Form **990** 

## PUBLIC DISCLOSURE COPY

## **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.

Department of the Treasury Internal Revenue Service

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►	Information	about Form	990 and	its instruc	tions is at	www.irs	aov/for	m990

2015 Open to Public

OMB No. 1545-0047

AF	or th	ne 2015 calendar year, or tax year beginning , 201	5, and endi	ng			, 20			
		C Name of organization	-,	<u> </u>	D Employer ider	ntification				
Bc	heck if a	pplicable: COLLEGE OF AMERICAN PATHOLOGISTS FOUNDATION	1		36-6134	1600				
	Addre	ess Deing husiness of								
	1 1	e change Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		E Telephone nur	nber				
	-	1 return 325 WAUKEGAN ROAD			(847) 83	2 - 7000	)			
	Final	return/ City or town, state or province, country, and ZIP or foreign postal code								
	termii Amen				G Gross receipts	\$	918	3,782.		
		<sup>cation</sup> <b>F</b> Name and address of principal officer: JENNIFER LAUDADTO	MD, FCAP		H(a) Is this a grou		Yes	XNC		
	_ pendi	325 WAUKEGAN ROAD NORTHFIELD, IL 60093-2760			subordinates H(b) Are all subord		Yes			
ī	Tax-ex	xempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1	1) or 5	27	If "No," attac					
J	Websi	ite: ► WWW.FOUNDATION.CAP.ORG			H(c) Group exemp	otion number				
ĸ	Form	of organization: X Corporation Trust Association Other	L Year	of format	ion: 1963 <b>M</b>			: IL		
	art I	Summary					<u>.</u>			
		Briefly describe the organization's mission or most significant activities: CHAMI	PION HUMA	ANITA	RIAN & PAT	TENT-	CENTER	ED		
ė	-	ROLES FOR PATHOLOGISTS. CONNECT THOSE IN NEED TO								
anc		SAVING SKILLS OF PATHOLOGISTS. CONFER TRAINING &	AWARDS '	TO RE	SIDENTS.					
Governance	2	Check this box	sed of more th	nan 25%	of its net assets	 3.				
õ						3		14.		
8		Number of independent voting members of the governing body (Part VI, line 1b)				4		13.		
Activities &		Total number of individuals employed in calendar year 2015 (Part V, line 2a)				5		0.		
tivi		Total number of volunteers (estimate if necessary)				6		845.		
Ac	7a	Total unrelated business revenue from Part VIII, column (C), line 12				7a		0.		
		Net unrelated business taxable income from Form 990-T, line 34				7b		0.		
					Prior Year		Current `	rear 🗌		
<b>m</b>	8	Contributions and grants (Part VIII, line 1h)			931,55	3.	732	,314.		
anue		Program service revenue (Part VIII, line 2g)				0.		0.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			107,32	4.	66	5,377.		
R		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			85	1.	2	2,834.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			1,039,72	8.	801	,525.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			139,75	3.	186	,962.		
		Benefits paid to or for members (Part IX, column (A), line 4)				0.		0.		
ş	15	Salaries other compensation employee benefits (Part IX column (A) lines 5-10)	)		641,97	3.	520	,241.		
Expenses	16 a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright$ 149,55				0.		0.		
xpe	b	Total fundraising expenses (Part IX, column (D), line 25) ►149, 55	2							
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			260,92	8.	253	,179.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,042,654.		960,38			
	19	Revenue less expenses. Subtract line 18 from line 12		-	-2,92	6.	-158	,857.		
s or	20 21 22			Begin	ning of Current Y	'ear	End of Ye			
set	20	Total assets (Part X, line 16)			3,549,13		2,751			
t As nd B	21	Total liabilities (Part X, line 26)			560,44			,972.		
S <sup>T</sup>	22	Net assets or fund balances. Subtract line 21 from line 20			2,988,68	4.	2,271	,086.		
Pa	rt II	Signature Block								
Un	der per	nalties of perjury, I declare that I have examined this return, including accompanying sche ect, and complete. Declaration of preparer (other than officer) is based on all information of w	edules and state	ements, a bas anv kr	and to the best of	my know	ledge and b	oelief, it is		
	,		inon propulor							
Sia	n									
Sign Here		Signature of officer			Date					
			TARY/TRE	ASURE	R					
		Type or print name and title	Data			DTIN				
Paic	ł	Print/Type preparer's name Preparer's signature	Date		Check	if PTIN		4 -		
	- parer	BERNADETTE DURKIN-ZITA			self-employe		000898	45		
	Only	Firm's name FRNST & YOUNG U.S. LLP			Firm's EIN ► 3					
		Firm's address ▶155 N. WACKER DRIVE CHICAGO, IL 60606			Phone no. 3	12-879				
		RS discuss this return with the preparer shown above? (see instructions)				🗆	Yes	X No		
For	Pape	rwork Reduction Act Notice, see the separate instructions.					Form <b>99</b>	<b>0</b> (2015)		

Cumulative e-File History 2015					
Federal					
Locator:	5569HC				
Taxpayer Name:	College of American Pathologists Foundation				
Return Type:	990, 990				
Submitted Date:	07/27/2016 10:21:22				
Acknowledgement Date:	07/27/2016 10:56:46				
Status:	Accepted				
Submission ID:	36964520162095000000				



Department of Treasury Internal Revenue Service Ogden UT 84201

Notice	CP211A
Tax period	December 31, 2015
Notice date	May 2, 2016
Employer ID number	36-6134600
To contact us	Phone 1-877-829-5500
	FAX 801-620-5555

Page 1 of 1

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COLLEGE OF AMERICAN PATHOLOGISTS FOUNDATION 325 WAUKEGAN RD NORTHFIELD IL 60093-2719

002457

Important information about your December 31, 2015 Form 990

# We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your	What you need to do				
December 31, 2015 Form 990. Your new due date is August 15, 2016.	File your December 31, 2015 Form 990 by August 15, 2016. We encourage you to use electronic filing—the fastest and easiest way to file.				
	Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.				
Additional information	<ul> <li>Visit www.irs.gov/cp211a.</li> <li>For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).</li> <li>Keep this notice for your records.</li> </ul>				
	If you need assistance, please don't hesitate to contact us.				

COLLEGE	OF	AMERICAN	PATHOLOGISTS	FOUNDATION
	OT.		TUTUOTOOTOTO	TOOMDITTON

36-6134600

For	m 990 (20	15)			Page <b>2</b>
Pa	art III	Statement of Program Service			
-	Duiatha		a response or note to any line in this Part		X
1	•	lescribe the organization's mission CHMENT 1	on.		
2			nificant program services during the year		
		rm 990 or 990-EZ? describe these new services on	Sahadula O		Yes X No
3			schedule O. ng, or make significant changes in h	now it conducts any program	
3		-		· · •	Yes X No
	If "Yes,'	describe these changes on Sche	edule O.		
4			service accomplishments for each of it		
			<li>c)(4) organizations are required to reprive to reprive the reprive reported.</li>	ort the amount of grants and allo	ocations to others,
		r expenses, and revenue, ir any, i	or each program service reported.		
4a	(Code:	) (Expenses \$	675,764. including grants of \$	186.962 ) (Revenue \$	0.)
	•		ARD GRANTS TO PHYSICIANS AND		/
	ORGAN	ZATIONS SUPPORTING TH	E FOUNDATION PROGRAMS, ESPEC	IALLY SEE,	
	TEST	TREAT, A FREE CERVICA	AL AND BREAST CANCER SCREENI	NG PROGRAM.	
		· · · · · · · · · · · · · · · · · · ·			
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other n	rogram services (Describe in Scl	nedule O.)		
	(Expens			\$)	
	Total p	ogram service expenses <b>&gt;</b>	675,764.	,	
JSA 5E1	020 1.000				Form <b>990</b> (2015)

