|                                                                          |                                                                                                                                                                               |                   |                                               | <del>_/</del> 201912                            |   |
|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------------|-------------------------------------------------|---|
| <sub>Form</sub> 990                                                      | Return of Organization Exem<br>Under section 601(c), 527, or 4341(e)(1) of the Internal Re                                                                                    |                   |                                               |                                                 |   |
| (Rev. January 2020)<br>Department of the Treasu<br>France Revolue Gornos | Do not enter social security numbers on thi Go to www.irs gov/Form990 for instruction                                                                                         | s form as it may  | pe made public.                               | Open to Public Inspection                       |   |
|                                                                          | elender year, or the year boginning and ondin                                                                                                                                 |                   |                                               |                                                 |   |
|                                                                          | C Name of organization                                                                                                                                                        | T                 | I I                                           | O Employer Identification number                |   |
| X. Access drawn                                                          | Digital Pathology Associa                                                                                                                                                     | icton Tuc         | <del></del>                                   | 45-3798721                                      |   |
|                                                                          | Mumber and street (or P 0) both a mail to not delivered to street address)                                                                                                    |                   |                                               | 317-816-1630                                    |   |
| _ hauinaun<br>Tifouinouni                                                | 370 Medical Drive Suite A                                                                                                                                                     |                   | <del></del>                                   | 317-810-1030                                    |   |
|                                                                          | Carmel IN 46032                                                                                                                                                               |                   |                                               | Grane record 1,065,387                          |   |
| Amended neum                                                             | Floame and address of principal officer,                                                                                                                                      |                   | Mark 10 (00 a a a a a a a a a a a a a a a a a | ondure for eutorotrosses                        |   |
| Application persons                                                      | Abigail R Norris                                                                                                                                                              | 1                 | DKIDLAGE ST. SECON                            | ·                                               |   |
| i                                                                        | 370 Medical Drive Suite A Carmol IN 46032                                                                                                                                     | $\mathcal{M}$     | / //                                          | (Dicty o per (See lustrice)                     |   |
| 1 Terressempt status                                                     | Sough X sough ( 6 ) 4 proor no.   Configuration                                                                                                                               | 1187              | Ħ                                             |                                                 |   |
|                                                                          | iqitalpathologyassociation.org ;                                                                                                                                              |                   | Nici Group earn                               |                                                 |   |
|                                                                          | X Corporator   Trust   Assessmen   Color                                                                                                                                      |                   | ý sa priormator. 20                           | 11 es Sum al legal domicile IN                  |   |
|                                                                          | scripe the autenticates are mission or most significant activities.                                                                                                           | <del> </del> -    |                                               |                                                 |   |
| g tech                                                                   | DPA is a nonprofit organization compris<br>nodogists, and industry representatives<br>d of digital pathology.<br>stark] illus organization deconfined in operations or dispos | dodicate          | chologists,<br>ed to advan                    | orudi rjie                                      |   |
| 46 3 Number of                                                           | of voting members of the governing body (Part VI, line 1s)                                                                                                                    |                   |                                               | 3 21                                            |   |
| § 4 Number o                                                             | findependent voting members of the governing body (Part VI, line                                                                                                              |                   |                                               | 4 21                                            |   |
|                                                                          | iber of individuals employed in calendor year 2018 (Part V. lino 2a)<br>ther of volunteers (estimata il necessary)                                                            | ·                 |                                               | 5 0<br>6 21                                     |   |
| 7a Total unit                                                            | eleted business revenue from Port VIII, ectumn (C), the 12                                                                                                                    |                   |                                               | 70 0                                            |   |
|                                                                          | ated business taxable income from Form 990-T, line 38                                                                                                                         | · · · · · ·       |                                               | 76 0                                            |   |
| Contributi                                                               | ons and grants (Part VIII, Ilne 1h)                                                                                                                                           |                   | Prior Years<br>478                            | 361 554,200                                     |   |
|                                                                          | service revenue (Part VIII, line 2g)                                                                                                                                          | • ••              | 481,                                          |                                                 |   |
| 10 Invostmen                                                             | nt income (Part VIII, column (A), lines 3, 4, and 7d)                                                                                                                         |                   | 8,                                            | 577 20,355                                      |   |
| T 11 Other rev                                                           | enue (Pari VIII, ochimn (A), Enes 5, 6d, 8c, 9c, 10c, and 11c)                                                                                                                |                   | 0.60                                          | 4,967                                           |   |
|                                                                          | rnue – add fines 8 through 11 (must equal Part VIII, column (A), fire<br>id clinitur amounto paid (Part IX, column (A), tireo 1–3)                                            | 11/41             | 968,<br>10.                                   | 328 1,065,387<br>000 70,000                     |   |
|                                                                          | raid to or for members (Part IX, column (A), Ena 4)                                                                                                                           | ·                 |                                               | 0                                               |   |
| g 15 Saturies                                                            | other compensation, employee benefits (Part IX, column (A), lines !                                                                                                           | 5-10)             |                                               | 0                                               |   |
|                                                                          | nal fundralsing fees (Part IX, column (A), line 11e)<br>Iroising expenses (Part IX, column (D), line 25) ▶                                                                    |                   |                                               |                                                 |   |
| 17 Other exp                                                             | conses (Port IX, cotumo (A), lines 119-11d, 115-24e)                                                                                                                          |                   | 679,                                          | 456 729,796                                     |   |
|                                                                          | enses. Add lines 13-17 (must equal Port IX, column (A), line 25)                                                                                                              |                   | 689,                                          | 456 799,796                                     |   |
| 19 Revenue                                                               | less expenses, Subtract line 18 from fine 12                                                                                                                                  |                   | 278,                                          |                                                 |   |
| 20 Total anse                                                            | ets (Part X, Ene 16)                                                                                                                                                          | (                 | 1,032,                                        |                                                 |   |
|                                                                          | Biles (Part X, Line 28)                                                                                                                                                       | }                 | 155.                                          |                                                 |   |
|                                                                          | o or lynd balances. Subtract lige 21 from ling 20<br>Inature Block                                                                                                            |                   | 877.                                          | 330 1,142,921                                   |   |
| Under penalties of p                                                     | remay, I declare that I have examined this return, including occompanying                                                                                                     | schoolses and E   | plements, and to the                          | e best of my knowledge and belief, d b          | , |
| true correct, and or                                                     | arche's Declaration of preparer (other than officer) is based on all instrument                                                                                               | gou of mylch bash | pror has any knowle                           |                                                 |   |
| sign 🖟 🛱                                                                 | Mingow P. A                                                                                                                                                                   |                   |                                               | 11/12/2010                                      |   |
|                                                                          | Abigail R Norris                                                                                                                                                              | Ехес              | Director                                      | 4/20                                            |   |
| 16                                                                       | pe or privil regime and Mar                                                                                                                                                   |                   |                                               |                                                 |   |
|                                                                          | grapher's name  R Brinkers, CPA  Robert K. Brinkers,                                                                                                                          | CDA               | 0ab<br>11/12/2                                | Create   e PIDM<br>C ecti-createred   P00409428 |   |
| ropaior Fortani                                                          |                                                                                                                                                                               |                   |                                               | 35-2043580                                      |   |
| isa Only                                                                 | 4181 E 96th St Ste 180                                                                                                                                                        |                   |                                               |                                                 |   |
| Prest and                                                                | Indianapolis, IN 46240                                                                                                                                                        |                   | Pror                                          | 317-569-4181                                    |   |
| ANY ING INS discuss                                                      | s that return with the preparer shown above? (see instructions)                                                                                                               | <del></del>       | DECEN                                         | X: Yos   No                                     |   |
| W                                                                        | va                                                                                                                                                                            |                   | RECEIV                                        | בט                                              |   |
|                                                                          |                                                                                                                                                                               | _ا"ل_             | NOV 2 3 20                                    | ] <u>&amp;</u>                                  |   |
|                                                                          |                                                                                                                                                                               |                   | OGDEN                                         | UT                                              |   |
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| NOT THE RESERVE AND THE RESERV | l Pathology                                      | Association I                                                                                   | nc. 45-37             | 98721                                 | Page 2                                |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  | ce Accomplishments<br>a response or note to a                                                   | ny line in this Pa    | rt III                                | 🗆                                     |
| 1 Briefly describe the organ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | noiselion's mission                              |                                                                                                 | _                     |                                       |                                       |
| pathologists,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | scientists                                       | ssociation is a<br>, technologista<br>he field of di                                            | s, and indu           | c organization stry represent ology.  | comprised of atives                   |
| 2 Did the organization under<br>prior Form 990 or 990-EZ<br>If "Yes," describe these n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ?                                                |                                                                                                 | ear which were not li | sled on the                           | Yes X No                              |
| 3 Did the organization ceas<br>cor/cco?<br>If "Yes," describe these c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                  |                                                                                                 | conducts, any progr   | am                                    | Yes X No                              |
| 4 Describe the organization<br>expenses Section 501(c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | o's program service ac<br>(3) and 501(c)(4) orga | complishments for each of its<br>inizations are required to repo<br>h program service reported. |                       |                                       |                                       |
| To facilitate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | education                                        | including grants                                                                                |                       | ) (Revenue \$ pathology appl          | ications in                           |
| healthcare.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | -                                                |                                                                                                 |                       |                                       |                                       |
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| 4b (Code ) (Expe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | nses \$                                          | including grants                                                                                | of \$                 | ) (Revenue \$                         |                                       |
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| 4c (Code ) (Expe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | nses \$                                          | including grants                                                                                | of \$                 | ) (Revenue \$                         |                                       |
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| 4d Other program services (i<br>(Expenses S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                  | O)<br>ding grants of \$                                                                         | ) (Re                 | venue S                               | · · · · · · · · · · · · · · · · · · · |

