  |  |  |  |   |  |  |  |
| <b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .  | <b>9</b>   |  |  |  |  |  |   |  |  |  |

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title |                                   | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)–(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--------------------|-----------------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|                    |                                   | (i) Base compensation  | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1                  | STEPHEN R MYERS, CAP CEO          | (i) 0  | (ii) 0                              | (iii) 0                             | 0  | 0                       | 0                               | 0   |
|                    | DIRECTOR                          | 683,449  | 278,676                             | 13,220                              | 33,000   | 33,640                  | 1,041,985                       | 0   |
| 2                  | MAYA OGDEN                        | (i) 0  | (ii) 0                              | (iii) 0                             | 0  | 0                       | 0                               | 0   |
|                    | EXECUTIVE DIRECTOR CAP FOUNDATION | 158,553  | 24,109                              | 193                                 | 16,542   | 25,269                  | 224,666                         | 0   |
| 3                  | JULIA RANKENBURG                  | (i) 0  | (ii) 0                              | (iii) 0                             | 0  | 0                       | 0                               | 0   |
|                    | PROGRAM DEVELOPMENT MANAGER       | 131,568  | 0                                   | 0                                   | 13,119   | 28,174                  | 172,861                         | 0   |
| 4                  |                                   | (i)  | (ii)                                |                                     |  |                         |                                 |   |
|                    |                                   |  |                                     |                                     |  |                         |                                 |   |
| 5                  |                                   | (i)  | (ii)                                |                                     |  |                         |                                 |   |
|                    |                                   |  |                                     |                                     |  |                         |                                 |   |
| 6                  |                                   | (i)  | (ii)                                |                                     |  |                         |                                 |   |
|                    |                                   |  |                                     |                                     |  |                         |                                 |   |
| 7                  |                                   | (i)  | (ii)                                |                                     |  |                         |                                 |   |
|                    |                                   |  |                                     |                                     |  |                         |                                 |   |
| 8                  |                                   | (i)  | (ii)                                |                                     |  |                         |                                 |   |
|                    |                                   |  |                                     |                                     |  |                         |                                 |   |
| 9                  |                                   | (i)  | (ii)                                |                                     |  |                         |                                 |   |
|                    |                                   |  |                                     |                                     |  |                         |                                 |   |
| 10                 |                                   | (i)  | (ii)                                |                                     |  |                         |                                 |   |
|                    |                                   |  |                                     |                                     |  |                         |                                 |   |
| 11                 |                                   | (i)  | (ii)                                |                                     |  |                         |                                 |   |
|                    |                                   |  |                                     |                                     |  |                         |                                 |   |
| 12                 |                                   | (i)  | (ii)                                |                                     |  |                         |                                 |   |
|                    |                                   |  |                                     |                                     |  |                         |                                 |   |
| 13                 |                                   | (i)  | (ii)                                |                                     |  |                         |                                 |   |
|                    |                                   |  |                                     |                                     |  |                         |                                 |   |
| 14                 |                                   | (i)  | (ii)                                |                                     |  |                         |                                 |   |
|                    |                                   |  |                                     |                                     |  |                         |                                 |   |
| 15                 |                                   | (i)  | (ii)                                |                                     |  |                         |                                 |   |
|                    |                                   |  |                                     |                                     |  |                         |                                 |   |
| 16                 |                                   | (i)  | (ii)                                |                                     |  |                         |                                 |   |
|                    |                                   |  |                                     |                                     |  |                         |                                 |   |

# Part III

**Supplemental Information.** Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Return Reference - Identifier   | Explanation  |
|---|--|
| SCHEDULE J, PART I, LINE 3 - ARRANGEMENT USED TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION | FOUNDATION EMPLOYEES ARE COMPENSATED DIRECTLY BY THE COLLEGE OF AMERICAN PATHOLOGISTS (CAP), A RELATED ORGANIZATION. THEREFORE, ALL COMPENSATION IS ESTABLISHED BY THE CAP. THE EXECUTIVE DIRECTOR'S COMPENSATION WAS SET BASED ON MARKET DATA SPECIFICALLY FOR THOSE POSITIONS WITH SIMILAR SCOPE OF RESPONSIBILITIES. THE POSITION WAS THEN REVIEWED AND INCORPORATED INTO THE CAP'S SALARY STRUCTURE AT THE GRADE WHERE THE 50TH PERCENTILE OF MARKET DATA WAS MOST CLOSELY ALIGNED WITH MIDPOINT. THE INCUMBENT'S SALARY WAS SET WITHIN THE APPROPRIATE GRADE BASED ON THE INCUMBENT'S SKILLS AND IS MANAGED BASED ON PERFORMANCE. |
| SCHEDULE J, PART II, COLUMN (B) -   | AMOUNT INCLUDES INCENTIVE EARNED IN 2022 AND PAID IN 2023.   |

**SCHEDULE O  
(Form 990)**Department of 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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public Inspection