COLLEGE OF AMERICAN PATHOLOGISTS FOUNDATION

Part W         Checkkist of Required Schedules         Yes         No           1         Is the organization described in socian 501(c)(3) or 4947(a)(1) (other than a private foundation)? // Yes,"         Yes         No           2         Is the organization required to complete Schedule O. Schedule O. Contributors (see instructions)?         1         X           2         Is the organization required to complete Schedule O. Part I.         3         X           4         Section 501(c)(3) organization. Did the organization required to remogen activities, or have a section 501(b).         4         X           5         Is the organization as eaction 501(c)(4), 501(c)(5), or 501(c)(6) organization relatives membership dues, assessments, or similar amounts as defined in Review Picedure 98-197 (*Yes," complete Schedule C. Part II.         5           7         Via the organization maintain any door advised funds or any similar funds or accounts for which doors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part II.         7           8         Did the organization maintain collections of works of art, historical treasures, or ot ustodial account liability, ever as acustodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, ever as acustodian for amounts on tisted in Part X, line 21, for escrow or custodial account liability, ever as acustodian for amounts or the right to provide radio account liability, ever as acustodian for amounts or there of the ristodin Part V.         9         X	Form 9	90 (2015)		F	Page 3
<ul> <li>Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation?? If "Yes," complete Schedule A,</li></ul>	Part	V Checklist of Required Schedules			
complete Schedule A.       1       1       X         2       1s the organization engage in direct or indirect political campaign activities on behalf of or in opposition candidates for public officer If 'Yes' complete Schedule P. Part I.       3       X         4       Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year! If 'Yes' complete Schedule C, Part II.       4       X         5       Is the organization ascint as defined in Revenue Procedure 88-197. If 'Yes,' complete Schedule C, Part II.       5         6       Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide works of art, historical treasures, or other similar asset? If 'Yes,' complete Schedule D, Part II.       6         7       X       Did the organization reactions of works of art, historical treasures, or other similar asset? If 'Yes,' complete Schedule D, Part II.       7         8       Did the organization reactions of works of art, historical treasures, or other similar asset? If 'Yes,' complete Schedule D, Part V.       7         9       Did the organization reactions of works of art, historical treasures, or other similar asset? If 'Yes,' complete Schedule D, Part V.       9         10       Did the organization reactions of works of art, historical treasures, or other similar asset? If 'Yes,' complete Schedule D, Part V.       9         11       If the organization reactions of works of art, historical t				Yes	No
2         is the organization required to complete Schedule 6. Schedule 6 Contributers (see instructions)?.         2         X           3         Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Vos,' complete Schedule C, Part I.         3         X           4         Section 501(c)(3) organizations. Did the organization engage in lobbying activities on behalf of or in opposition to candidates for public office? If 'Vos,' complete Schedule C, Part II.         4         X           5         Is the organization a section 501(c)(4). 501(c)(5), or 501(c)(6) organization that receives membershy dues, assessments, or similar 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 'Yos,' complete Schedule D, Part II.         5         X           7         Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yos,' complete Schedule D, Part II.         6         X           9         Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments // "Yos,' complete Schedule D, Part II.         9         X           10         It the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V.         10         X           11         the organization report an amount for land, buildings, an	1				
3       Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? // "res," complete Schedule C, Part /.       3         4       Section 501(c)(3) organization. Such the organization angage in lobbying activities, or have a section 501(i)(4).       4         5       Is the organization ascinger // "res," complete Schedule C, Part /l.       4         6       Did the organization ascinger /l. "res," complete Schedule C, Part /l.       5         7       Did the organization asched advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? /l for scromplete Schedule D, Part /l.       6         7       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? /l for scromplete Schedule D, Part /l.       7         8       Did the organization maintain collections of works of art, historical treesures, or other similar assets? /l "Yes," complete Schedule D, Part /l.       8         9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not lised in Part X.       7       2         10       Did the organization report an amount for law, building, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V.       10       X			1		
candidates for public office? If "Yes," complete Schedule C, Part I,       3       X         4       Section 501(c)(3) organizations. Did the organization angage in lobbying activities, or have a section 501(h)       4       X         5       Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-191 /" Yes," complete Schedule C, Part II,       5       X         6       Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II,       6       X         7       Did the organization maintain collections of works of art. Instorcial treasures, or other similar assets? If Yes," and part of the organization and the complex Schedule D, Part II,       7       X         9       Did the organization maintain collections of works of art. Instorcial treasures, or other similar assets? If Yes," and part of Yes," complete Schedule D, Part III,       9       X         10       Did the organization family of Yes," complete Schedule D, Part III,       9       X         10       Did the organization assets? If Yes," complete Schedule D, Part III,       9       X         10       Did the organization asset and the following questions is Yes," then complete Schedule D, Part VI.       9       X         11       If the organizatio	2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
4         Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "visc" complete Schedule (2, Part II).         4         X           5         Is the organization a section 501(c)(4). 501(c)(5), or 501(c)(6) organization that receives membership dues, assassments, or similar amounts as defined in Revenue Procedure 98-19? If "visc" complete Schedule (2, Part II).         5         X           6         Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "9se," complete Schedule D, Part I,	3				
election in effect during the tax year? If "Yes," complete Schedule C, Part II,       4       X         5       is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197. If "Yes," complete Schedule C, Part II,       5       X         6       Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II.       6       X         7       Did the organization maintain collections of works of art, historical tressures, or other similar assets? If "Yes," complete Schedule D, Part II.       7       X         8       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 negonitation services? If "Yes," complete Schedule D, Part V.       9       X         10       Did the organization report an amount for land, buildings, and equipment in Part X, line 107. If "Yes," complete Schedule D, Part V.       10       X         11       If the organization report an amount for lawestments-other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167. If "Yes," complete Schedule D, Part V.       10       X         11       Ut the organization report an amount for investments-other securities in Part X, line 120. If "Yes,"		candidates for public office? If "Yes," complete Schedule C, Part I	3		X
5         Is the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 /f "Yes," complete Schedule C, Part II.         5         x           6         Did the organization maintain any donor advised funds or any similar funds or accounts? If "es," complete Schedule D, Part I.         6         X           7         Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.         7         X           8         Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.         7         X           9         Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negonization, directly or through a related organization, hold assets in temporarily restricted endowments, premament endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.         10         X           11         It the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V.         11         X           11         It do organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part X. <td>4</td> <td>Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)</td> <td></td> <td></td> <td></td>	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
assessments, or similar amounts as defined in Revenue Procedure 98-197 // "Yes," complete Schedule C,       5       x         6       Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? // "Nes," complete Schedule D, Part II.       6       X         7       Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic and receive? II "Nes," complete Schedule D, Part II.       7       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? II "Nes," complete Schedule D, Part III.       7       X         9       Did the organization report an amount in Part X. Ine 21. for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X. or guasi-indownemets? II "Nes," complete Schedule D, Part V.       9       X         10       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? II "Yes," complete Schedule D, Part V.       10       X         11       the organization report an amount for linvestments-orber securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? II "Yes," complete Schedule D, Part VI.       116       X         11       the organization report an amount for linvestments-orber securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? II "Yes," complete Schedule D, Pa		election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		X
Part III,       5       X         6       Did the organization maintain any door advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I,       6       X         7       Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.       7       X         8       Did the organization report an amount in Part X, line 21, for secrew or custodial account liability, serve as a custodian for amounts nor listed in Part X, ince 21, for secrew or custodial account liability, serve as a custodian for amounts nerely X, provide orderid conganization, identity or through a related organization, hold assets in temporarily restricted endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V, 10       9       X         10       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 V, 11       10       X         11       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, 11       11       X         11       bid the organization report an amount for investments schedule D, Part VII, 11       X       11       X         11       X <t< th=""><td>5</td><td>Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,</td><td></td><td></td><td></td></t<>	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
<ul> <li>6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.</li> <li>7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.</li> <li>8 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, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts on quasi-endowments? If "Yes," complete Schedule D, Part V, vII, VII, VII, VII, X, or X as applicable.</li> <li>10 Did the organization report an amount for land, buildings, and equipment 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 XI,</li></ul>		assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
<ul> <li>6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.</li> <li>7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.</li> <li>8 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, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts on quasi-endowments? If "Yes," complete Schedule D, Part V, vII, VII, VII, VII, X, or X as applicable.</li> <li>10 Did the organization report an amount for land, buildings, and equipment 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 XI,</li></ul>		Part III.	5		Х
"Yes," complete Schedule D, Part I.       6       X         7       Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.       7       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II.       8       X         9       Did the organization report an amount in Part X, ine 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 negatitation services 07 listers," complete Schedule D, Part VI.       9       X         10       Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "res," complete Schedule D, Part VI.       10       X         11       If the organization report an amount for land, buildings, and equipment 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 VI.       11a       X         2       Did the organization report an amount for investments-other ascurities 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 XI.       11b       X         2       Did the organization report an amount for investments-other ascurities Did Yu	6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
<ul> <li>7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic and areas, or historic structures? II "Yes," complete Schedule D, Part II.</li> <li>8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? II "Yes," complete Schedule D, Part II.</li> <li>9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negonization services? II "Yes," complete Schedule D, Part V.</li> <li>10 Did the organization (arcetty or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.</li> <li>11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V.</li> <li>11 Did the organization report an amount for investments-order securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? II "Yes," complete Schedule D, Part VII.</li> <li>110 Did the organization report an amount for investments-order nelated in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? II "Yes," complete Schedule D, Part XII.</li> <li>110 Did the organization report an amount for other assets In Part X, line 15? II "Yes," complete Schedule D, Part XII.</li> <li>111 Did the organization report an amount for other assets In Part X, line 25? II "Yes," complete Schedule D, Part XII.</li> <li>112 Did the organization neotrat axpositions under FN 48 (ASC 740)? II "Yes," complete Schedule D, Part X III</li> <li>114 X</li> <li>115 Did the organization included in consolidated, independent audited financial statements for the tax year? II 'I * X</li> <li>116 Did the organization neorthe an at positions under FN 48 (ASC 740)</li></ul>		have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.       7       X         8 Did the organization maintain collections of works of art, historical resources, or other similar assets? If "Yes," complete Schedule D, Part II.       8       X         9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part VI.       9       X         10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments? If "Yes," complete Schedule D, Part VI.       10       X         11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII.       11a       X         12 Did the organization report an amount for linvestments-other securities in Part X, line 12? If "Yes," complete Schedule D, Part VII.       11b       X         13 Did the organization report an amount for other assets in Part X, line 12? If "Yes," complete Schedule D, Part X X       11d       X         14 Did the organization report an amount for other liabilities in Part X, line 12? If "Yes," complete Schedule D, Part X X       11d       X         14 Did the organization separt an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X       11d       X         14 Did the organization neport an a		"Yes," complete Schedule D, Part I.	6		Х
<ul> <li>B) Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II</li> <li>B) Did the organization services? If "Yes," complete Schedule D, Part IV.</li> <li>D) Did the organization answer to any of the following questions is "Yes," temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.</li> <li>D) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V.</li> <li>D) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.</li> <li>D) 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.</li> <li>D) 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 VII.</li> <li>D) Did the organization report an amount for other isabilities 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 VII.</li> <li>D) Did the organization separate aronsolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X</li> <li>D) Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III the 'I' at the organization separate, independent audited financial statements for the tax year? II 'Yes," complete Schedule D, Part X III the 'I' at the organization included in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Part X III the 'I' at 'I' 'I' 'I' 'I' 'I' 'I' 'I' 'I' 'I' 'I</li></ul>	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
complete Schedule D, Part III       8       X         9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, jor provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V       9       X         10       Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V       10       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11       X         11       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.       11       X         11       Did the organization report an amount for other assets 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 VII.       11       X         11       Did the organization's esparate or consolidated financial statements for the tax year include a footnote that addresses the organization subtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11       X         12       Did the organization aschool described in section 170(b(1)(A)(i)(i) "f" "Yes," complete Schedule D, Part X       111		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
<ul> <li>9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt neganization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>II "Yes," complete Schedule D, Part V</i>.</li> <li>10 Did the organization asswer to any of the following questions is "Yes," then complete Schedule D, Part V.</li> <li>11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>II "Yes," complete Schedule D, Part VI</i>.</li> <li>11 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? <i>II "Yes," complete Schedule D, Part VII</i>.</li> <li>11 Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>II "Yes," complete Schedule D, Part VII</i>.</li> <li>11 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? <i>II "Yes," complete Schedule D, Part VII</i>.</li> <li>11 Did the organization report an amount for other sasets in Part X, line 25? <i>II "Yes," complete Schedule D, Part X</i></li> <li>11 Did the organization obtain separate, independent audited financial statements for the tax yea?? <i>II "Yes," complete Schedule D, Part X</i></li> <li>12 Did the organization askered "No" to <i>Ine 12a, then complete Schedule D, Part X</i> and XII is optional included the corganization askered "No" to <i>Ine 12a, then complete Schedule D, Part X</i> and XII is optional submission, investment, and program service activities outside of the United States, or aggregate foreign investments valued at \$100.000 or more? <i>II "Yes," complete Schedule D, Part X</i> and XII is optional submess, investment, and program service act</li></ul>	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
<ul> <li>9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt neganization, generalized or ganization, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V,</li></ul>		complete Schedule D, Part III	8		Х
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 V       9       X         10       Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V,	9	•			
debt negotiation services? If "Yes," complete Schedule D, Part IV       9       X         10       Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments? If "Yes," complete Schedule D, Part V.       10       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.       11a       X         a Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.       11b       X         c Did the organization report an amount for other tassets 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 VII.       11c       X         d Did the organization report an amount for other tassets in Part X, line 15? If "Yes," complete Schedule D, Part VII.       11c       X         e Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11d       X         12a       X       11d       X       12a       X         13       Is the organization answered "No" to line 12a, then complete Schedule D, Part X       11d       X         13       Is the organization anitain an office, employee					
<ul> <li>10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments? If 'Yes," complete Schedule D, Part V,</li></ul>		debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Х	
endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.       10       X         11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VII, X ox a sapplicable.       11       III       IIII       X         a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11       IIII       X         b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.       110       X         c 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 VII.       111       X         d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       111       X         e Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization is bability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       111       X         12a Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII is optional.       112       X         13       X       13       X       14a       X <td>10</td> <td>-</td> <td></td> <td></td> <td></td>	10	-			
11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VIX, or X as applicable.       a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c 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 VII.       11c       X         d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets       11d       X         e Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         11d       x       11d       x       11d       x         11d       x<			10	Х	
VII, VIII, IX, or X as applicable.         a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI         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.         c Did the organization report an amount for investments-other securities 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 VII.       11a       X         c 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 VI.       11c       X         d Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X       11e       X         e Did the organization's separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X       11e       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule E, Parts XI and XII.       12b       X         13 Is the organization aschool described in section 170(b)(1)(A)(i)? I" "Yes," complete Schedule E, Parts I and IV.       12b       X         14 Did the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate f	11				
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"       11a       X         complete Schedule D, Part VI       11a       X         b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c 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 VII       11c       X         d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X VII.       11c       X         e Did the organization report an amount for other liabilities in Part X, line 25 If "Yes," complete Schedule D, Part X       11d       X         f Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X       11e       X         12a       X       11e       X       11e       X         13 Is the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII is optional       11z       X         14a Did the organization aswered "No" to line 12a, then completing Schedule D, Part X and XII is optional       11a       X         14a Did the organization neport					
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<ul> <li>c 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? <i>If "Yes," complete Schedule D, Part VIII.</i></li></ul>			11b		Х
of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.       11c       X         d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.       11d       X         e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11t       X         12a       Did the organization neutration assess in dependent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11t       X         12a       Did the organization neutration assess in dependent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII       12a       X         13       Is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.       13       X         14a       X       Did the organization neutratin an office, employees, or agents outside to the United States?       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garnts or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3,	с				
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f Did the organization's isobility for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII       12a       X         b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Part X and XII is optional       12b       X         13 Is the organization maintain an office, employees, or agents outside the United States?       14a       X         b Did the organization neord at \$10,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         14 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garts or other assistance to or for foreign invivuals? If "Yes," complete Schedule F, Parts I and IV       14b       X         15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garts or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts I and IV       15       X         16 Ut the organ	•		11c		Х
<ul> <li>reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.</li> <li>Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X</li> <li>Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization batin separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X</li> <li>Did the organization notuced in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII.</li> <li>Was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</li> <li>Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.</li> <li>Ital X</li> <li>Ital</li></ul>	b				
<ul> <li>e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X</li> <li>f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X</li></ul>	-		11d	X	
f       Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII       12a       X       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.       12b       X         13       Is the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization report on Part IX, column (A), line 3, more than \$10,000 form grantmaking, fundraising 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 II and IV       15       X         16       X         17       Did the organization report a total of more than \$15,000 of or wores in or pofessional fundraising services 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 II and IV       16       X         18       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other ass	е			X	
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X					
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII       12a X         b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.       12a X         13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.       13 X         14a Did the organization maintain an office, employees, or agents outside of the United States?       14a X         b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b X         15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15 X         16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 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 II and IV       16 X         17 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 G, Part II (see instructions).       16 X         17 Did the organization report a	•		11f		Х
Schedule D, Parts XI and XII       12a       X         b Was the organization included in consolidated, independent audited financial statements for the tax year? If       "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.       13       X       14a       X         14a Did the organization maintain an office, employees, or agents outside of the United States?       14a       X       14a       X         b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 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 II and IV       16       X         17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreig	12a				
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<ul> <li>"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</li> <li>13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.</li> <li>14a Did the organization maintain an office, employees, or agents outside of the United States?.</li> <li>14a 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.</li> <li>15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV.</li> <li>16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.</li> <li>17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).</li> <li>18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?</li> </ul>	b				
<ul> <li>13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E</li></ul>	~		12h		х
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<ul> <li>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? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i>.</li> <li>15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>.</li> <li>16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>.</li> <li>17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> (see instructions).</li> <li>17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>.</li> <li>18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?</li> </ul>					X
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Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)       17       X         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?       18       X	17	-	- 10		
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Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?       6	18				
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		1.2		х
	10				
		If "Yes," complete Schedule G, Part III	19		Х