Form 990 (2019) Digital Pathology Association Inc. Page 3 Checklist of Required Schedules No Yes is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 2 X is the proamization required to complete Schedule 8. Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I х 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 "Yos," complete Schedule C, Part II is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues. X assessments, or similar amounts as defined in Revenue Procedure 98-197 // "Yes," complete Schedule C, Part III Oid 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 Did the organization receive or hold a conservation easement, including easements to preserve open space. x the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III 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 X debt negotiation services? If "Yes," complete Schedule D. Part IV Oid the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable Old the organization report an amount for land, buildings, and equipment in Part X, line 107 // "Yes," complete Schedule D. Part VI 11a Oid the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more 116 of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Oid the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c Х Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yos," complete **12**a Schedule D. Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If X "Yes," end if the organization answered "No" to line 12e, then completing Schedule D, Parts XI and XII is optional 12b Х 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 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 Х 14b foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Х for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Х 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X Pert VIII, lines 1c and 8a? If "Yes," complete Schodule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Parl VIII, line 9a? II "Yes," complete Schedule G, Part III X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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 17 if "Yes," complete Schedule I, Parts I and II Form 990 (2019)

| Form       | 990 (2019) Digital Pathology Association Inc. 45-3798721                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      | P             | age 4                                 |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------|---------------------------------------|
|            | Checklist of Required Schedules (continued)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _    |               |                                       |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      | Yes           | No                                    |
| 22         | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |               |                                       |
|            | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 22   | Ш             | <u> </u>                              |
| 23         | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1    |               |                                       |
|            | organization's current and former officers, directors, trustees, key employees, and highest compensated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ļ    |               |                                       |
|            | employees? If "Yes," complete Schedule J                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 23   |               | <u> </u>                              |
| 24a        | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Ī    |               | :                                     |
|            | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1    |               |                                       |
|            | through 24d end complete Schedule K. If "No," go to line 25e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 24a  | $\vdash$      | <u>x</u>                              |
| b          | Oid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 24b  |               | —                                     |
| C          | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |               |                                       |
|            | to defease any tax-exempt bonds?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 24c  | $\vdash$      |                                       |
|            | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      | 1             |                                       |
|            | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 25a  | $\vdash$      |                                       |
| ь          | 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?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 355  | 1             | ı                                     |
|            | if "Yes," complete Schedule L, Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 25b  | -             |                                       |
| 26         | Did the organization report any amount on Parl X, line 5 or 22, for receivables from or payables to any current                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1    |               | ı                                     |
|            | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 26   |               | х                                     |
| 27         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1-28 |               |                                       |
| 27         | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key<br>employee, creator or founder, substantial contributor or employee thereof, a grant selection committee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1    |               | ı                                     |
|            | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1    |               | ı                                     |
|            | persons? If "Yes," complete Schedule L, Part III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 27   |               | х                                     |
| 28         | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |               |                                       |
| 20         | IV instructions, for applicable filing thresholds, conditions, and exceptions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      | 100           |                                       |
| а          | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? //                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      | ·             |                                       |
| -          | "Yes," complete Schedule L, Pert IV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 28B  |               | х                                     |
| b          | A lamily member of any individual described in line 28a? If "Yes," complete Schedule L. Part IV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 28b  |               | x                                     |
| c          | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? //                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |               |                                       |
|            | "Yes," complete Schedule L, Perl IV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 28c  |               | X                                     |
| 29         | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 29   |               | X                                     |
| 30         | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |               | ı                                     |
|            | conservation contributions? If "Yes," complete Schedule M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 30   |               | <u> </u>                              |
| 31         | Did the organization Inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 31   |               | x                                     |
| 32         | Did the organization sell, exchange, dispose of, or transfer more than 25% of its not assots? If "Yos,"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | -    |               |                                       |
|            | complete Schedule N, Pert II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 32   |               | <u>x</u>                              |
| 33         | Old the organization own 100% of an entity disregarded as separate from the organization under Regulations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1    |               |                                       |
|            | sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Pert I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 33   | _             | <u>X</u>                              |
| 34         | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Part II, III,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      | ا ۔۔ ا        |                                       |
|            | or IV, and Pert V, line 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 34   | X             | <del></del>                           |
| 35a        | Oid the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 35a  | _             | <u> </u>                              |
| b          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |               |                                       |
|            | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 35Ь  | <del>  </del> | —                                     |
| 36         | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |               |                                       |
| _          | related organization? If "Yes," complete Schedule R, Part V, line 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 36   | -             | —                                     |
| 37         | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ١    |               | v                                     |
|            | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 37   | 1             | <u>X</u>                              |
| 38         | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 38   | x             |                                       |
| 2000       | 19? Note: All Form 990 filers are required to complete Schedule O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1 30 |               | —                                     |
| 155.5      | Statements Regarding Other IRS Filings and Tax Compliance Check of Schodule O contains a resease or note to any line in this Part V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |               |                                       |
|            | Check if Schedule O contains a response or note to any line in this Part V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | • •  | Yes           | No                                    |
| <b>.</b> . | Favor the number reported in Box 3 of Form 1096. Faller :0: if not applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2000 | 1000          |                                       |
| 1a         | The first harmon reported in both 5 of 1 of 11 of 12 o |      |               |                                       |
| ь          | Cital de Hamber et l'emb 11 20 monde de l'emb 10 anno  | -    |               |                                       |
| С          | Oid the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1c   | المتعمد       | · · · · · · · · · · · · · · · · · · · |
|            | reportanc denind (demonid) anninds to buse anniers (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      | m 990         | (2019)                                |
| DAA        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |               |                                       |