Name of the Organization

COLLEGE OF AMERICAN PATHOLOGISTS FOUNDATION

Employer Identification Number

36-6134600

| Return Reference - Identifier   | Explanation   |
|---|---|
| FORM 990, PART III, LINE 1 -  | <p>OUR VISION IS TO SUPPORT ALL PATHOLOGISTS TO BE LEADERS IN THEIR COMMUNITIES AND AT THE FOREFRONT OF PATIENT-CENTERED CARE. OUR MISSION IS TO IMPROVE PEOPLE'S HEALTH BY:</p> <ul style="list-style-type: none"><li>- DEVELOPING TOMORROW'S PATHOLOGY LEADERS THROUGH AWARDS FOR ADVANCED TRAINING, RESEARCH, AND EDUCATION.</li><li>- MOBILIZING PATHOLOGISTS TO EXPAND HEALTH EQUITY IN MEDICALLY UNDERSERVED COMMUNITIES WITHIN THE US AND GLOBALLY.</li></ul>  |
| FORM 990, PART VI, LINE 11B -<br>REVIEW OF FORM 990 BY<br>GOVERNING BODY      | <p>DURING THE PREPARATION OF THE FORM 990, THE COLLEGE OF AMERICAN PATHOLOGISTS FOUNDATION'S (FOUNDATION) EXECUTIVE DIRECTOR IS CONSULTED FOR INFORMATION NEEDED FOR THE TAX YEAR. THE FORM 990 IS REVIEWED BY THE COLLEGE OF AMERICAN PATHOLOGIST (CAP) CHIEF OPERATING OFFICER. THE FINAL FORM 990 IS SHARED WITH THE FOUNDATION'S ENTIRE BOARD.</p>  |
| FORM 990, PART VI, LINE 12C -<br>CONFLICT OF INTEREST<br>POLICY               | <p>THE FOUNDATION'S EXECUTIVE DIRECTOR/GOVERNANCE COMMITTEE PROVIDES A CONFLICT OF INTEREST DISCLOSURE FORM TO ALL FOUNDATION BOARD MEMBERS AND THE EXECUTIVE DIRECTOR AT THE BEGINNING OF THE YEAR. WHEN DISCLOSURE FORMS ARE COLLECTED, NOTED CONFLICTS ARE REVIEWED. ACTION IS TAKEN TO ADDRESS THE DISCLOSED CONFLICTS; THE SPECIFIC ACTIONS ARE SHARED WITH THE FOUNDATION'S EXECUTIVE COMMITTEE. IF THE EXECUTIVE DIRECTOR/GOVERNANCE COMMITTEE DEEMS CORRECTIVE ACTION IS NECESSARY, THE CONFLICT IS ADDRESSED WITH THE FOUNDATION BOARD.</p>  |
| FORM 990, PART VI, LINE 15A -<br>PROCESS FOR DETERMINING<br>COMP FOR CEO      | <p>THE FOUNDATION DOES NOT PAY THE SALARIES OF THE FOUNDATION EMPLOYEES DIRECTLY. INSTEAD, THE FOUNDATION REIMBURSES THE CAP FOR PERSONNEL ON A QUARTERLY BASIS.</p> <p>COMPENSATION OF THE CAP'S CHIEF EXECUTIVE OFFICER IS NOT CHARGED TO THE FOUNDATION. THE TERMS OF THE CAP CHIEF EXECUTIVE OFFICER'S COMPENSATION ARE DETAILED IN THE EMPLOYMENT AGREEMENT AND ADMINISTERED IN KEEPING WITH THE RELATED CAP BOARD-APPROVED EXECUTIVE COMPENSATION PHILOSOPHY AND STRATEGY.</p> <p>COMPENSATION OF THE FOUNDATION'S EXECUTIVE DIRECTOR IS CHARGED TO THE FOUNDATION.</p> <p>EXECUTIVE COMPENSATION</p> <p>THE ORGANIZATION DESIRES TO ENSURE THAT ITS EXECUTIVE COMPENSATION PROGRAM IS COMPETITIVE, FAIR, AND EQUITABLE, AS WELL AS COMPLIANT WITH REGULATORY GUIDELINES AND REPRESENTATIVE OF MARKET BEST PRACTICES. THE ORGANIZATION WILL CONSIDER NATIONAL PEER GROUPS OF ORGANIZATIONS COMPARABLE IN SIZE (I.E. REVENUE) AND COMPLEXITY TO DETERMINE THE MARKET VALUES FOR EACH OF ITS EXECUTIVE POSITIONS. THESE PEER GROUPS VARY BY POSITION AND REQUIRED SKILL SETS. MARKET COMPARATORS FROM SELECT TAX EXEMPT AND FOR-PROFIT ORGANIZATIONS PROVIDE A SECONDARY BENCHMARK.</p> <p>THE CAP HAS ESTABLISHED A TARGET POSITION FOR EACH OF THE FOLLOWING COMPONENTS OF ITS EXECUTIVE TOTAL COMPENSATION PROGRAM: BASE SALARIES, TOTAL CASH COMPENSATION, TOTAL DIRECT COMPENSATION, QUALIFIED BENEFITS, SUPPLEMENTAL BENEFITS AND PERQUISITES, AND SEVERANCE. THE ORGANIZATION WILL EXERCISE THE UTMOST CARE IN ENSURING THAT ALL ELEMENTS OF EACH EXECUTIVE COMPENSATION IS PROPERLY REPORTED AS REQUIRED ON INTERNAL REVENUE SERVICE FORMS W-2, 941, AND 990.</p> |
| FORM 990, PART VI, LINE 19 -<br>REQUIRED DOCUMENTS<br>AVAILABLE TO THE PUBLIC | <p>THE FOUNDATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. THE ANNUAL AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ILLINOIS ATTORNEY GENERAL'S WEBSITE.</p>   |