Part	V Checklist of Required Schedules (continued)			
-			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			37
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			Х
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		 
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		Х
24	conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		х
22	Part I. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		
32	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
54	or IV, and Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
N	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4.0		х
<b>b</b>	account)?	4a		24
D	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
52	(FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7-		x
	required to file Form 8282?	7c		А
		7e		X
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of qualities interior and property, and the organization me rorm obes as required.	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
122	against amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See in	struc	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		x
	one or more members of the governing body?	1 a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		x
•	stockholders, or persons other than the governing body?	7.5		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	Х	
a	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?	00		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Cod	э.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ $^{IL}$ ,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(0	c)(3)s	only)

- Own website Another's website X Upon request Other (explain in Schedule O)
- **19** Describe in 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: ► STEPHEN MYERS 325 WAUKEGAN ROAD NORTHFIELD, IL 60093 847-832-7557

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Part VII	Compensation of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Contra	actors								
	Check if Schedule (	O contains	a response	or note to	any lii	ne 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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

					C)					
(A)	(B)	(10.11	4 4		ition	. then a		(D)	(E)	(F)
Name and Title	Average hours per	(do not check more than one box, unless person is both an						Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any					or/trust		from	related	other
	hours for		5				, ,	the	organizations	compensation
	related organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	lual t	tiona	7	nplo	yee	-	(00-2/1099-00100)		and related
	line)	trust	al tru		yee	mpe				organizations
		ee	Istee			Insat				
						ëd				
(1)WILLIAM V. HARRER, MD, FCAP	5.00									
SECRETARY/TREASURER	·	x		х				0.	0.	0.
(2) JENNIFER LAUDADIO, MD, FCAP	6.00									
PRESIDENT	6.00	x		х				0.	0.	Ο.
(3)MATTHEW A. ZARKA, MD, FCAP	3.00									
DIRECTOR	0.	x						0.	0.	0.
(4)CHARLES ROUSSEL	1.00									
CHIEF EXECUTIVE OFFICER OF CAP	40.00	X						0.	951,883.	236,742.
(5)STEVEN DRURY, MD	3.00									
DIRECTOR (JUNIOR MEMBER)	0.	Х						0.	0.	0.
(6)CHRISTINA DEAN, MD	3.00									
DIRECTOR (JUNIOR MEMBER)	1.00	Х						0.	0.	0.
_(7) <sup>MEGAN STROK</sup>	3.00									
DIRECTOR	0.	X						0.	0.	0.
(8)MATTHEW_CHRISTENSEN	3.00									<u> </u>
DIRECTOR	0.	X						0.	0.	0.
(9) MARVIN KOGAN	5.00			37				0.	0	0
VICE PRESIDENT	3.00	X		Х				0.	0.	0.
(10)ALISON K. BLESSING, ESQ. DIRECTOR THROUGH SEPTEMBER	0.	x						0.	0.	0.
(11)MARIANA E. BERHO, MD FCAP	3.00							0.	0.	<u> </u>
DIRECTOR	0.	х						0.	0.	0.
(12) MICHAEL JOHN MISIALEK, MD, FCA	3.00									
DIRECTOR	0.	X						0.	0.	0.
(13) SONIA RABAZETTI	3.00									
DIRECTOR	0.	X						0.	0.	0.
(14) NICHOLAS SERAFY, JR.	3.00							_	_	-
DIRECTOR	0.	X						0.	0.	0.

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(A) Name and title	(B) Average hours per week (list any hours for	box, office	not ch unles er and	s pe lad	ition more rson is irecto	than or s both a or/truste	an e)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
5) KARIM E. SIRGI, MD FCAP DIRECTOR	3.00	x						0.	0.	(
5) GEORGE FIEDLER SR. VP, CAPABILITY & SPECIALTY 7) MARYROSE MURPHY	4.00 40.00 6.00			x				0.	393,380.	97,510
VP MEMBERSHIP & PROF DEVELOP 3) MARION MALONE	40.00			x				0.	237,477.	76,337
DIRECTOR, STRATEGIC DEVELOPMENT	<u> </u>					x		0.	124,809.	31,517
DIRECTOR OF FUNDRAISING	0.					X		0.	138,287.	49,846
DIR OF PROGRAMS THROUGH AUGUST 1) MARCI ZERANTE	40.00					x		0.	134,220.	43,901
DIR. OF PROGRAMS, AS OF AUGUST 2) JULIA RANKENBURG	40.00 40.00					X		0.	158,052.	36,890
PROGRAM DEVELOPMENT MANAGER	0.					X		0.	106,628.	33,826
Ib Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A					• •		0. 0. 0.	951,883. 1,292,853. 2,244,736.	236,742 369,827 606,569
2 Total number of individuals (including but not reportable compensation from the organizatio	limited to the		liste				re	ceived more than	\$100,000 of	
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched										Yes N 3 2
For any individual listed on line 1a, is the organization and related organizations grain individual.	eater than	\$15	50,00	00?	lf	"Yes,	" (	complete Schedu	le J for such	4 X
<ul> <li>Did any person listed on line 1a receive or for services rendered to the organization? If "Y</li> </ul>	accrue con	mpen	satio	on f	rom	any	unr	elated organization	on or individual	5 2
Section B. Independent Contractors										
I Complete this table for your five highest com compensation from the organization. Report of year.										
								(B)		(C)
(A) Name and business add	dress							Description of se	ervices C	ompensation
	dress							Description of se		ompensation

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

Page **8** 

Par	t VII	Statement of Rever Check if Schedule O co		se or note to ar	v line in this Part VI	11		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nue Contributions, Gifts, Grants and Other Similar Amounts	1a b c f f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, and similar amounts not included Noncash contributions included <b>Total.</b> Add lines 1a-1f	1b           1c           1d           intions)         1e           grants,         1f           in lines 1a-1f: \$	300,000. 432,314. 901. ■ Business Code	732,314.			
Program Service Revenue	2a b c d e f g	All other program service rev <b>Total.</b> Add lines 2a-2f	/enue		0.			
	3 4 5		cluding dividend	ds, interest, ▶ proceeds ►	35,424. 0. 0.			35,424.
	6a b c	Gross rents		(II) Personal				
	d 7a	Net rental income or (loss) . Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	0.			
	b c	Less: cost or other basis and sales expenses Gain or (loss)	117,257. 30,953.					
Other Revenue	d 8a	Net gain or (loss) Gross income from fundra events (not including \$ of contributions reported on See Part IV, line 18	line 1c).	· · · · · · · · •	30,953.			30,953.
Oth	b c 9a	Less: direct expenses Net income or (loss) from fu Gross income from gaming	ndraising events.		0.			
	b	See Part IV, line 19	a					
	с 10а	Net income or (loss) from g Gross sales of invent returns and allowances	ory, less <b>a</b>	•••••	0.			
	b c	Less: cost of goods sold Net income or (loss) from sa Miscellaneous Revenu	les of inventory	Business Code	0.			
	11a	ADMINISTRATIVE FEES		900099	2,828.			2,828.
	b	OTHER		900099	б.			6.
	c d	All other revenue						
	e	Total. Add lines 11a-11d			2,834.			
	12	Total revenue. See instruction	ons.	<u></u>	801,525.			69,211.

Form 990 (2015) COLLEGE OF Part IX Statement of Functional Expenses	5			.34600 Page <b>1</b>
Section 501(c)(3) and 501(c)(4) organizations mus	t complete all columns			
Check if Schedule O contains a respo	onse or note to any line	e in this Part IX		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	138,801.	138,801.		
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	42,161.	42,161.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	6,000.	6,000.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,				
trustees, and key employees	0.			
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	442,902.	317,104.	98,141.	27,657
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	40,627.	28,417.	9,619.	2,591
9 Other employee benefits	4,448.	-4,318.	-37,153.	45,919
10 Payroll taxes	32,264.	22,964.	7,430.	1,870
11 Fees for services (non-employees):				
a Management	0.			
<b>b</b> Legal	0.			
c Accounting	6,827.	3,414.		3,413
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	4,954.	2,415.	2,539.	
<b>9</b> Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	81,363.	44,085.	7,794.	29,484
12 Advertising and promotion	0.			
13 Office expenses	14,896.	3,200.	1,382.	10,314
14 Information technology	6,369.		6,369.	
15 Royalties	0.			
16 Occupancy	4,100.		4,100.	
17 Travel	96,173.	52,656.	23,366.	20,151
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
<b>19</b> Conferences, conventions, and meetings	3,054.	1,018.	1,018.	1,018
20 Interest	0.			
21 Payments to affiliates	0.			
<b>22</b> Depreciation, depletion, and amortization	0.			
23 Insurance	0.			
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses in line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
aGRAPHICS	19,092.	17,667.	1,425.	
bINSIDE PRINTING	1,207.	1,155.	52.	
cBAD DEBT EXPENSE	8,694.		8,694.	
d <sup>SUBSCRIPTIONS</sup>	7,135.			7,135
e All other expenses	-685.	-975.	290.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	960,382.	675,764.	135,066.	149,552
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising collicitation. Check here				
fundraising solicitation. Check here F if following SOP 98-2 (ASC 958-720)	0.			
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Form		Balance Sheet			Page II
Par	t X	Check if Schedule O contains a response or note to any line in this P	ort V		
		Check if Schedule O contains a response of hole to any line in this P			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	455,898.	1	225,609.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	257,585.	3	161,462.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
	_	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
iets	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
	9	Prepaid expenses and deferred charges	4,257.	9	2,093.
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 33, 462.			
	b	Less: accumulated depreciation	0.	10c	0.
	11	Investments - publicly traded securities	1,754,623.	11	1,642,476.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11		13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	1,076,768.	15	719,418.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,549,131.	16	2,751,058.
	17	Accounts payable and accrued expenses	300,796.	17	183,716.
	18	Grants payable	42,030.	18	50,529.
	19	Deferred revenue	42,621.	19	0.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	70,727.
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
iab		disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	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	175,000.	25	175,000.
	26	Total liabilities. Add lines 17 through 25	560,447.	26	479,972.
ses		Organizations that follow SFAS 117 (ASC 958), check here $\blacktriangleright$ $X$ and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	1,015,396.	27	933,159.
Ba	28	Temporarily restricted net assets	1,604,911.	28	1,055,172.
pu	29	Permanently restricted net assets	368,377.	29	282,755.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here  and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ϊ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne	33	Total net assets or fund balances	2,988,684.	33	2,271,086.
	34	Total liabilities and net assets/fund balances	3,549,131.	34	2,751,058.
i					Form <b>990</b> (2015