| 2007        | 990 (2019) Digital Pathology Association Inc. 45-3798                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |               | Р             | age 5                                            |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------|---------------|--------------------------------------------------|
| <b>₩</b> ₩. | Statements Regarding Other IRS Filings and Tax Compliance (contin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | uea)                                  | 1             |               | ·                                                |
| _           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       | 1000          | Yes           | No                                               |
| 2a          | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 22 0                                  |               |               |                                                  |
|             | Statements, filed for the calendar year ending with or within the year covered by this return                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u> </u>                              |               |               | \$0000E                                          |
| ь           | If at least one is reported on line 2a, did the organization file all required federal employment tax retuined                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                       | 20            | 3782.2        |                                                  |
| -           | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 5)                                    | 39            | XXXXXX        | X                                                |
| 3a          | · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       | 3b            | _             | <u> </u>                                         |
| b           | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                       | 130           |               | _                                                |
| 43          | At any time during the calendar year, did the organization have an interest in, or a signature or other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       | 4a            |               | x                                                |
| _           | a financial account in a foreign country (such as a bank account, securities account, or other financial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | raccountyr                            | 138.00        | 940000        | 1800                                             |
| ь           | If "Yas," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Accounts (EGAR)                       |               |               |                                                  |
|             | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | accounts (PDAN)                       | 5a            | Marie Control | X                                                |
| 5a          | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | chan?                                 | 5b            |               | x                                                |
| ь           | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 200117                                | 5c            |               | <del>                                     </del> |
| c<br>en     | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the second s |                                       | <u> </u>      |               | _                                                |
| <b>6</b> a  | organization solicit any contributions that were not tax deductible as chantable contributions?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ie                                    | 6a            |               | х                                                |
| _           | If "Yes," did the organization include with every solicitation an express statement that such contribute                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                       | <u> </u>      |               | <del></del> -                                    |
| b           | gifts were not tax deductible?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2113 01                               | 6b            |               |                                                  |
| 7           | Organizations that may receive deductible contributions under section 170(c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       | 198200        | 2000          | 260.000                                          |
| a           | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | noods                                 |               |               |                                                  |
| •           | and services provided to the payor?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 9000                                  | 7a            | *******       | *********                                        |
| þ           | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       | 7b            |               |                                                  |
| c           | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                       | 1             |               |                                                  |
| ٠           | required to file Form 8282?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | .5                                    | 7c            |               |                                                  |
| d           | If "Yes," indicate the number of Forms 8282 filed during the year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7a                                    | 1000          | 2 W.          | 200                                              |
| 8           | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                       | 7e            |               | -                                                |
| 1           | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                       | 71            |               |                                                  |
| 9           | If the organization received a contribution of qualified intellectual property, did the organization file Fo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | · · · · · · · · · · · · · · · · · · · | 79            | _             |                                                  |
| h           | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                       | 7h            |               | ſ.                                               |
| 8           | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       |               |               |                                                  |
|             | sponsoring organization have excess business holdings at any time during the year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       | 8             |               |                                                  |
| 9           | Sponsoring organizations maintaining donor advised funds.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                       |               |               |                                                  |
| 8           | Old the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       | 9a            |               | <u> </u>                                         |
| b           | Did the sponsoring organization make a distribution to a donor-donor advisor, or related person?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | 95            |               |                                                  |
| 10          | Section 501(c)(7) organizations. Enter:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |               |               |                                                  |
| а           | Initiation fees and capital contributions included on Part VIII, line 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 10a                                   | _             |               |                                                  |
| ь           | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 106                                   |               |               |                                                  |
| 11          | Section 501(c)(12) organizations. Enter:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                       | 1900          |               |                                                  |
| а           | Gross income from members or shareholders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 113                                   | - 500         |               |                                                  |
| ь           | Gross income from other sources (Do not net amounts due or paid to other sources                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |               |               |                                                  |
|             | against amounts due or received from them )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 11b                                   | 1             |               |                                                  |
|             | Section 4947(a)(1) non-exempt charitable trusts Is the organization filing Form 990 in lieu of Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1 1 11                                | 120           | 6000000       | 20000                                            |
| Ь           | If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 12b                                   | -             |               |                                                  |
| 13          | Section 501(c)(29) qualified nonprofit health insurance issuers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       | 83884         | <b>785</b> 50 | <b>E</b>                                         |
| 8           | is the organization licensed to issue qualified health plans in more than one state?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       | 13a           | 22,659        | 1000000                                          |
|             | Note: See the instructions for additional information the organization must report on Schedule O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | <b>1333</b> 4 |               |                                                  |
| b           | Enter the amount of reserves the organization is required to maintain by the states in which                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1 1                                   |               |               |                                                  |
|             | the organization is ticensed to issue qualified health plans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 13b                                   | -500          |               |                                                  |
|             | Enter the amount of reserves on hand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 13c                                   | 233354        | ****          | 5.W.C                                            |
|             | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                       | 148           | <del> </del>  | X                                                |
| ь           | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       | 14b           | Ь             | <del> </del>                                     |
| 15          | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ration or                             |               | l             |                                                  |
|             | excess parachute payment(s) during the year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       | 15            | #U.#          | X                                                |
|             | If "Yes," see instructions and file Form 4720, Schedule N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                       | 10            | 35.53%        | X                                                |
| 16          | Is the organization an educational institution subject to the section 4968 excise tax on net investment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | I Income?                             | 16            | 20/53         | La su                                            |
|             | if "Yes," complete Form 4720, Schedule O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                       | 6-128.        | 100           | 0.0000                                           |

OAA

| Form | 990 (2019) Digital Pathology Association Inc. 45-3798721                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Page 6                                            |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| Ra   | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, end                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | l for a "No"                                      |
|      | response to line 8e, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ee instructions                                   |
|      | Check if Schedule O contains a response or note to any line in this Part VI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | X                                                 |
| Sec  | tion A. Governing Body and Management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                   |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes No                                            |
| 1a   | Enter the number of voting members of the governing body at the end of the tax year 1a 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                   |
|      | If there are material differences in voting rights among members of the governing body, or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                   |
|      | if the governing body delegated broad authority to an executive committee or similar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   |
|      | committee, explain on Schedule O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                   |
| ь    | Enter the number of voting members included on line 1a, above, who are independent 1b 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                   |
| 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, 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   | • • • • • • • • • • • • • • • • • • • •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                   |
| ,,   | one or more members of the governing body?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 7a   X                                            |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del>  '''   </del>                               |
| ь    | stockholders, or persons other than the governing body?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 76   X                                            |
|      | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                   |
| 8    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8a X                                              |
| a    | The governing body?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 8b X                                              |
| ь    | Each committee with authority to act on behalf of the governing body?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 100 12                                            |
| 9    | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9 X                                               |
| 800  | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O<br>tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                   |
| 360  | tion B. Policies   This Section B requests mornialion about policies not required by the memaricasmos Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes No                                            |
| 40.  | Duther and the land should be should | 10a X                                             |
|      | Oid the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ·v°   ··-                                         |
| ь    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10Ь                                               |
| 44-  | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 11a X                                             |
| -    | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   |
| b    | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 12a X                                             |
| 12a  | and the second of the second o | 12b X                                             |
| b    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del>''''                                  </del> |
| С    | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes."                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 12c X                                             |
|      | describe in Schedule O how this was done                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 13 X                                              |
| 13   | Did the organization have a written whistleblower policy?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 14 X                                              |
| 14   | Did the organization have a written document retention and destruction policy?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | EXACTED S                                         |
| 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?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 15a X                                             |
|      | The organization's CEO, Executive Director, or top management official                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 15a X<br>15b X                                    |
| b    | Other officers or key employees of the organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 130                                               |
|      | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 16a X                                             |
|      | with a taxable entity during the year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 16a X                                             |
| Þ    | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 465                                               |
|      | organization's exempt status with respect to such arrangements?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 16b                                               |
|      | tion C. Disclosure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |
| 17   | List the states with which a copy of this Form 990 is required to be filed IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |
| 18   | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                   |
|      | (3)s only) available for public inspection indicate how you made these available. Check all that apply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                   |
|      | Own website Another's website U Upon request Other (explain on Schedule O)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                   |
| 19   | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |
|      | financial statements available to the public during the tax year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                   |
| 20   | State the name, address, and telephone number of the person who possesses the organization's books and records 🕨                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                   |
| Ca   | arrie Nicoson 4181 E. 96th Street Suite 180                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 44                                                |
| _II  | adianapolis IN 46240 31                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 7-569-4181                                        |
| DAA  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Form <b>990</b> (2018)                            |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |