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

COLLEGE OF AMERICAN PATHOLOGISTS FOUNDATION

**Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Employer identification number

36-6134600

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) .....   |                         |  |                     |                           |                                  |
| (2) .....   |                         |  |                     |                           |                                  |
| (3) .....   |                         |  |                     |                           |                                  |
| (4) .....   |                         |  |                     |                           |                                  |
| (5) .....   |                         |  |                     |                           |                                  |
| (6) .....   |                         |  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|--|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|  |                         |  |                            |   |                                  | Yes  | No |
| (1) COLLEGE OF AMERICAN PATHOLOGISTS (36-2118323)<br>325 WAUKEGAN ROAD, NORTHFIELD, IL 60096 | SEE PART VII            | IL   | 501(C)(6)                  |   | N/A                              |  | ✓  |
| (2) .....  |                         |  |                            |   |                                  |  |    |
| (3) .....  |                         |  |                            |   |                                  |  |    |
| (4) .....  |                         |  |                            |   |                                  |  |    |
| (5) .....  |                         |  |                            |   |                                  |  |    |
| (6) .....  |                         |  |                            |   |                                  |  |    |
| (7) .....  |                         |  |                            |   |                                  |  |    |

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

| (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant<br>income (related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512—514) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V—UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|  |                         |  |                                     |   |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
| (1) .....  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
| (2) .....  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
| (3) .....  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
| (4) .....  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
| (5) .....  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
| (6) .....  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
| (7) .....  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |

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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp, or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|---|-------------------------|---|-------------------------------------|---|---------------------------------|---------------------------------------|--------------------------------|--|----|
|   |                         |   |                                     |   |                                 |                                       |                                | Yes  | No |
| (1) .....   |                         |   |                                     |   |                                 |                                       |                                |  |    |
| (2) .....   |                         |   |                                     |   |                                 |                                       |                                |  |    |
| (3) .....   |                         |   |                                     |   |                                 |                                       |                                |  |    |
| (4) .....   |                         |   |                                     |   |                                 |                                       |                                |  |    |
| (5) .....   |                         |   |                                     |   |                                 |                                       |                                |  |    |
| (6) .....   |                         |   |                                     |   |                                 |                                       |                                |  |    |
| (7) .....   |                         |   |                                     |   |                                 |                                       |                                |  |    |

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|   | Yes       | No |
|---|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?                          |           |    |
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .  | <b>1a</b> | ✓  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .  | <b>1b</b> | ✓  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .  | <b>1c</b> | ✓  |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .   | <b>1d</b> | ✓  |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .  | <b>1e</b> | ✓  |
| <b>f</b> Dividends from related organization(s) . . . . .   | <b>1f</b> | ✓  |
| <b>g</b> Sale of assets to related organization(s) . . . . .  | <b>1g</b> | ✓  |
| <b>h</b> Purchase of assets from related organization(s) . . . . .  | <b>1h</b> | ✓  |
| <b>i</b> Exchange of assets with related organization(s) . . . . .  | <b>1i</b> | ✓  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .   | <b>1j</b> | ✓  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .   | <b>1k</b> | ✓  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .   | <b>1l</b> | ✓  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .  | <b>1m</b> | ✓  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .  | <b>1n</b> | ✓  |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .   | <b>1o</b> | ✓  |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .   | <b>1p</b> | ✓  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .   | <b>1q</b> | ✓  |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .  | <b>1r</b> | ✓  |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .  | <b>1s</b> | ✓  |
| <b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. |           |    |

| (a)<br>Name of related organization            | (b)<br>Transaction<br>type (a–s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|--|----------------------------------|------------------------|--|
| (1) COLLEGE OF AMERICAN PATHOLOGISTS FUNDATION | C                                | 500,000                | CASH   |
| (2) COLLEGE OF AMERICAN PATHOLOGISTS FUNDATION | O                                | 700,431                | COST   |
| (3) COLLEGE OF AMERICAN PATHOLOGISTS FUNDATION | P                                | 195,410                | COST   |
| (4) COLLEGE OF AMERICAN PATHOLOGISTS FUNDATION | K                                | 10,250                 | COST   |
| (5) COLLEGE OF AMERICAN PATHOLOGISTS FUNDATION | M                                | 2,725                  | COST   |
| (6)  |                                  |                        |  |