COLLEGE OF AMERICAN PATHOLOGISTS FOUNDATION 36-6134600

Form 9	90 (2015)				Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			01,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2		9	60,3	382.
3	Revenue less expenses. Subtract line 2 from line 1	3		-1	58,8	357.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,9	88,6	584.
5	Net unrealized gains (losses) on investments	5		-1	28,1	82.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-4	30,5	559.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		2,2	71,0	)86.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		Γ			
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.	•				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
h	Were the organization's financial statements audited by an independent accountant?			2b	Х	
b	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:	leu oi				
	X       Separate basis       Consolidated basis       Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for		-	2c	x	
	of the audit, review, or compilation of its financial statements and selection of an independent acc			20		
	If the organization changed either its oversight process or selection process during the tax year, e	explain	in			
_	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se		in	2-		x
_	the Single Audit Act and OMB Circular A-133?		·•	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the	~		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	aits.		3b		

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

## **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-F7

Depa Inter	artment of the Treasury nal Revenue Service	nformatior		(Form 990 or 990-EZ) a			is at www.irs.gov/form9	90. Inspection
Nam	ne of the organization							tification number
COI	LLEGE OF AMERICAN	I PATHO	LOGISTS FOUN	DATION			36	-6134600
Ра	rt I Reason for Pu	blic Cha	rity Status (All c	organizations must c	omplete	e this pa	art.) See instructions	
The	organization is not a p	rivate fou	ndation because it	is: (For lines 1 throug	gh 11, ch	eck only	one box.)	
1	A church, convent	ion of chu	urches, or associa	tion of churches desc	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2	A school describe	d in <b>secti</b>	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	)-EZ).)	
3	A hospital or a co	operative	hospital service o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4	A medical researc	h organiz	ation operated in	conjunction with a hos	spital des	scribed i	n section 170(b)(1)(A)	(iii). Enter the
	hospital's name, c	ity, and st	tate:					
5	An organization of	perated f	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ental unit described in
	section 170(b)(1)	( <b>A)(iv).</b> (C	Complete Part II.)					
6	A federal, state, o	r local go	overnment or gove	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7	X An organization th	nat norma	ally receives a sub	ostantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
	described in secti	on 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8	A community trust	describe	ed in section 170(b	o)(1)(A)(vi). (Complete	e Part II.)			
9	An organization the	nat norma	ally receives: (1) m	nore than 331/3% of	its suppo	ort from	contributions, memb	ership fees, and gross
	receipts from act	ivities rela	ated to its exemp	t functions - subject	to certa	in excep	tions, and (2) no mo	re than 331/3% of its
							•	tax) from businesses
		-		975. See section 509		-		
10		•		usively to test for publi	•			
11		-		-	-			rry out the purposes of
			-			-		ction 509(a)(3). Check
		-					and complete lines 11e	-
а				-	-		orted organization(s),	
		-			elect a m	ajority o	f the directors or trus	tees of the supporting
			omplete Part IV, S					
b			-				supported organizati	
		-		-	the sam	e persor	is that control or man	age the supported
-	· ·			, Sections A and C.	(			U. S. C. S. S. C. S. C. State
С			- · ·	·			n with, and functional	lly integrated with,
d		-		ns). You must comple				tod organization(a)
u		-			-		ection with its suppor oution requirement and	
		-		omplete Part IV, Sect	-		-	a an allentiveness
е				-			hat it is a Type I, Type I	I Type III
Ŭ		-		ionally integrated sup				n, type m
f	Enter the number of s				porting c	, gainza		
g			•					
	(i) Name of supported organi	ization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-9 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
					3000			
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
								1

Total

OMB No. 1545-0047

20 15

Schedule A (Form 990 or 990-EZ) 2015

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,294,131.	982,516.	1,138,172.	931,553.	732,314.	5,078,686.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	1,294,131.	982,516.	1,138,172.	931,553.	732,314.	5,078,686.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
e	shown on line 11, column (f) <b>Public support.</b> Subtract line 5 from line 4.						2,460,883.
$\frac{6}{800}$	tion B. Total Support						2,617,803.
	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	( <b>d</b> ) 2014	(e) 2015	(f) Total
7	Amounts from line 4	1,294,131.	982,516.	1,138,172.	931,553.	732,314.	5,078,686.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	36,848.	39,825.	36,836.	107,191.	35,424.	256,124.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	3,686.	4,392.	6,352.	851.	2,834.	18,115.
11	Total support. Add lines 7 through 10						5,352,925.
12	Gross receipts from related activities, etc. (s	see instructions)				12	158,015.
13	First five years. If the Form 990 is f organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2015 (li		-			14	48.90%
15	Public support percentage from 2014					15	47.02%
16a	331/3% support test - 2015. If the of this box and stop here. The organization	-					
h	331/3% support test - 2014. If the of	•		•			
D	check this box and <b>stop here.</b> The organization	-					
172	10%-facts-and-circumstances test - 2						
174	10% or more, and if the organization						
	Part VI how the organization meets t						
	organization			•	•		
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the orga		-				
	Explain in Part VI how the organizati	on meets the "	facts-and-circum	stances" test.	The organization	on qualifies as a	publicly
	supported organization						▶ 📖
18	Private foundation. If the organization	did not check a	a box on line 13,	16a, 16b, 17a	, or 17b, check	this box and see	
	instructions						<u> </u>

Schedule A (Form 990 or 990-EZ) 2015

Page 2

## Schedule A (Form 990 or 990-EZ) 2015

Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
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						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support					-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is f	or the organiza	tion's first, seco	nd, third, fourth	, or fifth tax y	ear as a sectior	1 501(c)(3)
	organization, check this box and stop here						
Sec	tion C. Computation of Public Sup					1 1	
15	Public support percentage for 2015 (line 8					15	%
16	Public support percentage from 2014 Sche					16	%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2015 (li					17	%
18	Investment income percentage from 2014					18	%
19 a	331/3% support tests - 2015. If the or	-					
	17 is not more than 331/3%, check th	-	-				
b	331/3% support tests - 2014. If the orga						
	line 18 is not more than 331/3%, check		•	•			
20 JSA	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b		ox and see instr	

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

## Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Part				uge e
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <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.	2		
Secti	on C. Type II Supporting Organizations			<u> </u>
<u></u>			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <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).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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.			
Casti		3		
	on E. Type III Functionally-Integrated Supporting Organizations	o.4		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below.	structi	ons):	
a b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
U		, 111311 4		No
2	Activities Test. Answer (a) and (b) below.		100	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	<i>those supported organizations and explain</i> 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.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
b	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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 

Schedule A	(Form	990 or	990-EZ	2015

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. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