| . • •                               |                                                                       |                                       | _                                |                      |              |               |                                |              |                                                             |                                                    |                                           |
|-------------------------------------|-----------------------------------------------------------------------|---------------------------------------|----------------------------------|----------------------|--------------|---------------|--------------------------------|--------------|-------------------------------------------------------------|----------------------------------------------------|-------------------------------------------|
| Form 990 (2019                      | Digital I                                                             | Patholog                              | <u>y 7</u>                       | 188                  | 00           | <u>1a</u>     | <u>ti</u>                      | On           | Inc. 45-379<br>(ey Employees, High                          | 8721                                               | Page 1                                    |
|                                     |                                                                       |                                       | irec                             | tor                  | 5, I         | rus           | tee                            | s, r         | ey Employees, High                                          | est Compensated E                                  | mpioyees, and                             |
|                                     | ndependent Cor                                                        |                                       |                                  |                      |              |               | ~~*                            |              | ony line in this Bad V                                      | 11                                                 |                                           |
|                                     |                                                                       |                                       |                                  |                      |              |               |                                |              | any line in this Part V<br>Compensated Employees            | <del>!</del>                                       | <u> </u>                                  |
|                                     | is table for all persor                                               |                                       |                                  |                      |              |               |                                |              | on for the calendar year er                                 | iding with or within the                           | <del></del>                               |
| • List all of                       | •                                                                     |                                       |                                  |                      |              |               |                                |              | individuals or organization:<br>aid                         | s), regardless of amount o                         | f                                         |
|                                     |                                                                       |                                       |                                  |                      |              |               |                                |              | ins for definition of "key em                               |                                                    |                                           |
| who received re                     | rganization's five cur<br>sportable compensat<br>d any related organi | ion (Box 5 of Fo                      | npen<br>rm W                     | sate<br>/-2 a        | d en<br>nd/a | nplo:<br>r Bo | yees<br>x 7 c                  | (oth<br>I Fo | er than an officer, director,<br>rm 1099-MISC) of more tha  | trustee, or key employee)<br>an \$100,000 from the |                                           |
| \$100,000 of re                     | portable compensate                                                   | on from the orga                      | inizal                           | ion a                | and a        | алу і         | relate                         | ed or        |                                                             |                                                    |                                           |
| organization, m<br>See instructions | ore than \$10,000 of<br>s for the order in white                      | reportable comp<br>ch to list the per | ensa<br>sons                     | tion<br>abor         | from<br>re   | the           | orga                           | ıniza        | in the capacity as a former<br>ition and any related organi | zations                                            |                                           |
| X Check this                        | box if neither the org                                                | anization nor an                      | y rela                           | ted                  | orga         | niza          | lion                           | com          | pensated any current office                                 | r, director, or trustee.                           |                                           |
| <b>4</b> 4                          | (A)                                                                   | (B)                                   | 1                                |                      |              | C)<br>islan   |                                |              | (D)<br>Reportable                                           | (E)<br>Reportable                                  | (F)<br>Estimated smount                   |
| na:                                 | ne and title                                                          | Averago                               | (6                               | ton o                | neck         | more          | then o                         | ne           | compensation                                                | compensation                                       | of other                                  |
|                                     |                                                                       | per week<br>(list any                 |                                  |                      |              |               | is both<br>ritrusi             |              | irom the<br>organization                                    | from related<br>erganizations                      | compensation<br>from the                  |
|                                     |                                                                       | hours for related                     | 9 5                              | ā                    | 요            | \$            | B                              | ğ,           | (W-2/1099-MISC)                                             | (W-2/1099-MISC)                                    | organization and<br>related organizations |
|                                     |                                                                       | organizations<br>balow                | S de                             | la la                | OF CO        | 3             | 500                            | Former       |                                                             |                                                    | •                                         |
|                                     |                                                                       | datted line)                          | Indhidusi trusteo<br>or director | nstitutional trustee |              | kay emptoyeo  | fighesi componsand<br>imployoo |              |                                                             |                                                    |                                           |
|                                     | . 15-1-                                                               |                                       | ╄                                | Ľ.                   | <u> </u>     | <u> </u>      | B                              | _            |                                                             |                                                    |                                           |
| (1) Esthe:                          | r WDela                                                               | 0.25                                  |                                  | ļ                    | l            |               |                                |              |                                                             |                                                    |                                           |
| Secretary                           | •                                                                     | 0.00                                  | x                                |                      | x            | l             |                                | l            | o                                                           | o                                                  | (                                         |
|                                     | M Blakely                                                             | 0.00                                  | Ĥ                                | Н                    | -            | 1             | ┢                              | _            |                                                             |                                                    |                                           |
| (2) 50000                           | Dankery                                                               | 0.25                                  |                                  | ļ                    | İ            |               |                                | 1            |                                                             | ,                                                  |                                           |
| Director                            | •                                                                     | 0.00                                  | x                                |                      | l            | ļ             |                                |              | 0                                                           | _0                                                 |                                           |
| (3) Marily                          | n M Bui                                                               |                                       |                                  |                      |              | Г             |                                |              |                                                             |                                                    |                                           |
|                                     |                                                                       | 0.25                                  |                                  |                      |              |               |                                |              |                                                             | _                                                  |                                           |
| President                           |                                                                       | 0.00                                  | X                                | _                    | X            | ╙             | ╙                              | L            | 0                                                           | 0                                                  |                                           |
| (4) Sandra                          | a Cummings                                                            |                                       |                                  |                      |              |               |                                |              |                                                             |                                                    |                                           |
|                                     |                                                                       | 0.25                                  | ١,,                              |                      |              |               |                                |              | ,                                                           | o                                                  |                                           |
| Director                            | Bulevalea                                                             | 0.00                                  | X                                | -                    | ├            | ├             | ⊢                              | ├            | 0                                                           | <u>U</u>                                           |                                           |
| (5) Junya                           | Fukuoka                                                               | 0.25                                  |                                  | }                    |              |               |                                |              |                                                             |                                                    |                                           |
| Director                            | •                                                                     | 0.00                                  | x                                |                      |              |               | İ                              |              | o                                                           | o                                                  |                                           |
| (6) Chris                           | Garcia                                                                | 0.00                                  | † <del>^</del>                   | -                    | -            | H             | ╁                              | ┢            |                                                             | <u>~</u>                                           |                                           |
| (0, 0                               |                                                                       | 0.25                                  |                                  | ĺ                    |              |               | 1                              |              |                                                             |                                                    |                                           |
| Director                            |                                                                       | 0.00                                  | x                                |                      |              |               | 1                              |              | 0                                                           | 0                                                  |                                           |
|                                     | Gonzalez                                                              |                                       |                                  |                      |              | Г             | П                              |              |                                                             |                                                    | _                                         |
|                                     |                                                                       | 0.25                                  |                                  |                      |              | İ             | 1                              |              |                                                             |                                                    | _                                         |
| Director                            |                                                                       | 0.00                                  | X                                | <u> </u>             | ╙            | L             | <u> </u>                       | ļ            | 0                                                           |                                                    |                                           |
| (8) Leo G                           | cady                                                                  |                                       |                                  |                      | ١.           |               |                                |              |                                                             |                                                    |                                           |
|                                     | •••                                                                   | 0.25                                  | ١                                |                      |              | 1             | i                              |              |                                                             | _                                                  | ١                                         |
| Director                            |                                                                       | 0.00                                  | X                                | <del> </del>         | ļ            | <u> </u>      | ╄                              | -            | 0                                                           | 0                                                  |                                           |
| (9) George                          | A. Green                                                              | 0.25                                  |                                  |                      |              |               | i                              |              |                                                             |                                                    |                                           |
| Director                            | •                                                                     | 0.25                                  | x                                |                      |              | l             |                                |              | o                                                           | o                                                  | (                                         |
|                                     | el Isaacs                                                             | V.00                                  | ┝                                | $\vdash$             | $\vdash$     |               | +-                             | $\vdash$     |                                                             |                                                    |                                           |
| ( .u) L'AL CALGE                    |                                                                       | 0.25                                  | 1                                | l                    |              | ŀ             | 1                              | İ            |                                                             |                                                    |                                           |
| Director                            |                                                                       | 0.00                                  | x                                | l                    | ı            | l             | l                              |              | o                                                           | 0                                                  |                                           |
|                                     | n Van Der                                                             |                                       | Ť                                | Ι                    | Г            |               |                                |              |                                                             |                                                    |                                           |
|                                     |                                                                       | 0.25                                  | 1                                | ĺ                    |              |               |                                |              |                                                             |                                                    |                                           |
| Director                            | • •                                                                   | 0.00                                  | x                                | l                    | l            |               | 1                              |              | 0                                                           | 0                                                  | (                                         |