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

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

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Predominant<br>income (related,<br>unrelated, excluded<br>from tax under<br>sections 512–514) | (e)<br>Are all partners<br>section<br>501(c)(3)<br>organizations? |    | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V—UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|---|-------------------------|--|--|---|----|---------------------------------|--|---|----|---|---|----|--------------------------------|
|   |                         |  |  | Yes   | No |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
| (1) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (2) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (3) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (4) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (5) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (6) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (7) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (8) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (9) .....                               |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (10) .....                              |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (11) .....                              |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (12) .....                              |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (13) .....                              |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (14) .....                              |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (15) .....                              |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (16) .....                              |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |



**Part VII****Supplemental Information.** Provide additional information for responses to questions on Schedule R (see instructions).

| Return Reference - Identifier     | Explanation  |
|-----------------------------------|--|
| SCHEDULE R, PART II, COLUMN (B) - | THE CAP'S PRIMARY ACTIVITY IS TO FOSTER THE HIGHEST STANDARDS IN EDUCATION, RESEARCH, AND THE PRACTICE OF PATHOLOGY; TO ADVANCE THE SCIENCE OF PATHOLOGY, AND IMPROVE MEDICAL LABORATORY SERVICE TO PATIENTS, PHYSICIANS, HOSPITALS, AND THE PUBLIC; AND TO ENHANCE THE DIGNITY, SCIENTIFIC COMPETENCE, AND EFFICIENT PRACTICE OF THE SPECIALTY OF PATHOLOGY FOR SERVICE OF THE COMMON GOOD. |

# FINANCIAL STATEMENTS

College of American Pathologists Foundation  
Years Ended December 31, 2023 and 2022  
With Report of Independent Auditors

Ernst & Young LLP



# College of American Pathologists Foundation

## Financial Statements

Years Ended December 31, 2023 and 2022

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## Report of Independent Auditors

The Board of Governors  
College of American Pathologists Foundation

### Opinion

We have audited the financial statements of the College of American Pathologists Foundation (the Foundation), which comprise the balance sheets as of December 31, 2023 and 2022, and the related statements of activities and changes in net assets, and cash flows for the years then ended, and the related notes (collectively referred to as the “financial statements”).

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Foundation at December 31, 2023 and 2022, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Foundation and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Foundation’s ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

## **Auditor's Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free of material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Foundation's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Foundation's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

*Ernst & Young LLP*

March 12, 2024

# College of American Pathologists Foundation

## Balance Sheets

|  | December 31         |                     |
|--|---------------------|---------------------|
|  | 2023                | 2022                |
| <b>Assets</b>  |                     |                     |
| Current assets:  |                     |                     |
| Cash and cash equivalents  | \$ 187,400          | \$ 178,367          |
| Pledges receivable, net of allowance for uncollectibles<br>of \$30,230 and \$28,226 at December 31, 2023<br>and 2022, respectively | 262,835             | 246,159             |
| Prepaid expense  | 2,500               | —                   |
| Due from the College of American Pathologists  | 32,380              | 41,735              |
| Total current assets   | 485,115             | 466,261             |
| Investments  | 2,417,037           | 2,110,348           |
| Pledges receivable, net of allowance for uncollectibles<br>of \$22,179 and \$45,658 at December 31, 2023 and<br>2022, respectively | 192,833             | 398,189             |
| Property and equipment:  |                     |                     |
| Computer software  | 33,462              | 33,462              |
| Less accumulated amortization  | 33,462              | 33,462              |
| Total assets   | <u>\$ 3,094,985</u> | <u>\$ 2,974,798</u> |
| <b>Liabilities and net assets</b>  |                     |                     |
| Current liabilities:   |                     |                     |
| Accrued grants and awards  | \$ 60,230           | \$ 70,583           |
| Accounts payable and accrued expenses  | 13,644              | 1,400               |
| Due to the College of American Pathologists  | 253,157             | 287,474             |
| Total liabilities  | 327,031             | 359,457             |
| Net assets:  |                     |                     |
| Without donor restriction  | 1,925,985           | 1,648,640           |
| With donor restriction   | 841,969             | 966,701             |
| Total net assets   | 2,767,954           | 2,615,341           |
| Total liabilities and net assets   | <u>\$ 3,094,985</u> | <u>\$ 2,974,798</u> |