1 Net short-term capital gain       1         2 Recoveries of prior-year distributions       2         3 Other gross income (see instructions)       3         4 Add lines 1 through 3       4         5 Depreciation and depletion       5         6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)       6         7 Other expenses (see instructions)       7       8         8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)       8       6         Section B - Minimum Asset Amount       (A) Prior Year       (B) Current Year (optional)         1 Aggregate fair market value of all non-exempt-use assets (see instructions) for short tax year or assets held for part of year):       a         a Average monthly cash balances       1a       6         b Average monthly cash balances       1a       6         c Fair market value of other non-exempt-use assets       1c       1d         e Discourt claimed for blockage or other factors (explain in detail in Part VI):       2       2         2 Acquisition indebtedness applicable to non-exempt-use assets       2       2         3 Subtract line 2 from line 1d       3       4         4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see i	Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
3 Other gross income (see instructions)       3         4 Add lines 1 through 3       4         5 Depreciation and depletion       5         6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)       6         7 Other expenses (see instructions)       7       8         8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)       8         Section B - Minimum Asset Amount       (A) Prior Year         1 Aggregate fair market value of all non-exempt-use assets (see instructions) for short tax year or assets held for part of year):       1a         a Average monthly value of securities       1a       (B) Current Year (optional)         6 Total (add lines 1a, 1b, and 1c)       1d       1d         e Discount claimed for blockage or other factors (explain in detail in Part VI):       2       2         2 Acquisition indebtedness applicable to non-exempt-use assets       2       2         3 Ubtract line 2 from line 1d       3       4         4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).       4         5 Net value of non-exempt-use assets (subtract line 4 from line 3)       5       6         7 Recoveries of prior-year distributions       7       8       6	1 Net short-term capital gain	1		
4 Add lines 1 through 3       4         5 Depreciation and depletion       5         6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)       6         7 Other expenses (see instructions)       7       8         8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)       8       (A) Prior Year         9 Section B - Minimum Asset Amount       (A) Prior Year       (B) Current Year (optional)         1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):       1         a Average monthly cash balances       1b       (C)         c Fair market value of other non-exempt-use assets       1c       1d         b Average monthly cash balances       1b       (C)       1d         c Fair market value of other non-exempt-use assets       1c       1d       (D)         c Total (add lines 1a, 1b, and 1c)       1d       1d       (E)       (D)         2 Acquisition indebtedness applicable to non-exempt-use assets       2       (D)       (D)         3 Subtract line 2 from line 1d       3       (C)       (C)       (D)         4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).       5 <td>2 Recoveries of prior-year distributions</td> <td>2</td> <td></td> <td></td>	2 Recoveries of prior-year distributions	2		
5       Depreciation and depletion       5         6       Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)       6         7       Other expenses (see instructions)       7         8       Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)       8         Section B - Minimum Asset Amount       (A) Prior Year       (B) Current Year (optional)         1       Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):       1a         a       Average monthly value of securities       1a         b       Average monthly value of securities       1b         c       Fair market value of other non-exempt-use assets       1c         d       Total (add lines 1a, 1b, and 1c)       1d         e       Discount claimed for blockage or other factors (explain in detail in Part VI):       2         2       Acquisition indebtedness applicable to non-exempt-use assets       2         3       Subtract line 2 from line 1d       3         4       Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).       6         7       Recoveries of prior-year distributions       7       8	3 Other gross income (see instructions)	3		
6 Portion of operating expenses paid or incurred for production or collection of gross income of for management, conservation, or maintenance of property held for production of income (see instructions)       6         7 Other expenses (see instructions)       7         8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)       8         Section B - Minimum Asset Amount       (A) Prior Year       (B) Current Year (optional)         1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):       1a       6         a Average monthly value of securities       1a       6       6         b Average monthly value of securities       1a       6       6         b Average monthly value of securities       1a       6       6         b Average monthly value of securities       1a       6       6         c E fair market value of other non-exempt-use assets       1c       1d       6         e Discount claimed for blockage or other factors (explain in detail in Part V):       2 <t< td=""><td>4 Add lines 1 through 3</td><td>4</td><td></td><td></td></t<>	4 Add lines 1 through 3	4		
collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)67Other expenses (see instructions)78Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)8Section B - Minimum Asset Amount(A) Prior Year1Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):1aaAverage monthly value of securities1abAverage monthly value of securities1bcFair market value of other non-exempt-use assets1cdTotal (add lines 1a, 1b, and 1c)1deDiscount claimed for blockage or other factors (explain in detail in Part VI):2Acquisition indebtedness applicable to non-exempt-use assets23Subtract line 2 from line 1d34Cash deemed held for exempt-use assets25Net value of non-exempt-use assets (subtract line 3 (for greater amount, 	5 Depreciation and depletion	5		
maintenance of property held for production of income (see instructions)67 Other expenses (see instructions)78 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)8Section B - Minimum Asset Amount(A) Prior Year1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):1aa Average monthly value of securities1ab Average monthly cash balances1bc Fair market value of other non-exempt-use assets1cd Total (add lines 1a, 1b, and 1c)1de Discount claimed for blockage or other factors (explain in detail in Part VI):2 Acquisition indebtedness applicable to non-exempt-use assets23 Subtract line 2 from line 1d34 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).45 Net value of non-exempt-use assets67 Nature of non-exempt-use assets78 Minimum Asset Amount6Current YearCurrent Year1 Adjusted net income for prior year (from Section A, line 8, Column A)12 Enter 85% of line 123 Minimum asset amount for prior year (from Section B, line 8, Column A)34 Enter greater of line 2 or line 345 Income tax improved (for B cection B, line 8, Column A)34 Enter greater of line 2 or line 345 Income tax improved (form Section B, line 8, Column A)34 Enter greater of line 2 or line 355 Income tax improved (form Section B, line 8, Column A)3	6 Portion of operating expenses paid or incurred for production or			
maintenance of property held for production of income (see instructions)67 Other expenses (see instructions)78 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)8Section B - Minimum Asset Amount(A) Prior Year1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):1aa Average monthly value of securities1ab Average monthly cash balances1bc Fair market value of other non-exempt-use assets1cd Total (add lines 1a, 1b, and 1c)1de Discount claimed for blockage or other factors (explain in detail in Part VI):2 Acquisition indebtedness applicable to non-exempt-use assets23 Subtract line 2 from line 1d34 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).45 Net value of non-exempt-use assets67 Nature of non-exempt-use assets78 Minimum Asset Amount6Current YearCurrent Year1 Adjusted net income for prior year (from Section A, line 8, Column A)12 Enter 85% of line 123 Minimum asset amount for prior year (from Section B, line 8, Column A)34 Enter greater of line 2 or line 345 Income tax improved (for B cection B, line 8, Column A)34 Enter greater of line 2 or line 345 Income tax improved (form Section B, line 8, Column A)34 Enter greater of line 2 or line 355 Income tax improved (form Section B, line 8, Column A)3	collection of gross income or for management, conservation, or			
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)       8         Section B - Minimum Asset Amount       (A) Prior Year       (B) Current Year (optional)         1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):       1a       (A) Prior Year       (B) Current Year (optional)         a Average monthly cash balances       1a       1a       (B) Current Year       (D) Prior Ye		6		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)       8         Section B - Minimum Asset Amount       (A) Prior Year       (B) Current Year (optional)         1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):       1a       (B) Current Year (optional)         a Average monthly value of securities       1a       1a       (C) Current Year         b Average monthly cash balances       1b       (C) Current Year       (C) Current Year         c Fair market value of other non-exempt-use assets       1c       (C) Current Year       (C) Current Year         e Discount claimed for blockage or other factors (explain in detail in Part VI):       1d       (C) Current Year       (C) Current Year         2 Acquisition indebtedness applicable to non-exempt-use assets       2       (C) Current Year       (C) Current Year         3 Subtract line 2 from line 1d       3       (C) Current Year       (C) Current Year       (C) Current Year         4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).       6       (C) Current Year       (C) Current Year         7 Recoveries of prior-year distributions       7       (C) Current Year       (C) Current Year       (C) Current Year         1 Adjusted net income for prior year (from Section A, line 8, Column A)       1       (Current Year	7 Other expenses (see instructions)	7		
Section B - Minimum Asset Amount       (A) Prior Year       (optional)         1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):       1a       (optional)         a Average monthly value of securities       1a       (optional)       (optional)         b Average monthly value of securities       1a       (optional)       (optional)         c Fair market value of other non-exempt-use assets       1c       (optional)       (optional)         c Fair market value of other non-exempt-use assets       1c       (optional)       (optional)         d Total (add lines 1a, 1b, and 1c)       1d       (optional)       (optional)         e Discount claimed for blockage or other factors (explain in detail in Part VI):       (optional)       (optional)       (optional)         2 Acquisition indebtedness applicable to non-exempt-use assets       2       (optional)       (optional)         3 Subtract line 2 from line 1d       3       (optional)       (optional)       (optional)         4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).       4       (optional)       (optional)         5 Net value of non-exempt-use assets (subtract line 4 from line 3)       5       (optional)       (optional)         6 Multiply line 5 by .035       6       (op		8		
instructions for short tax year or assets held for part of year):       1         a Average monthly value of securities       1a         b Average monthly cash balances       1b         c Fair market value of other non-exempt-use assets       1c         d Total (add lines 1a, 1b, and 1c)       1d         e Discount claimed for blockage or other factors (explain in detail in Part VI):       1d         2 Acquisition indebtedness applicable to non-exempt-use assets       2         3 Subtract line 2 from line 1d       3         4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).       4         5 Net value of non-exempt-use assets (subtract line 4 from line 3)       5         6 Multiply line 5 by .035       6         7 Recoveries of prior-year distributions       7         8 Minimum Asset Amount (add line 7 to line 6)       8         Section C - Distributable Amount       2         1 Adjusted net income for prior year (from Section A, line 8, Column A)       1         2 Enter 85% of line 1       2         3 Minimum asset amount for prior year (from Section B, line 8, Column A)       3         4 Enter greater of line 2 or line 3       4         5 Income tax imposed in prior year       5         6 Distributable Amount. Subtract line 5 from line 4, unless subject to       5	Section B - Minimum Asset Amount		(A) Prior Year	. ,
a Average monthly value of securities       1a         b Average monthly cash balances       1b         c Fair market value of other non-exempt-use assets       1c         d Total (add lines 1a, 1b, and 1c)       1d         e Discount claimed for blockage or other factors (explain in detail in Part VI):       1d         2 Acquisition indebtedness applicable to non-exempt-use assets       2         3 Subtract line 2 from line 1d       3         4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).       4         5 Net value of non-exempt-use assets (subtract line 4 from line 3)       5         6 Multiply line 5 by .035       7         7 Recoveries of prior-year distributions       7         8 Minimum Asset Amount (add line 7 to line 6)       8         Section C - Distributable Amount       2         1 Adjusted net income for prior year (from Section A, line 8, Column A)       1         2 Enter 85% of line 1       2         3 Minimum asset amount for prior year (from Section B, line 8, Column A)       3         4 Enter greater of line 2 or line 3       4         5 Income tax imposed in prior year       5         6 Distributable Amount. Subtract line 5 from line 4, unless subject to       5	1 Aggregate fair market value of all non-exempt-use assets (see			
b Average monthly cash balances       1b         c Fair market value of other non-exempt-use assets       1c         d Total (add lines 1a, 1b, and 1c)       1d         e Discount claimed for blockage or other factors (explain in detail in Part VI):       1d         2 Acquisition indebtedness applicable to non-exempt-use assets       2         3 Subtract line 2 from line 1d       3         4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).       4         5 Net value of non-exempt-use assets (subtract line 4 from line 3)       5         6 Multiply line 5 by .035       6         7 Recoveries of prior-year distributions       7         8 Minimum Asset Amount (add line 7 to line 6)       8         Section C - Distributable Amount       Current Year         1 Adjusted net income for prior year (from Section A, line 8, Column A)       1         2 Enter 85% of line 1       2         3 Minimum asset amount for prior year (from Section B, line 8, Column A)       3         4 Enter greater of line 2 or line 3       4         5 Income tax imposed in prior year       5         6 Distributable Amount. Subtract line 5 from line 4, unless subject to       4	instructions for short tax year or assets held for part of year):			
c Fair market value of other non-exempt-use assets       1c         d Total (add lines 1a, 1b, and 1c)       1d         e Discount claimed for blockage or other       1d         factors (explain in detail in Part VI):       2         2 Acquisition indebtedness applicable to non-exempt-use assets       2         3 Subtract line 2 from line 1d       3         4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).       4         5 Net value of non-exempt-use assets (subtract line 4 from line 3)       5         6 Multiply line 5 by .035       6         7 Recoveries of prior-year distributions       7         8 Minimum Asset Amount (add line 7 to line 6)       8         Section C - Distributable Amount       Current Year         1 Adjusted net income for prior year (from Section A, line 8, Column A)       1         2 Enter 85% of line 1       2         3 Minimum asset amount for prior year (from Section B, line 8, Column A)       3         4 Enter greater of line 2 or line 3       4         5 Income tax imposed in prior year       5         6 Distributable Amount. Subtract line 5 from line 4, unless subject to       5	a Average monthly value of securities	1a		
d Total (add lines 1a, 1b, and 1c)       1d         e Discount claimed for blockage or other       factors (explain in detail in Part VI):         2 Acquisition indebtedness applicable to non-exempt-use assets       2         3 Subtract line 2 from line 1d       3         4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).       4         5 Net value of non-exempt-use assets (subtract line 4 from line 3)       5         6 Multiply line 5 by .035       6         7 Recoveries of prior-year distributions       7         8 Minimum Asset Amount (add line 7 to line 6)       8         Section C - Distributable Amount       Current Year         1 Adjusted net income for prior year (from Section A, line 8, Column A)       1         2 Enter 85% of line 1       2         3 Minimum asset amount for prior year (from Section B, line 8, Column A)       3         4 Enter greater of line 2 or line 3       4         5 Income tax imposed in prior year       5         6 Distributable Amount. Subtract line 5 from line 4, unless subject to       4	<b>b</b> Average monthly cash balances	1b		
e Discount claimed for blockage or other         factors (explain in detail in Part VI):         2 Acquisition indebtedness applicable to non-exempt-use assets       2         3 Subtract line 2 from line 1d       3         4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).       4         5 Net value of non-exempt-use assets (subtract line 4 from line 3)       5         6 Multiply line 5 by .035       6         7 Recoveries of prior-year distributions       7         8 Minimum Asset Amount (add line 7 to line 6)       8         Section C - Distributable Amount       Current Year         1 Adjusted net income for prior year (from Section A, line 8, Column A)       1         2 Enter 85% of line 1       2         3 Minimum asset amount for prior year (from Section B, line 8, Column A)       3         4 Enter greater of line 2 or line 3       4         5 Income tax imposed in prior year       5         6 Distributable Amount. Subtract line 5 from line 4, unless subject to       5	c Fair market value of other non-exempt-use assets	1c		
factors (explain in detail in Part VI):Image: constraint of the second seco	d Total (add lines 1a, 1b, and 1c)	1d		
3 Subtract line 2 from line 1d34 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).45 Net value of non-exempt-use assets (subtract line 4 from line 3)56 Multiply line 5 by .03567 Recoveries of prior-year distributions78 Minimum Asset Amount (add line 7 to line 6)8Section C - Distributable Amount12 Enter 85% of line 123 Minimum asset amount for prior year (from Section A, line 8, Column A)12 Enter 85% of line 123 Minimum asset amount for prior year (from Section B, line 8, Column A)34 Enter greater of line 2 or line 345 Income tax imposed in prior year56 Distributable Amount. Subtract line 5 from line 4, unless subject to6	5			
3 Subtract line 2 from line 1d34 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).45 Net value of non-exempt-use assets (subtract line 4 from line 3)56 Multiply line 5 by .03567 Recoveries of prior-year distributions78 Minimum Asset Amount (add line 7 to line 6)8Section C - Distributable Amount12 Enter 85% of line 123 Minimum asset amount for prior year (from Section A, line 8, Column A)12 Enter 85% of line 123 Minimum asset amount for prior year (from Section B, line 8, Column A)34 Enter greater of line 2 or line 345 Income tax imposed in prior year56 Distributable Amount. Subtract line 5 from line 4, unless subject to6	2 Acquisition indebtedness applicable to non-exempt-use assets	2		
see instructions).45 Net value of non-exempt-use assets (subtract line 4 from line 3)56 Multiply line 5 by .03567 Recoveries of prior-year distributions78 Minimum Asset Amount (add line 7 to line 6)8Current Year1 Adjusted net income for prior year (from Section A, line 8, Column A)12 Enter 85% of line 123 Minimum asset amount for prior year (from Section B, line 8, Column A)34 Enter greater of line 2 or line 345 Income tax imposed in prior year56 Distributable Amount. Subtract line 5 from line 4, unless subject to1		3		
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7 Recoveries of prior-year distributions78 Minimum Asset Amount (add line 7 to line 6)8Section C - Distributable AmountCurrent Year1 Adjusted net income for prior year (from Section A, line 8, Column A)12 Enter 85% of line 123 Minimum asset amount for prior year (from Section B, line 8, Column A)34 Enter greater of line 2 or line 345 Income tax imposed in prior year56 Distributable Amount. Subtract line 5 from line 4, unless subject toI	5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
8 Minimum Asset Amount (add line 7 to line 6)8Section C - Distributable AmountCurrent Year1 Adjusted net income for prior year (from Section A, line 8, Column A)12 Enter 85% of line 123 Minimum asset amount for prior year (from Section B, line 8, Column A)34 Enter greater of line 2 or line 345 Income tax imposed in prior year56 Distributable Amount. Subtract line 5 from line 4, unless subject to4	6 Multiply line 5 by .035	6		
Section C - Distributable AmountCurrent Year1 Adjusted net income for prior year (from Section A, line 8, Column A)12 Enter 85% of line 123 Minimum asset amount for prior year (from Section B, line 8, Column A)34 Enter greater of line 2 or line 345 Income tax imposed in prior year56 Distributable Amount. Subtract line 5 from line 4, unless subject to4	7 Recoveries of prior-year distributions	7		
1 Adjusted net income for prior year (from Section A, line 8, Column A)12 Enter 85% of line 123 Minimum asset amount for prior year (from Section B, line 8, Column A)34 Enter greater of line 2 or line 345 Income tax imposed in prior year56 Distributable Amount. Subtract line 5 from line 4, unless subject to4	8 Minimum Asset Amount (add line 7 to line 6)	8		
2 Enter 85% of line 123 Minimum asset amount for prior year (from Section B, line 8, Column A)34 Enter greater of line 2 or line 345 Income tax imposed in prior year56 Distributable Amount. Subtract line 5 from line 4, unless subject to4	Section C - Distributable Amount			Current Year
2 Enter 85% of line 123 Minimum asset amount for prior year (from Section B, line 8, Column A)34 Enter greater of line 2 or line 345 Income tax imposed in prior year56 Distributable Amount. Subtract line 5 from line 4, unless subject to4	1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
4 Enter greater of line 2 or line 345 Income tax imposed in prior year56 Distributable Amount. Subtract line 5 from line 4, unless subject to1		2		
4 Enter greater of line 2 or line 345 Income tax imposed in prior year56 Distributable Amount. Subtract line 5 from line 4, unless subject to1	3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
5 Income tax imposed in prior year     5       6 Distributable Amount. Subtract line 5 from line 4, unless subject to     6		4		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		5		
	emergency temporary reduction (see instructions)	6		