| Part VIII Section A Officers                                                                                                                                                 |                                                                |                       |                        |                        |                         |                                   |                    | INC. 45-379 ind Highest Compensated                           |                                                        | Page 8                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------|------------------------|------------------------|-------------------------|-----------------------------------|--------------------|---------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------|
| (A)<br>Namo and bilo                                                                                                                                                         | (B)<br>Averago<br>hours<br>per week<br>(bst eny                | (d<br>bo              | o not<br>o, uni        | Pos<br>chock<br>ess pe | ition<br>more<br>rean i | than o<br>s both<br>ntrust        | 206<br>180         | (D) Reportable componsition trom tro organization             | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation Irom the |
|                                                                                                                                                                              | hours for<br>related<br>organizations<br>below<br>dotted line) | or durector           | Inslitutional trustee  | Officer                | Key employee            | Highest compensated a<br>employee | Former             | (W-2/1099-MISC)                                               | (W-2/1099-MISC)                                        | organization and<br>related organizations           |
| (12) Lisa Manning Director                                                                                                                                                   | 0.25                                                           | x                     |                        |                        |                         |                                   |                    | 0                                                             | 0                                                      | _ 0                                                 |
| (13) Michael Monta                                                                                                                                                           | 0.25                                                           |                       |                        |                        |                         |                                   |                    |                                                               |                                                        | _                                                   |
| (14) Patrick Myles                                                                                                                                                           |                                                                | X                     | _                      | X                      |                         | -                                 |                    | 0                                                             | 0                                                      | 0                                                   |
| Advisory Council Rep<br>(15) Abigail R No.                                                                                                                                   | 0.25<br>0.00                                                   | x                     |                        | _                      | _                       |                                   |                    | 0                                                             | 0                                                      | 0                                                   |
| Exec Director 4/20                                                                                                                                                           | 0.25                                                           | x                     |                        | x                      |                         |                                   |                    | . 0                                                           | 0                                                      | 0                                                   |
| (16) Liron Pantano                                                                                                                                                           | 0.25                                                           | v                     |                        |                        |                         |                                   |                    | 0                                                             | _                                                      | 0                                                   |
| (17) Anil Parwani                                                                                                                                                            | 0.00                                                           | X                     |                        |                        |                         |                                   |                    |                                                               | 0                                                      |                                                     |
| Treasurer (18) Michael Quick                                                                                                                                                 | 0.00                                                           | х                     |                        | x                      |                         |                                   | L                  | 0                                                             | 0                                                      | 0                                                   |
| Director                                                                                                                                                                     | 0.25<br>0.00                                                   | x                     |                        |                        |                         |                                   |                    | 0                                                             | 0                                                      |                                                     |
| (19) Michael River                                                                                                                                                           | 0.25<br>0.00                                                   | x                     |                        | x                      |                         |                                   |                    | 0                                                             | 0                                                      | 0                                                   |
| 1b Subtotal                                                                                                                                                                  |                                                                |                       | on A                   | •                      |                         |                                   | <b>▶</b>           |                                                               |                                                        |                                                     |
| d Total (add lines 1b and 1c)  Total number of individuals (in                                                                                                               | iduding but not l                                              | mite                  | d to                   |                        | e lis                   | led a                             | bov                | e) who received more than                                     | \$100,000 of                                           |                                                     |
| reportable compensation from  3 Did the organization list any for employee on line 1a? // "Yes."  4 For any individual listed on line organization and related organization. | ormer officer, dir<br>complete Schelle<br>e 1a, is the sum     | ecto<br>dula<br>of re | r, Iru<br><i>J for</i> | suci<br>able           | com                     | lividu<br>pens                    | <i>iel</i><br>atio | on and other compensation                                     | from the                                               | Yes No                                              |
| individual  5 Did any person listed on line 1 for services rendered to the or                                                                                                | a receive or acc<br>ganization? // "Y                          | rue (                 | comp                   | ens                    | etion                   | fron                              | n ar               | ny unrelated organization or                                  |                                                        | 4 X<br>5 X                                          |
| Complete this table for your five compensation from the organians.                                                                                                           | ve highest comp                                                | ensa<br>omp           | ted i                  | rion<br>ndet           | end<br>for th           | ent c                             | ont                | ractors that received more to<br>dar year ending with or with | than \$100,000 of<br>hin the organization's tax ye     | 8ar                                                 |
| Ward Management Grou                                                                                                                                                         | (A)<br>business address                                        |                       |                        |                        |                         |                                   |                    | Osserin<br>cal Drive, Ste                                     | (B)<br>tion of services                                | (C)<br>Compensation                                 |
| Carmel                                                                                                                                                                       | _                                                              | 1 4                   | 60                     |                        | _                       |                                   |                    | Management Fee                                                |                                                        | 234,300                                             |
|                                                                                                                                                                              |                                                                |                       |                        |                        | -                       |                                   | -                  |                                                               |                                                        |                                                     |
|                                                                                                                                                                              |                                                                |                       |                        |                        |                         |                                   |                    |                                                               |                                                        |                                                     |
|                                                                                                                                                                              |                                                                |                       |                        |                        |                         |                                   | Ĺ                  |                                                               |                                                        | leastern Color                                      |
| Total number of independent of received more than \$100,000                                                                                                                  |                                                                |                       |                        |                        |                         |                                   |                    | se listed above) who                                          | 1                                                      | Form 990 (2018                                      |

|                                               | (A)<br>Namo and udo                                                                               | (B) Average hours per week (list any                            | bo                                 | x, unic               | Pos<br>chock<br>ssa po<br>nd a d | rean i       | then o                          | 87<br>(0)    | (O) Reportable compensation from the organization          | (E) Reportable compensation from related organizations (W-2/1088-MISC) | (F) Estimated amount of other compensation trum the engantzation and |
|-----------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------|-----------------------|----------------------------------|--------------|---------------------------------|--------------|------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------|
|                                               |                                                                                                   | hours for<br>related<br>organizations<br>bottom<br>dotted line) | Individual Invision<br>or director | Institutional trustee | Officer                          | Хеу стрізуве | Highest compensated<br>employee | Former       | (W-2/1099-A/ISC)                                           | (11-2 103341130)                                                       | related organizations                                                |
| (20)                                          | Jennifer Samb                                                                                     | 0.25<br>0.00                                                    | x                                  |                       |                                  |              |                                 |              | 0                                                          | 0                                                                      |                                                                      |
| (21)                                          |                                                                                                   | 0.25                                                            |                                    |                       |                                  |              |                                 |              |                                                            |                                                                        |                                                                      |
| (22)                                          | r Executive V. P.  John Wellbank                                                                  | 0.00                                                            | X                                  | -                     | X                                |              | Н                               |              | . 0                                                        |                                                                        |                                                                      |
| Fow<br>(23)                                   | ndation President  Keith Whartor                                                                  | 0.00                                                            | x                                  | _                     | x                                |              | Н                               |              | 0                                                          | 0                                                                      |                                                                      |
|                                               | ector                                                                                             | 0.25                                                            | x                                  | _                     |                                  |              |                                 |              | 0                                                          | 0                                                                      |                                                                      |
| (24)<br>Dire                                  | Yukako Yagi                                                                                       | 0.25                                                            | x                                  |                       |                                  |              |                                 |              | 0                                                          | 0                                                                      |                                                                      |
|                                               |                                                                                                   |                                                                 |                                    |                       |                                  |              |                                 |              |                                                            |                                                                        |                                                                      |
|                                               |                                                                                                   |                                                                 | -                                  |                       |                                  |              |                                 |              |                                                            |                                                                        |                                                                      |
|                                               |                                                                                                   |                                                                 |                                    |                       |                                  |              |                                 |              |                                                            |                                                                        |                                                                      |
|                                               | Subtotal                                                                                          | ets to Part VII. S                                              | Secti                              | lon A                 | \                                |              |                                 | <b>▶</b>     |                                                            |                                                                        |                                                                      |
| d<br>2                                        | Total (add lines 1b and 1c)<br>Total number of individuals (in                                    | cluding but not t                                               | imite                              | .,                    |                                  |              |                                 | <b></b>      | e) who received more than                                  | \$100,000 of                                                           |                                                                      |
| 3                                             | reportable compensation from  Oid the organization list any foremployee on line 1a? If "Yes,"     | rmer officer, dır                                               | ecto                               |                       |                                  |              |                                 |              |                                                            | d                                                                      | Yes No                                                               |
| 4                                             | For any Individual listed on line<br>organization and related organi<br>undividual                | a 1a, is the sum                                                | of re                              | port                  | ablo                             | соп          | pens                            | alio         | n and other compensation                                   |                                                                        | 4                                                                    |
| 5                                             | Did any person listed on line 1<br>for services rendered to the or                                | ganization? // *)                                               | ∕08,"                              | com<br>com            | ens<br>plett                     | ation<br>Sc  | r fron<br>hedu                  | n an<br>Ne J | y unrelated organization or<br>for such person             | individual                                                             | 5                                                                    |
| <u>.                                     </u> | on B. Independent Contracto<br>Complete this table for your five<br>compensation from the organic | re highest comp<br>zation, Report o                             | ensa<br>omp                        | ited<br>ensa          | inde<br>tion                     | enc<br>for t | lent c                          | ontr         | ractors that received more<br>dar year ending with or with | in the organization's tax y                                            |                                                                      |
|                                               | Name and                                                                                          | (A)<br>business address                                         |                                    |                       |                                  |              |                                 |              |                                                            | (B)<br>bon of services                                                 | Compensation                                                         |
|                                               |                                                                                                   |                                                                 |                                    |                       |                                  |              |                                 |              | <del>,</del>                                               |                                                                        |                                                                      |
|                                               |                                                                                                   |                                                                 |                                    |                       |                                  |              |                                 |              |                                                            |                                                                        |                                                                      |
|                                               | ·                                                                                                 |                                                                 |                                    |                       |                                  |              |                                 |              |                                                            |                                                                        |                                                                      |
|                                               |                                                                                                   |                                                                 |                                    |                       |                                  |              |                                 | 1            |                                                            |                                                                        |                                                                      |