*See accompanying notes.*

# College of American Pathologists Foundation

## Statements of Activities and Changes in Net Assets

|  | Year Ended December 31          |                              |                     |                                 |                              |                     |
|--|---------------------------------|------------------------------|---------------------|---------------------------------|------------------------------|---------------------|
|  | 2023                            |                              |                     | 2022                            |                              |                     |
|  | Without<br>Donor<br>Restriction | With<br>Donor<br>Restriction | Total               | Without<br>Donor<br>Restriction | With<br>Donor<br>Restriction | Total               |
| <b>Revenues, gains, and other support</b>                                |                                 |                              |                     |                                 |                              |                     |
| Contributions  | \$ 306,798                      | \$ 103,263                   | \$ 410,061          | \$ 351,984                      | \$ 99,292                    | \$ 451,276          |
| CAP operating grant  | 500,000                         | —                            | 500,000             | 500,000                         | —                            | 500,000             |
| Contributions of nonfinancial assets                                     | 266,932                         | —                            | 266,932             | 129,176                         | —                            | 129,176             |
| Investment Gain (loss)   | 318,245                         | —                            | 318,245             | (343,392)                       | (32,698)                     | (376,090)           |
| Other revenue  | 35,000                          | —                            | 35,000              | 18,333                          | —                            | 18,333              |
| Transfer between without donor restriction<br>and with donor restriction | (88,607)                        | 88,607                       | —                   | (81,614)                        | 81,614                       | —                   |
| Net assets released from donor restriction                               | 316,602                         | (316,602)                    | —                   | 499,001                         | (499,001)                    | —                   |
| Total revenues, gains, and other support                                 | 1,654,970                       | (124,732)                    | 1,530,238           | 1,073,488                       | (350,793)                    | 722,695             |
| <b>Expenses</b>  |                                 |                              |                     |                                 |                              |                     |
| Personnel and benefits   | 700,432                         | —                            | 700,432             | 816,222                         | —                            | 816,222             |
| Travel and board expenses  | 78,690                          | —                            | 78,690              | 82,827                          | —                            | 82,827              |
| Outside services   | 114,248                         | —                            | 114,248             | 169,134                         | —                            | 169,134             |
| Outside services in-kind   | 266,932                         | —                            | 266,932             | 129,176                         | —                            | 129,176             |
| Awards   | 200,205                         | —                            | 200,205             | 308,556                         | —                            | 308,556             |
| General administrative and other   | 17,118                          | —                            | 17,118              | 71,685                          | —                            | 71,685              |
| Total expenses   | 1,377,625                       | —                            | 1,377,625           | 1,577,600                       | —                            | 1,577,600           |
| Revenues, gains, and other support in excess (deficit) of expenses       | 277,345                         | (124,732)                    | 152,613             | (504,112)                       | (350,793)                    | (854,905)           |
| Net assets at beginning of year  | 1,648,640                       | 966,701                      | 2,615,341           | 2,152,752                       | 1,317,494                    | 3,470,246           |
| Net assets at end of year  | <u>\$ 1,925,985</u>             | <u>\$ 841,969</u>            | <u>\$ 2,767,954</u> | <u>\$ 1,648,640</u>             | <u>\$ 966,701</u>            | <u>\$ 2,615,341</u> |

See accompanying notes.

# College of American Pathologists Foundation

## Statements of Cash Flows

|  | <b>Year Ended December 31</b> |                   |
|--|-------------------------------|-------------------|
|  | <b>2023</b>                   | <b>2022</b>       |
| <b>Operating activities</b>  |                               |                   |
| Increase (decrease) in net assets  | \$ 152,613                    | \$ (854,905)      |
| Adjustments to reconcile increase (decrease) in net assets to net cash provided by (used in) operating activities: |                               |                   |
| Change in unrealized (losses) gains in fair value of investments   | (314,418)                     | 488,005           |
| Changes in operating assets and liabilities:   |                               |                   |
| Pledges – current  | (16,676)                      | 25,775            |
| Miscellaneous receivables  | –                             | 250               |
| Prepaid expense  | (2,500)                       | 1,000             |
| Due from the College of American Pathologists  | 9,355                         | (11,241)          |
| Pledges – long-term  | 205,356                       | 218,459           |
| Other liabilities  | (22,073)                      | 377               |
| Accrued grants and awards  | (10,353)                      | 35,754            |
| Net cash provide by (used in) operating activities   | 1,304                         | (96,526)          |
| <b>Investing activities</b>  |                               |                   |
| Purchases of investments   | (497,272)                     | (295,439)         |
| Sales of investments   | 505,001                       | 293,677           |
| Net cash provide by (used in) investing activities   | 7,729                         | (1,762)           |
| Increase (decrease) in cash and cash equivalents   | 9,033                         | (98,288)          |
| Cash and cash equivalents at beginning of year   | 178,367                       | 276,655           |
| Cash and cash equivalents at end of year   | <u>\$ 187,400</u>             | <u>\$ 178,367</u> |

*See accompanying notes.*



# College of American Pathologists Foundation

## Notes to Financial Statements

December 31, 2023

### **1. Summary of Significant Accounting Policies**

#### **Organization**

The College of American Pathologists Foundation (the Foundation) was established to contribute to health and patient care by providing leadership and resources to ensure continuing excellence in the science, art, and practice of pathology. Funds are solicited and received as contributions from the members of the College of American Pathologists (the College) and other businesses located throughout the United States.

The Foundation is an Illinois not-for-profit corporation exempt from federal income tax under Internal Revenue Code Section 501(a) as an organization described in Section 501(c)(3) and a public charity as described in Section 509(a).

#### **Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenue and expenses during the reporting period. Although estimates are considered to be fairly stated at the time that the estimates are made, actual results could differ.

#### **Cash and Cash Equivalents**

Cash and cash equivalents are financial instruments with original maturities of 90 days or less and consist of cash and investments in money market funds. There are no assets outside of cash and cash equivalents, as defined above, that would require reconciliation within the statements of cash flows.