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

Schedule A (Form 990 or 990-EZ) 2015

-	le A (Form 990 or 990-EZ) 2015	Supporting Organi-	iona (continued)	Page
Part	V Type III Non-Functionally Integrated 509(a)(3) and D - Distributions	Supporting Organizat	ions (continued)	Current Veer
				Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ea	
	organizations, in excess of income from activity	and of a supervised annex!		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
-	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
a				
a b				
	Excess from 2013			
- C	Excess from 2014			
d	Excess from 2014			
e	LAUC22 110111 2013			A (Form 990 or 990-EZ) 20

Schedule A (Form 990 or 990-EZ) 2015

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10

OTHER INCOME DISCLOSED IN PART II, LINE 10 IS RELATED TO REVENUE FROM

SALES PERTAINING TO FLOWER PETAL PROGRAMS AND OTHER

MISCELLANEOUS/ADMINISTRATIVE INCOME.

## Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

## Schedule of Contributors

OMB No. 1545-0047

2015

Attach to Form 990, Form 990-EZ, or Form 990-PF.
Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

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	X 501(c)( <sup>3</sup> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

## General Rule

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

## **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	PUBLIC DISCLOSURE COPY	\$300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)		(c)	(d)
No.		Total contributions	Type of contribution
2		\$40,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)		(c)	(d)
No.		Total contributions	Type of contribution
3		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)		(c)	(d)
No.		Total contributions	Type of contribution
4		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	·	(c)	(d)
No.	·	Total contributions	Type of contribution
5		\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)		(c)	(d)
No.		Total contributions	Type of contribution
6		\$17,621.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of	of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	PUBLIC DISCLOSURE COPY	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	-	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	-	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	-	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	-	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	-	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization COLLEGE OF AMERICAN PATHOLOGISTS FOUNDATION

36-6134600

Employer identification number

Part II	<b>Noncash Property</b> (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		 \$				
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		   \$				

				36-6134600
(1 th cc	<b>Clusively religious, charitable, etc.,</b> <b>0) that total more than \$1,000 for t</b> e following line entry. For organization partributions of <b>\$1,000 or less</b> for the se duplicate copies of Part III if addition	he year from any one ons completing Part III, e year. (Enter this inform	contributor. Con enter the total of e	nplete columns (a) through (e) and exclusively religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of		ip of transferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held
-	Transferee's name, address, and	(e) Transfer of d ZIP + 4		ip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of 1 ZIP + 4		ip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of	-	ip of transferor to transferee

SCHEE	DULE	D
(Form	990)	

Department of the Treasury

# 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.

2015 Open to Public

Schedule D (Form 990) 2015

OMB No. 1545-0047

	nal Revenue Service	Information about Schedule	e D (Form 990) and its instr	uctions is at www.i		Inspection
	e of the organization				Employer identifica	
_		ICAN PATHOLOGISTS FOUNDA			36-613460	00
Pa		ations Maintaining Donor Advi e if the organization answered			Accounts.	
	Complet	e il the organization answered	(a) Donor advised		(b) Eurode and	other accounts
	<b>-</b>					
1		end of year				
2		of contributions to (during year)				
3		of grants from (during year) .				
4		at end of year		46.0.000	in dense odriged	
5	-	tion inform all donors and donor				Yes No
6	-	anization's property, subject to the tion inform all grantees, donors, a	-	-		
U	-	e purposes and not for the benef				
	-	nissible private benefit?				Yes No
Pa		ation Easements.			<u> </u>	
10		e if the organization answered	"Yes" on Form 990. Pa	art IV. line 7.		
1		nservation easements held by the				
		on of land for public use (e.g., rec			of a historically im	portant land area
		of natural habitat	, L		of a certified histo	
	Preservatio	on of open space				
2		a through 2d if the organization he	eld a qualified conservati	on contribution in	the form of a con	servation
		last day of the tax year.				End of the Tax Year
а	Total number of c	conservation easements			2a	
b	Total acreage res	stricted by conservation easements			2b	
с		rvation easements on a certified			2c	
d	Number of conse	ervation easements included in (c	) acquired after 8/17/06	, and not on a		
	historic structure	listed in the National Register			2d	
3	Number of conse	ervation easements modified, tran	sferred, released, exting	uished, or termin	nated by the organ	nization during the
	tax year 🕨					
4	Number of states	where property subject to conse	rvation easement is locate	ed ▶		
5	-	zation have a written policy reg			-	
		forcement of the conservation eas				└── Yes └── No
6	Staff and volunteer	hours devoted to monitoring, inspec	ting, handling of violations,	and enforcing con	servation easements	during the year
	▶					
7	•	ses incurred in monitoring, inspect	ting, handling of violations	s, and enforcing c	onservation easem	ents during the year
~	►\$				a = 470/b)(4)(D)(i)	
8		rvation easement reported on line 2				
9	In Dort XIII dooo	n)(4)(B)(ii)? ribe how the organization reports	annonvotion appamenta	in its revenue and	d ovroence etetemer	
9		nd include, if applicable, the text of			•	
		counting for conservation easeme				
Pa		ations Maintaining Collections		sures, or Othe	r Similar Assets.	
		e if the organization answered				
1a					revenue statemen	t and balance sheet
	works of art, his	n elected, as permitted under SF storical treasures, or other simila ovide, in Part XIII, the text of the fo	ar assets held for public	exhibition, edu	cation, or researc	h in furtherance of
b		on elected, as permitted under s storical treasures, or other simila				
		ovide the following amounts relati		, cambidon, euu		
		uded in Form 990, Part VIII, line 1	•		▶ \$	
		ed in Form 990, Part X				
2		on received or held works of a				
		s required to be reported under S				
а	Revenue included	d in Form 990, Part VIII, line 1		-	▶\$	
b		n Form 990, Part X				

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

COLLEGE OF AMERICAN PATHOLOGISTS FOUNDATION 36-6134600

Scheo	lule D (Form 990) 2015					2111 I OIN	50	0151000	Page	2
Par		g Collections of	Art, Histo	orical Ti	reasures,	or Oth	ner Similar A	ssets (con	ů.	_
3	Using the organization's acquisitio	n, accession, and o	ther record	ds, check	any of th	ne follow	ring that are a	significant u	se of its	s
	collection items (check all that appl	y):								
а	Public exhibition		d	Loan o	or exchang	e prograi	ns			
b	Scholarly research		е	Other						
С	Preservation for future gener									
4	Provide a description of the organ	ization's collections	and expla	in how tl	hey furthe	r the or	ganization's exe	empt purpos	e in Par	rt
	XIII.									
5	During the year, did the organizatio									
_	assets to be sold to raise funds rath		lined as par	rt of the o	organizatio	n's collec	ction?	Yes	N	<u>o</u> _
Par			" on Form	000 Do	weth / Line	0 0	oortod on om	unt on For	~	
	Complete if the organizati 990, Part X, line 21.	on answered res	on Form	990, Pa	irt IV, line	9, or re	ported an amo	ount on For	n	
1a	Is the organization an agent, truste	e, custodian or othe	r intermedi	arv for co	ontribution	s or othe	r assets not			—
	included on Form 990, Part X?							Yes	XN	ο
b	If "Yes," explain the arrangement in							•		-
		· · · · · · · · · · · · · · · · · · ·					Amou	nt		_
с	Beginning balance				1c	:		-		_
d	Additions during the year									_
е	Distributions during the year									_
f	Ending balance									_
2a	Did the organization include an am					ustodial	account liability?	? X Yes	N	0
b	If "Yes," explain the arrangement in	n Part XIII. Check he	ere if the ex	planation	has been p	orovided	on Part XIII		X	
Par										
	Complete if the organizat	on answered "Yes	" on Form	990, Pa	art IV, line	10.				
	_	(a) Current year	(b) Prior		<b>(c)</b> Two ye		(d) Three years ba		years back	
1a	Beginning of year balance	1,973,288.		4,696.		),181.	1,821,57		65,31	_
b	Contributions	129,415.	112	2,463.	359	9,817.	326,71	.2. 2	251,63	0.
с	Net investment earnings, gains,							_		_
	and losses	-375,502.		5,151.		3,840.	-33,12		-98,43	_
d	Grants or scholarships	186,962.	139	9,753.	111	L,291.	164,65		96,04	0.
е	Other expenditures for facilities	0.01 4.02	100						5.0	
	and programs	201,483.	408	3,440.	22	2,525.			58	
	Administrative expenses	829.	1 073	829.	2 27/	326.	1,950,18	L8.	31	_
g	End of year balance	1,337,927.		8,288.		4,696.		1. 1,0	821,57	<u> </u>
2	Provide the estimated percentage			e (line 1g,	column (a)	) held as	:			
a L	Board designated or quasi-endowm Permanent endowment ► 21.0	ent ▶	_%							
b C	Temporarily restricted endowment									
C	The percentages on lines 2a, 2b, a		00%							
39	Are there endowment funds not in t			tion that a	are held a	nd admir	istered for the			
Ju	organization by:		e organiza						Yes No	<u> </u>
	(i) unrelated organizations								X	_
	(ii) related organizations							3a(ii)	X	
b	If "Yes" on line 3a(ii), are the relate									_
4	Describe in Part XIII the intended u	0	•							_
Par	f VI Land, Buildings, and Equi	pment.						<b>D</b> ( ) ( )		_
	Complete if the organizat	tion answered "Yes (a) Cost or			art IV, line r other basis		ee Form 990, cumulated	Part X, line (d) Book valu		
		(invest			r other basis :her)		eciation	(w) BOOK Val	5	
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment	••••	33,462.				33,462.			
	Other									
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Form	n 990, Part 2	X, column	n (B), line 1	0c.)				

Schedule D (Form 990) 2015

#### Schedule D (Form 990) 2015 Page 3 **Investments - Other Securities.** Part VII 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 (b) Book value (c) Method of valuation: (including name of security) 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) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (c) Method of valuation: (a) Description of investment (b) Book value Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Other Assets. Part IX 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) DUE FROM THE CAP 50,876. (2) BENEFICIAL INT IN REMAINDER TR 668,542. (3) (4) (5) (6) (7) (8) (9) 719,418. Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► 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. (a) Description of liability 1. (b) Book value (1) Federal income taxes (2) LONG TERM PORTION OF LOAN PAYABLE 175,000. (3) (4)(5) (6)

(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	175,000.	
2. Liability for uncertain tax positions. In Part XIII, provide the text of	of the footnote to the or	ganization's financial statements that re

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

(7) (8)

Schedu	le D (Form 990) 2015		Page <b>4</b>
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.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	587,452.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	-209,119.
3	Subtract line 2e from line 1	3	796,571.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 4,954.		
b	Other (Describe in Part XIII.)	1	
č	Add lines 4a and 4b	4c	4,954.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )	5	801,525.
Part		irn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	955,428.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses.	1	
d	Other (Describe in Part XIII.)	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	955,428.
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
-			
a			
b		4c	4,954.
с 5	Add lines <b>4a</b> and <b>4b</b>	40 5	960,382.
-	Yill       Supplemental Information.	J	200,202.