|          |      |                                           |         |                  |               |             |                | (A)<br>Total revenue                    | (B)<br>Ratistad or exempt<br>function revenue | (C)<br>Unroloted<br>business revenue | (D) Revenue exclus from tax units sections 512-5 |
|----------|------|-------------------------------------------|---------|------------------|---------------|-------------|----------------|-----------------------------------------|-----------------------------------------------|--------------------------------------|--------------------------------------------------|
|          |      | ederated camp                             | •       |                  | 10            |             |                |                                         |                                               |                                      |                                                  |
|          |      | Aembership du                             |         |                  | 1b            | <del></del> | 554,200        |                                         |                                               |                                      |                                                  |
|          |      | undraising evo<br>Related organiz         |         | -                | 1c<br>1d      |             | ··········     |                                         |                                               |                                      |                                                  |
|          |      | kerateo organiz.<br>Sovemment grents (oc  |         | fan              | 1e            |             |                |                                         |                                               | l in the state                       |                                                  |
|          | _    | A other contributions,                    |         |                  |               |             | -              |                                         |                                               |                                      |                                                  |
|          |      | nd similar emounts no                     |         |                  | 1f            |             |                |                                         |                                               |                                      | 100                                              |
| •        | 9 14 | foncash contributions                     | ಾದಚಿತ   | In lines 1a-1f   | 19            | \$          |                |                                         |                                               |                                      |                                                  |
|          | h_T  | otal. Add lines                           | 1a-1    |                  |               |             | <u> </u>       | 554,200                                 |                                               |                                      |                                                  |
| _        |      |                                           | _       |                  |               |             | Business Code  |                                         | 405 065                                       | <u> </u>                             | 100000000000000000000000000000000000000          |
| 26       |      | Vision Con                                | ferer   | rcé · · ·        |               | • •         | <b> </b>       | 485,865                                 | 485,865                                       |                                      | <del> </del>                                     |
| ,        |      |                                           | -       | -                |               |             |                | <del> </del>                            |                                               |                                      |                                                  |
|          |      | •                                         |         |                  |               |             |                |                                         |                                               |                                      |                                                  |
| •        | ٠.   |                                           |         |                  |               |             |                |                                         |                                               |                                      |                                                  |
|          |      | All other program                         |         |                  |               |             | L              |                                         | **************************************        |                                      | A LECTRON PARTIES                                |
|          |      | otut. Add lines                           |         |                  |               |             |                | 485,865                                 |                                               | I                                    | I                                                |
| 3        |      | nvesiment inco<br>Other similar em        |         | duding dividend  |               |             | •              | 20,355                                  |                                               |                                      | 20,                                              |
| 4        | ı    | ncome from inv                            | estme   | nt of lax-exemp  | bond          |             | •              |                                         |                                               |                                      |                                                  |
| 5        |      | Royalties                                 |         |                  |               |             | •              |                                         |                                               |                                      |                                                  |
|          |      |                                           |         | (i) Real ·       |               | (d) F       | ercona:        |                                         |                                               |                                      | 250                                              |
| 6        | 9 (  | Gross rents                               | 6a      |                  |               |             |                |                                         |                                               | Properties                           | 100                                              |
| Ŀ        |      | oss. vontal expensos                      | 6b      |                  |               |             |                |                                         |                                               |                                      |                                                  |
| •        |      | tental inc. or (loss)                     | 6c      |                  |               |             | •              |                                         | SHOP CONTRACTOR STATES                        |                                      | \$                                               |
|          |      | vet rental incom<br>iross amount from     | e or (  | (i) Socumbias    |               | (1)         | Other          | 100010000000000000000000000000000000000 |                                               | 77.06-24-012-02-0                    |                                                  |
|          |      | ates of assets<br>ther than inventory     | 7a      |                  |               | · · · · · · |                |                                         |                                               |                                      |                                                  |
| b        |      | ess. cost or other                        |         |                  |               | Î           |                |                                         |                                               |                                      |                                                  |
|          | b    | asis and sales exps.                      | 7b      |                  |               |             |                |                                         |                                               |                                      | (782 a. s                                        |
|          |      | Sain or (loss)                            | 7c      | <u> </u>         |               | L           |                |                                         |                                               |                                      | # X 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2        |
|          |      | let gain or (loss                         |         | · · ·            |               |             |                |                                         |                                               |                                      | 100000000000000000000000000000000000000          |
| ō.       |      | Gross income from<br>not including \$     | iunora  | iising evenus    |               |             |                |                                         |                                               |                                      | 0.00                                             |
|          | •    | f contributions rep                       | orted o | on line 1c)      |               |             |                |                                         |                                               |                                      | 5000                                             |
|          |      | ice Part IV, line 10                      | •       |                  | 8a            |             |                |                                         |                                               |                                      |                                                  |
| b        | L    | ess direct exp                            |         |                  | 8b            |             |                |                                         |                                               |                                      | 100000000000000000000000000000000000000          |
|          |      | -                                         | -       | om fundralsing   | events        |             | <u>, ,  </u>   | OPPORTUGATE TO A SERVER                 |                                               | 5007700010010040000000               | 142,7000077977                                   |
| 92       |      | Bross Income from<br>See Part IV, line 19 | -       | g acimues        | 9a            |             |                |                                         |                                               |                                      |                                                  |
| H        |      | ess direct exp                            | -       |                  | 9b            |             |                |                                         |                                               |                                      |                                                  |
|          |      |                                           |         | om gaming acti   | $\overline{}$ |             | 🕨              |                                         |                                               |                                      |                                                  |
|          |      | Gross sales of i                          |         |                  |               |             |                |                                         |                                               |                                      |                                                  |
|          |      | elums and allov                           |         |                  | 10a           |             | _              |                                         |                                               |                                      |                                                  |
|          |      | ess cost of go                            |         |                  | 10b           |             |                |                                         |                                               |                                      | GE 32 32 4 6 12                                  |
|          | : N  | let income or (I                          | 088) fr | om sales of inve | intory .      |             | Business Code  |                                         |                                               | CC-01394000000000000                 | 12A-101-106-7-10                                 |
| 44.      | •    | Miscellano                                | ····    | 'ncomo           |               |             | CARSONESS CAUS | 4,967                                   | 4,967                                         | Stock distract contract state (1981) |                                                  |
| 11;<br>b | •    | , procerrance                             | ini 1   | ariomo.          | •             |             |                | 1                                       |                                               |                                      |                                                  |
|          |      | •                                         |         |                  |               |             |                |                                         |                                               |                                      |                                                  |
|          |      | UI other revenue                          | 9       |                  | •             | ٠.          |                |                                         |                                               |                                      | ***************************************          |
| 0        |      | otal. Add lines                           |         |                  |               |             | <b>b</b>       | 4,967                                   |                                               |                                      | 4                                                |
| 12       | т    | otal revenue                              | See in  | structions       |               |             | •              | 1,065,387                               | 490,832                                       | 0                                    | 20,                                              |