#### **Investments**

Investments primarily consist of mutual funds and are carried at fair value. Fair value is based on quoted market prices for those or similar investments. The increase or decrease in fair value is recorded as an unrealized gain or loss and is reported as investment income, unless the gains and losses are restricted by donor or law.

# College of American Pathologists Foundation

## Notes to Financial Statements (continued)

### 1. Summary of Significant Accounting Policies (continued)

#### Fair Value of Financial Instruments

Investments are recorded at fair value. The carrying amounts of all other accounts reported on the accompanying balance sheets approximate their fair values at December 31, 2023 and 2022.

#### Property and Equipment

Property and equipment are stated at cost. Depreciation is provided using the straight-line method over the estimated useful life of the software, which is three years.

#### Net Assets

Net assets are classified based upon the donor's restriction, if any. Net assets without donor restriction have no donor-imposed restrictions. Net assets with donor restriction are assets with donor restrictions that expire with the passage of time, the occurrence of an event, or the fulfillment of certain conditions. Earnings related to net assets with donor restriction are recorded as net assets with donor restriction until amounts are expensed in accordance with the donor's specified purposes. When donor restrictions are met, net assets with donor restriction are reclassified as net assets without donor restriction and reported on the statements of activities and changes in net assets as net assets released from restrictions and used in operations.

The Foundation has received certain gifts of cash, securities, and other assets for specific purposes as restricted by the donors; these amounts are reported as net assets with donor restriction until they are utilized for the donor-specified purpose. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. In the absence of explicit donor stipulations about how long those long-lived assets must be maintained, the Foundation reports expiration of donor restrictions when the donated or acquired long-lived assets are placed in service.

Net assets with donor restriction include donated assets which use is restricted in perpetuity by the donor. The Foundation is permitted to expend all of the income derived from the assets for either unrestricted or restricted purposes, depending on the restrictions imposed by the donor.

# College of American Pathologists Foundation

## Notes to Financial Statements (continued)

### 1. Summary of Significant Accounting Policies (continued)

#### Contributions

Contributions of cash and other assets are reported at fair value at the date received. Contributions received with donor restrictions that limit the use of the donated assets are reported as restricted support. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restrictions are accomplished, net assets with donor restriction are reclassified as net assets without donor restriction and reported on the statements of activities and changes in net assets as net assets released from restrictions and used in operations.

#### Contributions of Nonfinancial Assets

The College provides management services to the Foundation that are presented as contributions of nonfinancial assets. Related expenses are presented as outside services in-kind.

The Foundation receives donated professional services that would typically be purchased as contributions of nonfinancial assets. These services provided by the employees of the College require specialized skills and are recognized at fair value. Actual salaries are used to allocate their time to the Foundation.

|                                      | <b>Year Ended December 31</b> |                          |
|--------------------------------------|-------------------------------|--------------------------|
|                                      | <b>2023</b>                   | <b>2022</b>              |
| Contributions of nonfinancial assets | <u>\$ 266,932</u>             | <u>\$ 129,176</u>        |
|                                      | <u><u>\$ 266,932</u></u>      | <u><u>\$ 129,176</u></u> |

# College of American Pathologists Foundation

## Notes to Financial Statements (continued)

### 1. Summary of Significant Accounting Policies (continued)

#### Gifts and Pledges

Gifts, including unconditional promises to give pledges, are recognized as revenue in the period received and reported at present value. The gifts are reported as with donor restriction if they are received with donor stipulations that limit their use. The expiration or fulfillment of donor-imposed restrictions on contributions in the period in which the restriction expires or in which the restrictions are fulfilled is reported as net assets released from restrictions and used in operations on the statements of activities and changes in net assets.

Pledges that are expected to be collected within one year are recorded at their net realizable value and are classified as current assets on the balance sheets. Pledges that are expected to be collected in one to five years are discounted using a risk-free rate of return and are classified as long-term assets on the balance sheets. An allowance for uncollectible pledges receivable is estimated based on historical experience and other indicators.

### 2. Liquidity and Availability

Financial assets available for general expenditure without donor or other restrictions limiting their use, within one year of the balance sheet date, are comprised of the following at December 31:

|  | <b>2023</b>         | <b>2022</b>         |
|--|---------------------|---------------------|
| Cash and cash equivalents                        | \$ 187,400          | \$ 178,367          |
| Short-term pledges                               | 262,835             | 246,159             |
| Investments                                      | 2,417,037           | 2,110,348           |
| Total financial assets available within one year | <u>\$ 2,867,272</u> | <u>\$ 2,534,874</u> |