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 PAGE 5

Schedule D (Form 990) 2015

Part XIII Supplemental Information (continued)

SCHEDULE D, PART IV, LINE 2

THE FUND IS SET UP AS A CUSTODIAL LIABILITY ACCOUNT WHERE THE PRINCIPLE BALANCE IS NEVER USED. THIS FUND IS ESTABLISHED WITH SPECIFIC AWARD INTENT. THE FUND EARNS INVESTMENT INCOME AND LOSSES. THESE AMOUNTS ARE HELD IN A TEMPORARILY RESTRICTED FUND. ADDITIONAL GIFTS MAY BE MADE TO THE CUSTODIAL LIABILITY ACCOUNT.

SCHEDULE D, PART V, LINE 4 - 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 D, PART XI, LINE 2D LOSS IN FAIR VALUE OF BENEFICIAL INTEREST IN REMAINDER TRUST \$(95,832) TRANSFER FROM PERMANENTLY TO TEMPORARILY RESTRICTED FUND \$14,895

SCHEDULE F		Stater	nent of A	ctivities	Outside the Uni	ted States	OMB No. 1545-0047
(Fo	rm 990)	► Complete	e if the organiza	line 14b, 15, or 16.	2015		
Depar	tment of the Treasury al Revenue Service	► Informatio	on about Schedu		o Form 990. and its instructions is at <i>w</i> w		Open to Public
Name	Employer identifi						
COL	LEGE OF AMERIC	CAN PATHOL	OGISTS FOU	NDATION		36-613460	0
Par		nformation of Part IV, line 14		Outside the L	Jnited States. Complete	if the organization answ	vered "Yes" on
1	assistance, the gra	ntees' eligibili	ty for the grant	s or assistance	substantiate the amount of e, and the selection criteri	ia used to award the	Yes No
2	For grantmakers. assistance outside			ganization's pr	rocedures for monitoring	the use of its grants	and other
3	Activities per Regio	on. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	bace is needed.)	
	<b>(a)</b> Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
<u>(10)</u>							
<u>(11)</u>							
<u>(12)</u>							
<u>(13)</u>							
<u>(14)</u>							
<u>(15)</u>							
<u>(</u> 16)							
<u>(17)</u>							
3a b		continuation					

<u>c Totals (add lines 3a and 3b)</u> For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2015

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form						orm 990,		
	Part IV, line 15, for any re	cipient who receiv	ed more than \$5,000. F	Part II can be	duplicated if addit	ional space i	s needed.		
1	(a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(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 tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2015

►

#### Schedule F (Form 990) 2015

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	<b>(d)</b> Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
1) LEADERSHIP	NORTH AMERICA	1.	1,000.	CHECK			
2) advance training	NORTH AMERICA	1.	5,000.	WIRE TRANSFR			
(3)							
(4)							
5)							
6)							
7)							
8)							
(9)							
0)							
1)							
2)							
3)							
4)							
5)							
7) 8)							

Schedule F (Form 990) 2015

JSA 5E1276 1.000 Page 3

COLLEGE OF AMERICAN PATHOLOGISTS FOUNDATION

Schedu	le F (Form 990) 2015		Page 4
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	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X 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	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund</i> (see <i>Instructions for Form 8621</i> )	Yes	X 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	X 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; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2015

#### Part V Supplemental Information

Complete this part to 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).

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States		OMB No. 1545-0047
complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.         ► Attach to Form 990.         ternal Revenue Service         ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.		Open to Public Inspection	
Name of the organization		Employer id	entification number
COLLEGE OF AMERIC	AN PATHOLOGISTS FOUNDATION	36-6134	4600
Part I General Info	ormation on Grants and Assistance	•	
1 Dece the organizati	ion mointoin records to substantists the amount of the grants or assistance, the grantspol sligibility for the grants	or oppiatoppo	and

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?
 Describe in Part IV the exercised sector of the grants of assistance of any if the basis is the the indicated of the grants of assistance.

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AMERICAN SEXUAL HEALTH ASSOCIATION							
1005 SLATER RD, STE 101, DURHAM, NC 27703	94-2494435	501(C)(3)	10,231.				CANCER SCREENING
(2) BARNES-JEWISH HOSPITAL							
4249 CLAYTON, STE 316, ST. LOUIS, MO 63110	23-7309937	501(C)(3)	17,808.				CANCER SCREENING
(3) LIFESPAN FOUNDATION INC							
167 POINT STREET, PROVIDENCE, RI 02903	05-0493219	501(C)(3)	11,555.				CANCER SCREENING
(4) LONE STAR COMMUNITY HEALTH CENTER							
605 S. CONROE MEDICAL DR., CONROE, TX 77304	05-0493219	501(C)(3)	18,490.				CANCER SCREENING
(5) LOYOLA UNIVERSITY MEDICAL CENTER							
2160 SOUTH FIRST AVENUE, MAYWOOD, IL 60153	36-4015560	501(C)(3)	19,901.				CANCER SCREENING
(6) MONTEFIORE MEDICAL CENTER							
111 EAST 210TH STREET, BRONX, NY 10467	13-1740114	501(C)(3)	5,353.				CANCER SCREENING
(7) NORTHPOINT HEALTH & WELLNESS CENTER, INC.							
1315 PENN AVE NORTH, MINNAEPOLIS, MN 55411	20-0898927	501(C)(3)	17,995.				CANCER SCREENING
(8) SIGNATURE HEALTHCARE BROCKTON HOSPITAL							
680 CENTER STREET, BROCKTON, MA 02302	22-2472997	501(C)(3)	11,921.				CANCER SCREENING
(9) TRINITY HEALTH MICHIGAN							
PO BOX 995, ANN ARBOR, IL 48106	38-2113393	501(C)(3)	11,446.				CANCER SCREENING
(10) VIETNAMESE COMMUNITY OF ORANGE COUNTY INC							
1618 W. FIRST STREET, SANTA ANA, CA 92703	95-3403526	501(C)(3)	10,000.				CANCER SCREENING
(11) VIETNAMESE HEALTH PROFESSIONALS ASSOCIATION							
1905 LAUREL OAK CT, ARLINGTON, TX 76001	46-3655521	501(C)(3)	11,250.				CANCER SCREENING
(12)	_						
<ul> <li>2 Enter total number of section 501(c)(3) an</li> <li>3 Enter total number of other organizations</li> </ul>							11.

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

Schedule I (Form 990) (2015)

No

Part III

#### Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (b) Number of recipients (f) Description of non-cash assistance (a) Type of grant or assistance (c) Amount of (d) Amount of (e) Method of valuation (book, cash grant non-cash assistance FMV, appraisal, other) **1** ADVANCE TRAINING 1. 5,000. 2 BYNUM SCHOLARSHIP 2. 2,000. 3 HERBEK STT 1. 17,987 4 INFORMATICS TRAVEL 3. 3,000 5 KEITGES FUND 2. 2,054 6 LEADERSHIP 4. 2,986. 7 RIPPEY GRANTS-QUALTY ASSURANCE 1. 4,418. Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional Part IV information.

Part III

#### Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of non-cash assistance recipients , cash grant non-cash assistance FMV, appraisal, other) 1 ZEILER 5. 5,000. 2 3 4 5 6 7

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANTS

WHEN NOTIFYING APPLICANTS OF AN AWARD, THE FOLLOWING OCCURS.

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.

- THE EMAIL ALSO DETAILS THE EXPENSE REIMBURSEMENT PROCESS, AND

EVALUATION REQUIREMENTS.

2. NON-AWARDEES ARE NOTIFIED BY EMAIL.

3. DOCUMENTATON INCLUDING NOTIFICATIONS, AWARD LETTERS AND REPORTING

REQUIREMENTS ARE RETAINED FOR EACH APPLICANT.

Page 2

#### Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of non-cash assistance recipients , cash grant non-cash assistance FMV, appraisal, other) 1 2 3 4 5 6 7

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

THE PAYMENT PROCESS IS AS FOLLOWS.

- 1. ADVANCE TRAINING:
- AWARD GIVEN TO AN INDIVIDUAL.

- CASH ADVANCES OF 50% ARE PROVIDED TO ASSIST WITH TRAVEL AND HOTEL

#### EXPENSES.

- AWARDEE MUST SUBMIT A W-9.

- THE REMAINING 50% IS PAID AFTER AWARDEE SUBMITS EXPENSE REIMBURSEMENT

FORM AND EVALUATION.

2. CONFERENCE TRAVEL:

- AWARD GIVEN TO AN INDIVIDUAL.

Page **2** 

Part III

#### Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of non-cash assistance recipients cash grant non-cash assistance FMV, appraisal, other) 1 2 3 4 5 6 7

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any oth	er additional
	information.	

- AWARDEES MUST PAY FOR ALL EXPENSES UPFRONT.

- AWARDEE IS THEN REIMBURSED AFTER SUBMITTING AN EXPENSE REIMBURSEMENT

WITH APPROPRIATE RECEIPTS, AND AN EVALUATION.

- A W-9 IS NOT REQUIRED FOR THESE REIMBURSEMENTS.

3. RESEARCH AWARDS:

- AWARD GIVEN TO AN INDIVIDUAL.

- TO ACTIVATE FUNDING, THE AWARDEE OR THEIR INSTITUTION MUST SUBMIT A W-9

BEFORE THE FIRST HALF OF FUNDING IS SENT.

- A PAYMENT SCHEDULE IS INCLUDED IN THE AWARD LETTER DETAILING DUE DATES

FOR REQUIRED REPORTS.

#### Schedule I (Form 990) (2015) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III

#### Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of non-cash assistance recipients , cash grant non-cash assistance FMV, appraisal, other) 1 2 3 4 5 6 7 Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional Part IV

information. 4. SEE, TEST & TREAT GRANT:

- AWARD FUNDING WILL ONLY BE MADE TO A 501 (C) (3) ORGANIZATION.

- ORGANIZATION MUST SUBMIT A W-9. \_
- GRANTEE RECEIVES 50% OF THE AWARD UPON APPLICATION APPROVAL.
- STT OUTCOMES DATA IS REQUIRED 30 DAYS POST PROGRAM.
- BALANCE OF FUNDS RELEASED AFTER DOCUMENTED PROGRAM COSTS RECEIVED.
- GENE AND JEAN HERBEK HUMANITARIAN AWARD: 5.
- AWARD BESTOWED TO AN INDIVIDUAL.
- AWARD FUNDING WILL ONLY BE MADE TO A 501(C)(3) ORGANIZATION.
- ORGANIZATON MUST SUBMIT A W-9.

#### Schedule I (Form 990) (2015) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III

#### Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of non-cash assistance recipients cash grant non-cash assistance FMV, appraisal, other) 1 2 3 4 5 6 7 Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional Part IV information.

- AWARD IS PRESENTED AT THE CAP ANNUAL MEETING.

- AWARD FUNDING (100%) RELEASED AFTER THE CAP ANNUAL MEETING.

- A PROGESS REPORT ON HOW THE FUNDS WERE USED IS REQUIRED 13 MONTHS AFTER

THE AWARD HAS BEEN GRANTED.