| AMAZON A | n 990 (2019) Digital Patholog                                                                                                                                                          |                                       | n Inc. 45-37                      | 98721                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Page 10                                             |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
|          | ion 501(c)(3) and 501(c)(4) organizations must c                                                                                                                                       |                                       | hor organizations must co         | mplete column (A)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                     |
| 000.     | Check if Schedule O contains a resp                                                                                                                                                    |                                       |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |
| 00.0     | not include amounts reported on lines 6b,                                                                                                                                              | (A)                                   | (8)                               | (c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (0)                                                 |
|          | 3b, 9b, and 10b of Part VIII                                                                                                                                                           | Total expansos                        | Progrem servico<br>expenses       | Management and<br>general expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Fundroising expenses                                |
| 1        | Grants and other assistance to domestic organizations                                                                                                                                  |                                       |                                   | 7/2/2010/19/20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                     |
| •        | and domestic governments. See Part IV, line 21                                                                                                                                         | 70,000                                |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |
| 2        | Grants and other assistance to domestic                                                                                                                                                |                                       |                                   | arte di la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la co |                                                     |
| -        | individuals See Part IV, line 22                                                                                                                                                       | ļ                                     |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |
| 3        | Grants and other assistance to foreign                                                                                                                                                 |                                       |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |
| •        | organizations, foreign governments, and foreign                                                                                                                                        |                                       |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |
|          | individuals See Part IV, lines 15 and 16                                                                                                                                               |                                       |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |
| 4        | Benefits paid to or for members                                                                                                                                                        | · · · · · · · · · · · · · · · · · · · |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | A SECTION OF THE SECTION                            |
|          | Compensation of current officers, directors,                                                                                                                                           |                                       |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |
| 3        | ·                                                                                                                                                                                      |                                       | •                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |
|          | trustees, and key employees Compensation not included above to disqualified                                                                                                            |                                       | <del></del>                       | <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                     |
| ٠        | persons (as defined under section 4958(f)(1)) and                                                                                                                                      |                                       |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |
|          |                                                                                                                                                                                        |                                       |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |
| ~        | persons described in section 4958(c)(3)(B)                                                                                                                                             |                                       | <del></del>                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del> </del>                                        |
| 7        | Other salanes and wages                                                                                                                                                                | ···                                   |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · · · · · ·                                         |
| 8        | Pension plan accruals and contributions (include                                                                                                                                       |                                       |                                   | Ì                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1                                                   |
|          | section 401(k) and 403(b) employer contributions)                                                                                                                                      |                                       |                                   | <b> </b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                     |
| 9        | Other employee benefits                                                                                                                                                                |                                       | -                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |
| 10       | Payroll taxes                                                                                                                                                                          |                                       | ·                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |
| 11       | Fees for services (nonemployees)                                                                                                                                                       | 224 200                               |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                                   |
| а        | Management                                                                                                                                                                             | 234,300                               |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |
| b        | Legal                                                                                                                                                                                  | 175                                   |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ļ                                                   |
| c        | Accounting                                                                                                                                                                             | 1,425                                 |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |
| d        | Lobbying                                                                                                                                                                               |                                       |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |
| е        | Professional fundraising services See Part IV, line 17                                                                                                                                 |                                       |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _                                                   |
| f        | Investment management fees                                                                                                                                                             |                                       |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |
| 9        | Other (If line 11g amount exceeds 10% of line 25, column                                                                                                                               | ,                                     |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ľ                                                   |
|          | (A) amount, fist line 11g expenses on Schedda O )                                                                                                                                      | 20 556                                |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |
|          | Advertising and promotion                                                                                                                                                              | 18,556                                |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |
| 13       | Office expenses                                                                                                                                                                        | 9,059                                 |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del>-</del>                                        |
| 14       | Information technology                                                                                                                                                                 | 27,803                                |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |
| 15       | Royalties                                                                                                                                                                              |                                       |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |
| 16       | Occupancy                                                                                                                                                                              | 22 224                                |                                   | · -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                     |
| 17       | Travel                                                                                                                                                                                 | 39,084                                |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |
| 18       | Payments of travel or entertainment expenses                                                                                                                                           |                                       |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |
|          | for any federal, state, or local public officials                                                                                                                                      |                                       |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |
| 19       | Conferences, conventions, and meetings                                                                                                                                                 |                                       |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |
| 20       | Interest                                                                                                                                                                               |                                       |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |
| 21       | Payments to affiliates                                                                                                                                                                 |                                       |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |
| 22       | Depreciation, depletion, and amortization                                                                                                                                              |                                       |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |
| 23       | Insurance , .                                                                                                                                                                          | 1,627                                 | . M.A M. 100000000000000000000000 | Y0004-0000000-1188-1118-2008-01-0-0-0-0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Overall Str. Str. Str. Str. Str. August - Str. Str. |
| 24       | Other expenses itemize expenses not covered                                                                                                                                            |                                       |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |
|          | above (List miscellaneous expenses on line 24e If                                                                                                                                      |                                       |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |
|          | line 24e amount exceeds 10% of line 25, column                                                                                                                                         |                                       |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |
|          | (A) amount, list line 24e expenses on Schedule O)                                                                                                                                      |                                       | bire estile i (ili                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |
| а        | Vision Conference Expense                                                                                                                                                              | 281,829                               |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |
| ь        | Allied Societies Expense                                                                                                                                                               | 28,043                                |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |
| c        | Regulatory                                                                                                                                                                             | 26,699                                |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ļ                                                   |
| d        | Credit Card                                                                                                                                                                            | 23,394                                |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |
| 0        | All other expenses                                                                                                                                                                     | 37,802                                |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |
| 25       | Total functional expenses Add lines 1 through 24c                                                                                                                                      | 799,796                               | 0                                 | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0                                                   |
| 26       | Joint costs. Complete this time only if the<br>organization reported in column (8) joint costs<br>from a combined educational campaign and<br>fundrasing solicitation Check here ► 1 d |                                       |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |
| DAA      | following SOP 98-2 (ASC 958-720)                                                                                                                                                       |                                       |                                   | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Form <b>990</b> (2019                               |

| E.C | n:X | <del>~~</del>                                                               | his Bast V          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-----|-----|-----------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| _   | _   | Check if Schedule O contains a response or note to any line in the          | his Part X          | I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|     |     |                                                                             | ļ                   | (A)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                | (B)<br>End of year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| -   |     |                                                                             |                     | Beginning of year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| -1  | 1   | Cash—non-interest-bearing                                                   | ļ                   | 205,706                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                | 330,37                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Ţ   | 2   | Savings and temporary cash investments                                      |                     | 767,991                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2              | 1,044,79                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| -   | 3   | Pledges and grants receivable, net                                          | ļ                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| -   | 4   | Accounts receivable, net                                                    | ļ                   | 23,989                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4              | 17,10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| -   | 5   | Loans and other receivables from any current or former officer, directo     | r.                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| -   |     | trustee, key employee, creator or founder, substantial contributor, or 3    | 5%                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1   |     | controlled entity or family member of any of these persons                  |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1   | 6   | Loans and other receivables from other disqualified persons (as define      | :d '                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 2   |     | under section $4958(f)(1)$ ), and persons described in section $4958(c)(3)$ | (B)                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6_             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|     | 7   | Notes and loans receivable, net                                             | - !                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1   | 8   | Inventories for sale or use                                                 |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1   | 9   | Prepaid expenses and deferred charges                                       | ·                   | 35,158                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 9              | 39,9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|     | 10a | Land, buildings, and equipment cost or other                                | •                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|     |     | basis, Complete Part VI of Schedule D 19a                                   | ļ                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1   | b   | Less, accumulated depreciation 10b                                          |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10c            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ١   | 11  | Investments—publicly traded securities                                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 11             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1   | 12  | Investments—other securities See Part IV, line 11                           | •                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 12             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| -   | 13  | Investments—program-related See Part IV, line 11                            | •                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 13             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| - 1 |     | Intangible assets                                                           | ļ                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 14             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1   |     | Other assets See Part IV, line 11                                           |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 15             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1   | 16  | Total assets Add lines 1 through 15 (must equal line 33)                    | ļ                   | 1,032,844                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                | 1,432,3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| -+  | 17  | Accounts payable and accrued expenses                                       | · -                 | 5,514                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| - 1 | 18  | • •                                                                         | ļ                   | 3,32.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 18             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1   | 19  | Grants payable                                                              | . !                 | 150,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | _              | 289,0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| ١   |     | Deferred revenue                                                            | ļ                   | 230,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 20             | 203,0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| - 1 |     | Tax-exempt bond liabilities                                                 |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 21             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| - 1 | 21  | Escrow or custodial account liability. Complete Part IV of Schedule D       | •                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - <del> </del> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|     | 22  | Loans and other payables to any current or former officer, director,        |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|     |     | trustee, key employee, creator or founder, substantial contributor, or 3    | 5%                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 22             | 2.000 00 00 00 00 00 00 00 00 00 00 00 00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|     |     | controlled entity or family member of any of these persons                  |                     | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 22             | ł                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 1   | 23  | Secured mortgages and notes payable to unrelated third parties              | •                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 23             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| - 1 |     | Unsecured notes and loans payable to unrelated third parties                | ļ                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 24             | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| ı   | 25  | Other liabilities (including federal income tax, payables to related third  |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1   |     | parties, and other liabilities not included on lines 17-24). Complete Part  | tX I                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1   |     | of Schedule D                                                               | ,                   | 155 534                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 25             | 200 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 4   | 26  | Total liabilities. Add lines 17 through 25                                  |                     | 155,514                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 26             | 289,3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Л   |     | Organizations that follow FASB ASC 958, check here ▶ X                      | ļ                   | Contract of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1   |     | and complete lines 27, 28, 32, and 33                                       | ļ                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ******         | 7 7 4 2 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 1   | 27  | Net assets without donor restrictions                                       | • •                 | 877,330                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 27             | 1,142,9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 1   | 28  | Net assets with donor restrictions                                          | <b></b> 4 · · · · ˈ | PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF TH | 28             | A CANALITY TO A PRODUCTION OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF T |
|     |     | Organizations that do not follow FASB ASC 958, check here ▶                 | '                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|     |     | and complete lines 29 through 33                                            | ļ                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ****           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|     | 28  | Capital stock or trust principal, or current funds                          | l                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 29             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|     | 30  | Paid-in or capital surplus, or land, building, or equipment fund            | ļ                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 30             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|     | 31  | Retained earnings, endowment, accumulated income, or other funds            | ļ                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 31             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| :   | 32  | Total net assets or fund balances                                           | l                   | 877,330                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                | 1,142,9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|     | 33  | Total liabilities and net assets/fund balances                              | Į.                  | 1,032,844                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 33             | 1,432,3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