## College of American Pathologists Foundation

### Notes to Financial Statements (continued)

#### 3. Pledges Receivable

Included in pledges receivable on the accompanying balance sheets are the following unconditional pledges at December 31:

|                                     | <u>2023</u>       | <u>2022</u>       |
|-------------------------------------|-------------------|-------------------|
| <b>Less than one year</b>           |                   |                   |
| Gross unconditional pledges         | \$ 302,304        | \$ 282,256        |
| Less:                               |                   |                   |
| Allowance for uncollectible pledges | 30,230            | 28,226            |
| Unamortized discount                | 9,239             | 7,871             |
| Net unconditional pledges           | <u>\$ 262,835</u> | <u>\$ 246,159</u> |
|                                     |                   |                   |
|                                     | <u>2023</u>       | <u>2022</u>       |
| <b>One to five years</b>            |                   |                   |
| Gross unconditional pledges         | \$ 221,790        | \$ 456,580        |
| Less:                               |                   |                   |
| Allowance for uncollectible pledges | 22,179            | 45,658            |
| Unamortized discount                | 6,778             | 12,733            |
| Net unconditional pledges           | <u>\$ 192,833</u> | <u>\$ 398,189</u> |

The annual interest rate used to discount pledges was 1.00% as of December 31, 2023 and 2022, respectively.

#### 4. Investments

Investments measured at fair value consisted of the following at December 31:

|                      | <u>2023</u>         | <u>2022</u>         |
|----------------------|---------------------|---------------------|
| Mutual funds:        |                     |                     |
| U.S. equity          | \$ 817,161          | \$ 712,304          |
| International equity | 673,720             | 567,028             |
| Fixed income         | 926,156             | 831,016             |
|                      | <u>\$ 2,417,037</u> | <u>\$ 2,110,348</u> |

# College of American Pathologists Foundation

## Notes to Financial Statements (continued)

### 4. Investments (continued)

Total investment return for the years ended December 31 is as follows:

|  | <b>2023</b>              | <b>2022</b>                |
|--|--------------------------|----------------------------|
| Dividend income  | \$ 94,296                | \$ 84,790                  |
| Fees   | (5,913)                  | (5,769)                    |
| Interest   | 340                      | 277                        |
| Realized loss on investments, net                      | (84,896)                 | 32,617                     |
| Change in unrealized gain in fair value of investments | 314,418                  | (488,005)                  |
|  | <b><u>\$ 318,245</u></b> | <b><u>\$ (376,090)</u></b> |

Total investment returns are included on the accompanying statements of activities and changes in net assets for the years ended December 31 as follows:

|                           | <b>2023</b>              | <b>2022</b>                |
|---------------------------|--------------------------|----------------------------|
| Without donor restriction | \$ 318,245               | \$ (343,392)               |
| With donor restriction    | —                        | (32,698)                   |
|                           | <b><u>\$ 318,245</u></b> | <b><u>\$ (376,090)</u></b> |

Fair value is defined in Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. ASC 820-10, *Fair Value Measurement – Overall*, establishes a three-level hierarchy for fair value measurements based upon the transparency of inputs to the valuation of an asset or a liability as of the measurement date.

The three levels are defined as follows:

- Level 1 – Inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets.
- Level 2 – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instruments.

## College of American Pathologists Foundation

### Notes to Financial Statements (continued)

#### **4. Investments (continued)**

- Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

The Foundation's investments of \$2,417,037 and \$2,110,348 reported at fair value as of December 31, 2023 and 2022, respectively, are invested in mutual funds and considered as Level 1 in accordance with the valuation hierarchy defined above. The mutual funds are based on open market pricing and are valued on a daily basis.

#### **5. Related-Party Transactions**

The Foundation is significantly dependent on contributions from the College and is related to the College. The College is a Section 501(c)(6) not-for-profit professional membership organization. Amounts due to/from the College represent cash collected on behalf of the Foundation and contributions due from the College, net of expenses paid by the College, on behalf of the Foundation. The amount due from the College was \$32,380 and \$41,735 at December 31, 2023 and 2022, respectively.

The College makes contributions to the Foundation to further the Foundation's purpose. Contributions to the Foundation totaled \$500,000 for each of the years ended December 31, 2023 and 2022, respectively. Amounts due to the College for expenses paid on the Foundation's behalf totaled \$253,157 and \$287,474 as of December 31, 2023 and 2022, respectively.

The College provides management services to the Foundation that are recorded as contributions of nonfinancial assets for revenue and outside services in-kind for expenses, which totaled \$266,932 and \$129,176 for the years ended December 31, 2023 and 2022, respectively.

Dedicated personnel of the Foundation are paid by the College and charged to the Foundation based on actual costs of \$700,432 and \$816,222 for the years ended December 31, 2023 and 2022, respectively. The College also charges the Foundation for other shared services, which totaled \$12,975 and \$15,477 for the years ended December 31, 2023 and 2022, respectively.