Page 2

(Fori	EDULE J m 990) nent of the Treasury	For certain Officers, Dire Con ► Complete if the organizatio ► A	Association Information ectors, Trustees, Key Employees, and Highest mpensated Employees n answered "Yes" on Form 990, Part IV, line 2: Attach to Form 990.	3.	MB No. 20 Open to	15 Puk	olic
	Revenue Service of the organization	Information about Schedule J (Fo	orm 990) and its instructions is at <i>www.irs.gov/</i>	form990. Employer identification	Insp		n
	0	ERICAN PATHOLOGISTS FOUNDAT	TON	36-613460		1	
Part		is Regarding Compensation		30-013400	0		
Pari	Question	is Regarding compensation				Yes	No
1a b 2 3	990, Part VII, First-cla Travel fo Tax inde Discretion If any of the or reimburse explain Did the orga directors, trus 1a? Indicate which organization's related organ Indepen	Section A, line 1a. Complete Part III to ss or charter travel or companions emnification and gross-up payments onary spending account boxes on line 1a are checked, did the ment or provision of all of the ex- anization require substantiation prior stees, and officers, including the CEC n, if any, of the following the filing organ s CEO/Executive Director. Check all the ization to establish compensation of the steen compensation consultant	nization used to establish the compensation at apply. Do not check any boxes for metho the CEO/Executive Director, but explain in P Written employment contract Compensation survey or study	g these items. personal use nal residence on fees reur, chef) egarding payment plete Part III to s incurred by all s checked in line on of the ods used by a art III.	1b 2		
4	During the ye	90 of other organizations ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to				
а	•		ayment?		4a		X
b			ental nonqualified retirement plan?		4b		X
с			ased compensation arrangement?		4c		Х
5	Only section For persons I compensation	<b>501(c)(3), 501(c)(4), and 501(c)(29) o</b> isted on Form 990, Part VII, Section A n contingent on the revenues of:	rovide the applicable amounts for each it rganizations must complete lines 5–9. , line 1a, did the organization pay or accrue	any			
					5a		X
b		rganization? e 5a or 5b, describe in Part III.	• • • • • • • • • • • • • • • • • • • •		5b		X
6 a b	For persons I compensation The organizat Any related o	isted on Form 990, Part VII, Section A n contingent on the net earnings of: ion? rganization?	, line 1a, did the organization pay or accrue		6a 6b		X X
		e 6a or 6b, describe in Part III.					
7 8	payments not Were any am	described on lines 5 and 6? If "Yes," d ounts reported on Form 990, Part VII,	n A, line 1a, did the organization prov escribe in Part III paid or accrued pursuant to a contract the Regulations section 53.4958-4(a)(3)? It	at was subject	7		x
		-	regulations section 55.4956-4(a)(5)?		8		x
9	If "Yes" to li	ine 8, did the organization also fol	low the rebuttable presumption proced	lure described in	9		

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

Schedule J (Form 990) 2015

Page 2

### 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 are not 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.

		(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
CHARLES ROUSSEL	(i)	0.	0.	0.	0.	0.	0.	0.
1 <sup>CHIEF EXECUTIVE OFFICER OF CAP</sup>	(ii)	589,609.	275,976.	86,298.	211,580.	25,162.	1,188,625.	275,976.
MARION MALONE	(i)	0.	0.	0.	0.	0.	0.	0.
2 <sup>DIRECTOR,STRATEGIC DEVELOPMENT</sup>	(ii)	94,312.	29,175.	1,322.	18,801.	12,716.	156,326.	29,175.
MARY C. MARTIN	(i)	0.	0.	0.	0.	0.	0.	0.
<b>3</b> DIRECTOR OF FUNDRAISING	(ii)	121,265.	15,989.	1,033.	24,611.	25,235.	188,133.	15,989.
HALLIE BREWER	(i)	0.	0.	0.	0.	0.	0.	0.
${f 4}^{ ext{DIR}}$ of programs through august	(ii)	123,997.	10,032.	191.	23,443.	20,458.	178,121.	10,032.
GEORGE FIEDLER	(i)	0.	0.	0.	0.	0.	0.	0.
<b>5</b> SR. VP, CAPABILITY & SPECIALTY	(ii)	318,953.	68,375.	6,052.	69,483.	28,027.	490,890.	68,375.
MARYROSE MURPHY	(i)	0.	0.	0.	0.	0.	0.	0.
6 VP MEMBERSHIP & PROF DEVELOP	(ii)	205,611.	27,487.	4,379.	56,058.	20,279.	313,814.	27,487.
MARCI ZERANTE	(i)	0.	0.	0.	0.	0.	0.	0.
<b>7</b> DIR. OF PROGRAMS, AS OF AUGUST	(ii)	139,317.	18,221.	514.	26,816.	10,074.	194,942.	18,221.
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

#### Part III Supplemental Information

Complete this part to 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.

SCHEDULE J, PART I, LINE 3

THE FOUNDATION EMPLOYEES ARE COMPENSATED DIRECTLY BY THE COLLEGE OF AMERICAN PATHOLOGISTS (CAP), A RELATED ORGANIZATION; THEREFORE, ALL

COMPENSATION IS ESTABLISHED BY 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 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

THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER AND SR. VP, CAPABILITY &

SPECIALTY ADVANCEMMENT ARE NOT CHARGED TO THE COLLEGE OF AMERICAN

PATHOLOGISTS FOUNDATION.

GEORGE FIEDLER SERVED AS THE EXECUTIVE DIRECTOR FROM JANUARY - JULY.

MARYROSE MURPHY SERVED AS THE EXECUTIVE DIRECTOR FROM AUGUST - DECEMBER.

JSA 5E1505 1.000 Schedule J (Form 990) 2015

#### Part III Supplemental Information

Complete this part to 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.

SCHEDULE J, PART II, COLUMN B(II)

AMOUNT INCLUDES INCENTIVE EARNED IN 2014 AND PAID IN 2015.

SCHEDULE J, PART II, COLUMN C

AMOUNT INCLUDES PENSION EARNED IN 2015 AND PAID IN 2015 AND 2016; ALSO,

INCLUDES INCENTIVE EARNED IN 2015 AND PAID IN 2016.

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

## Supplemental Information to Form 990 or 990-EZ

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



Department of the Treasury Internal Revenue Service Name of the organization

COLLEGE OF AMERICAN PATHOLOGISTS FOUNDATION

Employer identification number

FORM 990, PART VI, LINE 11B - PROCESS USED TO REVIEW 990 DURING THE PREPARATION OF THE FORM 990 THE FOUNDATION'S EXECUTIVE DIRECTOR IS CONSULTED. THE FORM 990 IS REVIEWED BY THE SENIOR DIRECTOR OF FINANCE AND THE CHIEF FINANCIAL AND OPERATING OFFICER. PRIOR TO FILING, AT LEAST ONE OF THE FOUNDATION'S OFFICERS PARTICIPATE IN A CONFERENCE CALL TO REVIEW THE FORM 990. THE FINAL FORM 990 IS SHARED WITH THE FOUNDATION'S BOARD.

FORM 990, PART VI, LINE 12C -MONITORING FOR CONFLICTS OF INTEREST THE 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.

FORM 990, PART VI, LINE 15A -PROCESS FOR DETERMINING COMP FOR CEO THE FOUNDATION DOES NOT PAY THE SALARIES OF THE FOUNDATION EMPLOYEES DIRECTLY. INSTEAD, THE FOUNDATION REIMBURSES THE COLLEGE OF AMERICAN PATHOLOGISTS (CAP) FOR PERSONNEL ON A QUARTERLY BASIS. COMPENSATION OF THE CAP'S CHIEF EXECUTIVE OFFICER IS NOT CHARGED TO THE CAP FOUNDATION. THE TERMS OF THE CHIEF EXECUTIVE OFFICER'S COMPENSATION ARE DETAILED IN

Schedule O (Form 990 or 990-EZ) 2015						
Schedule O (Form 990 or 990-EZ) 2015         Name of the organization       Employer identification number         COLLEGE OF AMERICAN PATHOLOGISTS FOUNDATION       36-6134600						
COLLEGE OF AMERICAN PATHOLOGISTS FOUNDATION	36-6134600					

THE EMPLOYMENT AGREEMENT AND ADMINISTERED IN KEEPING WITH THE RELATED BOARD-APPROVED EXECUTIVE COMPENSATION PHILOSOPHY AND STRATEGY.

OTHER EXECUTIVE COMPENSATION - THE COMPENSATION FOR THE SR. VP, CAPABILITY & SPECIALTY ADVANCEMENT AND THE VP, MEMBERSHIP & PROFESSIONAL DEVELOPMENT IS NOT CHARGED TO THE FOUNDATION.

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. 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.

FORM 990, PART VI, LINE 19 - AVAIL OF GOV DOCS, COI POLICY, & F/S THE FOUNDATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. THE ANNUAL AUDITED FINANCIAL STATEMENTS ARE

Schedule O (Form 990 or 990-EZ) 2015					
Name of the organization	Employer identification number				
COLLEGE OF AMERICAN PATHOLOGISTS FOUNDATION	36-6134600				

AVAILABLE ON THE ILLINOIS ATTORNEY GENERAL'S WEBSITE.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OTHER CHANGE IN NET ASSETS OR FUND BALANCES IS THE CHANGE IN UNREALIZED LOSS IN FAIR VALUE OF BENEFICIAL INTEREST IN REMAINDER TRUST OF \$(95,832), A CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT OF \$(264,000), AND A RECLASS OF PERMANENTLY RESTRICTED FUND TO A CUSTODIAL LIABILITY ACCOUNT OF \$(70,727), AS DISCLOSED IN THE AUDITED FINANCIAL STATEMENTS.

#### FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

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.

ATTACHMENT 1

SCHEDUL	ER
(Form 990	D)

## **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.

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

COLLEGE OF AMERICAN PATHOLOGISTS FOUNDATION

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

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	(f) 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) Name, address, and EIN of re	elated organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	conti	<b>g)</b> 512(b)(13) rolled ity?
							Yes	No
(1) COLLEGE OF AMERICAN PATHOLOGISTS	36-2118323							
325 WAUKEGAN ROAD	NORTHFIELD, IL 60096	SEE PART VII	IL	501(C)(6)		N/A		Х
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
		]						1

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OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

36-6134600

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Schedule R (Form 990) 2015

Page **2** 

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	<b>(g)</b> Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			<b>(k)</b> Percentage ownership
		,,,		,			Yes	No		Yes	No	
(1)												
(2)												
<u> </u>												
(3)												
	1											
(4)												
	1											
(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) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
(1)								Yes No
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

36-6134600

Schedule R (Form 990) 2015

Part V	Transactions With Related Organizations Complete if the organization answered "Yes	s" 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
1 D	iring the tax year, did the organization engage in any of the following transactions with one or more r	elated organizations lis	ted in Parts II-IV?	[			
a Re	eceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			[	1a		X
b G	ft, grant, or capital contribution to related organization(s)			[	1b		X
c G	ft, grant, or capital contribution from related organization(s)			[	1c	Х	
d Lo	ans or loan guarantees to or for related organization(s)				1d		X
e Lo	ans or loan guarantees by related organization(s)			[	1e		X
f Di	vidends from related organization(s)				1f		X
	le of assets to related organization(s)				1g		X
h Pu	Irchase of assets from related organization(s)			[	1h		X
i Ex	change of assets with related organization(s)				1i		X
j Le	ase of facilities, equipment, or other assets to related organization(s)				1j		X
k Le	ase of facilities, equipment, or other assets from related organization(s)				1k	Х	
I Pe	rformance of services or membership or fundraising solicitations for related organization(s)			[	11		X
m Pe	rformance of services or membership or fundraising solicitations by related organization(s)			[	1m	Х	
n Sł	aring of facilities, equipment, mailing lists, or other assets with related organization(s)			[	1n	Х	
o Si	naring of paid employees with related organization(s)			[	10	Х	
p Re	eimbursement paid to related organization(s) for expenses				1p	Х	
	eimbursement paid by related organization(s) for expenses				1q		X
r O	her transfer of cash or property to related organization(s)				1r		X
<b>s</b> O	her transfer of cash or property from related organization(s).				1s		X
2 lf	he answer to any of the above is "Yes," see the instructions for information on who must complete the	his line, including cove	red relationships and trans	action thres	sholds	s.	
	(a)	(b)	(c)	Mathadia	(d)		
	Name of related organization	Transaction type (a-s)	Amount involved	Method o amour			ıg
<b>(1)</b> C	OLLEGE OF AMERICAN PATHOLOGISTS	C	300,000.	CASH			
		_	500 041				
<b>(2)</b> C	OLLEGE OF AMERICAN PATHOLOGISTS	P	520,241.	COST			
(2)							
(3)							
(4)							
(5)							
(5)							
(6)							
(6)			9.01 9.01	hedule R (F	orm (	1001	2015
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## Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity Let (st	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			sections 512-514)	Yes	No		Yes	No		Yes	No		
)													
)													
)													
)													
)	_												
)	_												
)	_												
)	_												
)													

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Schedule R (Form 990) 2015

Part VII	Supplemental Information
	Complete this part to provide additional information for responses to questions on Schedule R (see
	instructions).

SCHEDULE R, PART II, COLUMN (B)

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,

AND HOSPITALS AND THE PUBLIC; AND TO ENHANCE THE DIGNITY, SCIENTIFIC

COMPETENCE AND EFFICIENT PRACTICE OF THE SPECIALTY OF PATHOLOGY FOR THE

SERVICE OF THE COMMON GOOD.