## College of American Pathologists Foundation

### Notes to Financial Statements (continued)

#### 6. Net Assets With Donor Restriction

Net assets with donor restriction are used to differentiate resources, the use of which is restricted by donors or grantors to a specific time period or purpose, from resources on which no restrictions have been placed or that arise from the general operations of the Foundation. Restricted gifts and bequests are recorded as an addition to net assets with donor restriction in the period received. Resources restricted by donors for specific operating purposes are reported in unrestricted revenues, gains, and other support to the extent expended within the period.

|  | <b>2023</b>       | <b>2022</b>       |
|--|-------------------|-------------------|
| Subject to expenditure for specified purposes: |                   |                   |
| Research                                       | \$ <b>125,731</b> | \$ 112,237        |
| Education                                      | <b>716,238</b>    | 757,580           |
| Clinical                                       | —                 | 96,884            |
| Total net assets with donor restriction        | <b>\$ 841,969</b> | <b>\$ 966,701</b> |

Net assets were released from donor restrictions as expenditures were made, which satisfied the following restricted purposes for the years ended December 31:

|   | <b>2023</b>       | <b>2022</b>       |
|---|-------------------|-------------------|
| Research  | \$ <b>11,900</b>  | \$ 56,500         |
| Education   | <b>72,253</b>     | 133,580           |
| Clinical  | <b>232,449</b>    | 308,921           |
| Total net assets released from donor restrictions | <b>\$ 316,602</b> | <b>\$ 499,001</b> |



## College of American Pathologists Foundation

### Notes to Financial Statements (continued)

#### 7. Endowments

The Foundation's endowments consist of two individual funds, the Pierre W. Keitges Award Fund and the MSP William R. Bynum Fund. These funds had been restricted by donors to be maintained by the Foundation in perpetuity. Income earned on these contributions was restricted for use as designated by the donors. As of December 31, 2023, both of the Foundation endowments have been released. The Foundation does not have any board-designated funds as of December 31, 2023 and 2022.

The Foundation's Board of Trustees has interpreted the Uniform Prudent Management of Institutional Funds Act, enacted in the state of Illinois in 2009, as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Foundation retains in perpetuity: (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the perpetual endowment, and (c) accumulations to the perpetual endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund.

The Foundation's Statement of Investment Policies, Guidelines, and Objectives establishes a formal investment strategy for all funding. These guidelines emphasize preservation of capital, risk aversion, and realistic return goals. In accordance with the policy, the primary objective is to focus on total return, that is, the aggregate return from capital appreciation and dividend and interest income. The Foundation utilizes an investment advisor to assist in development of asset allocation targets; monitor investment performance; conduct investment manager searches; and communicate matters of policy, research, and performance to management and the Investment Sub-Committee.

|                                       | 2023        | 2022        |
|---------------------------------------|-------------|-------------|
| Net assets as of January 1            | \$ —        | \$ 278,837  |
| Contributions                         | —           | 100         |
| Investment income                     | —           | (32,698)    |
| Net assets released from restrictions | —           | (36,023)    |
| Released from endowment               | —           | (210,216)   |
| Change in net assets                  | —           | (278,837)   |
| Net assets as of December 31          | <u>\$ —</u> | <u>\$ —</u> |

## College of American Pathologists Foundation

### Notes to Financial Statements (continued)

#### 8. Functional Expenses

The Foundation provides leadership and resources to contribute to health and patient care and to maintain continuing excellence in the science of pathology. Personnel and benefits and travel expenses are allocated to each functional area using various methods. All other operating expenses directly attributable to a specific functional area of the Foundation are reported as expenses of those functional areas. Expenses related to these functions for the years ended December 31 are as follows:

|                           | <b>2023</b>       |                    |                       |                     |
|---------------------------|-------------------|--------------------|-----------------------|---------------------|
|                           | <b>Programs</b>   | <b>Fundraising</b> | <b>Administrative</b> | <b>Total</b>        |
| Personnel and benefits    | \$ 253,823        | \$ 236,029         | \$ 210,580            | \$ 700,432          |
| Travel and board expenses | 21,438            | 35,587             | 21,665                | 78,690              |
| Outside services          | 149,900           | 122,959            | 108,321               | 381,180             |
| Awards                    | 200,205           | —                  | —                     | 200,205             |
| Other                     | 6,497             | 3,630              | 6,991                 | 17,118              |
|                           | <u>\$ 631,863</u> | <u>\$ 398,205</u>  | <u>\$ 347,557</u>     | <u>\$ 1,377,625</u> |

|                           | <b>2022</b>       |                    |                       |                     |
|---------------------------|-------------------|--------------------|-----------------------|---------------------|
|                           | <b>Programs</b>   | <b>Fundraising</b> | <b>Administrative</b> | <b>Total</b>        |
| Personnel and benefits    | \$ 341,216        | \$ 252,798         | \$ 222,208            | \$ 816,222          |
| Travel and board expenses | 24,081            | 30,056             | 28,690                | 82,827              |
| Outside services          | 81,752            | 178,864            | 37,694                | 298,310             |
| Awards                    | 308,556           | —                  | —                     | 308,556             |
| Other                     | 40,717            | 27,781             | 3,187                 | 71,685              |
|                           | <u>\$ 796,322</u> | <u>\$ 489,499</u>  | <u>\$ 291,779</u>     | <u>\$ 1,577,600</u> |

#### 9. Subsequent Events

The Foundation evaluated events and transactions occurring subsequent to December 31, 2023 through March 12, 2024, the date the accompanying financial statements were available to be issued. During this period, there were no subsequent events requiring recognition or disclosure in the financial statements.

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