0

| E.     | Reconciliation of Net Assets                                                                                    |             |             |
|--------|-----------------------------------------------------------------------------------------------------------------|-------------|-------------|
| _      | Check if Schedule O contains a response or note to any line in this Part XI                                     | <del></del> | 1,065,387   |
| 1      | Total revenue (must equal Part VIII, column (A), line 12)                                                       | 1           | 799,796     |
| 2      | Total expenses (must equal Part IX, column (A), line 25)                                                        | 2           | 265,591     |
| 3      | Revenue less expenses Subtract line 2 from line 1                                                               | 3 4         | 877,330     |
| 4      | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                       | 5           | 811,330     |
| 5<br>6 | Net unrealized gains (losses) on investments  Oonated services and use of facilities                            | 6           |             |
| 7      | Investment expenses                                                                                             | 7           |             |
| В      | Pnor penod adjustments                                                                                          | 8           |             |
| 9      | Other changes in nel assets or fund balances (explain on Schedule O)                                            | 9           |             |
| 10     | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line                  | 1-*         | <del></del> |
| ••     | 32, column (B))                                                                                                 | 10          | 1,142,921   |
| iD's   | (A) Financial Statements and Reporting                                                                          | 7 10 1      | 1,110,761   |
| 3.00   | Check if Schedule O contains a response or note to any line in this Part XII                                    |             | П           |
|        | Greek in Generalis a responde or note to any line in this rate will                                             |             | Yes No      |
| 1      | Accounting method used to prepare the Form 990 Cash X Accrual Other                                             |             |             |
| •      | If the organization changed its method of accounting from a prior year or checked "Other," explain in           |             | —           |
|        | Schedule O                                                                                                      |             |             |
| 22     | Were the organization's financial statements compiled or reviewed by an independent accountant?                 |             | 2a X        |
|        | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or          |             |             |
|        | reviewed on a separate basis, consolidated basis, or both                                                       |             |             |
|        | Separate basis Consolidated basis Both consolidated and separate basis                                          |             |             |
| ь      | Were the organization's financial statements audited by an independent accountant?                              |             | 2b X        |
| Ť      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a         |             | CO 00 17/4  |
|        | separate basis, consolidated basis, or both                                                                     |             |             |
|        | Separate basis Consolidated basis Both consolidated and separate basis                                          |             |             |
| c      | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of  |             |             |
| -      | the audit, review, or compilation of its financial statements and selection of an independent accountant?       |             | 2c          |
|        | If the organization changed either its oversight process or selection process during the tax year, explain on   |             |             |
|        | Schedule O                                                                                                      |             |             |
| 3а     | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the |             |             |
|        | Single Audit Act and OMB Circular A-133?                                                                        |             | Ja X        |
|        | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the    | •           |             |
| ь      | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits         |             | 36          |
| ь      |                                                                                                                 |             | 3ь          |

DAA

## SCHEDULE'C (Form 990 or 990-EZ)

## Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047 2019

Department of the Treasury Internal Revenue Service

Complete if the organization is described below Attach to Form 980 or Form 990-EZ

▶ Go to www Irs gov/Form990 for Instructions and the latest information

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

| Contraction Complete Day / A cult                                                                                                                                                                                                                                                                        | Complete Parts I-A and C belo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | w Do not comple                                                      | te Part I-B                                                                                                                                           |                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <ul> <li>Section 527 organizations Complete Part I-A only</li> <li>If the organization answered "Yes," on Form 990, Part IV, Ii</li> </ul>                                                                                                                                                               | ing 4 or Earm 980.E7 Part VI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | line 47 (Lobbyle                                                     | a Activities) then                                                                                                                                    |                                                                                                                    |
| Section 501(c)(3) organizations that have filed Form 5768 (                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                                                                                                       | . !! 0                                                                                                             |
| Section 501(c)(3) organizations that have NOT filed Form 5                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                                                                                                       |                                                                                                                    |
| if the organization answered "Yes," on Form 990, Part IV, II                                                                                                                                                                                                                                             | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                      | ·                                                                                                                                                     |                                                                                                                    |
| Tax) (see separate instructions), then                                                                                                                                                                                                                                                                   | ine a (i tan) tan, (asa aapata                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                      |                                                                                                                                                       | ,                                                                                                                  |
| • Section 501(c)(4), (5), or (6) organizations. Complete Part I                                                                                                                                                                                                                                          | 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                      |                                                                                                                                                       |                                                                                                                    |
| Name of organization                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      | Employer iden                                                                                                                                         | tification number                                                                                                  |
| Digital Pathology A                                                                                                                                                                                                                                                                                      | ssociation Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      | 45-37987                                                                                                                                              | 21                                                                                                                 |
| RantifAl Complete if the organization is exer                                                                                                                                                                                                                                                            | mpt under section 501(c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ) or is a section                                                    | on 527 organizatı                                                                                                                                     | on.                                                                                                                |
| 1 Provide a description of the organization's direct and indir                                                                                                                                                                                                                                           | rect political campaign activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | in Part IV (see in                                                   | structions for                                                                                                                                        |                                                                                                                    |
| definition of "political campaign activities")                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                                                                                                       |                                                                                                                    |
| <ol><li>Political campaign activity expenditures (see instructions)</li></ol>                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      | . ▶\$                                                                                                                                                 |                                                                                                                    |
| 3 Volunteer hours for political campaign activities (see instr                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                                                                                                       |                                                                                                                    |
| Pant 8 Complete if the organization is exer                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | )(3).                                                                | <del> </del>                                                                                                                                          |                                                                                                                    |
| Enter the amount of any excise tax incurred by the organi                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      | ▶ \$                                                                                                                                                  |                                                                                                                    |
| 2 Enter the amount of any excise tax incurred by organization                                                                                                                                                                                                                                            | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 55                                                                   | ▶\$                                                                                                                                                   | <b></b>                                                                                                            |
| 3 If the organization incurred a section 4955 tax, did it file F                                                                                                                                                                                                                                         | orm 4720 for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      | •                                                                                                                                                     | U Yes U No                                                                                                         |
| 4a Was a correction made?                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                                                                                                       | Yes No                                                                                                             |
| b If 'Yes,' describe in Part IV  Range Complete if the organization is exer                                                                                                                                                                                                                              | not under section 501/c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1 excent sect                                                        | upp 501/c)(3)                                                                                                                                         | <del></del>                                                                                                        |
|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      | 1011 30 1(0)(3).                                                                                                                                      | <del></del>                                                                                                        |
| <ol> <li>Enter the amount directly expended by the filing organizate activities</li> </ol>                                                                                                                                                                                                               | tion for section 527 exempt fund                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | uon                                                                  | <b>.</b> c                                                                                                                                            |                                                                                                                    |
| 2 Enter the amount of the filing organization's funds contrib                                                                                                                                                                                                                                            | utad to other organizations for s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ection                                                               | . •                                                                                                                                                   |                                                                                                                    |
| 527 exempt function activities                                                                                                                                                                                                                                                                           | bled to other organizations to a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | e Cilon                                                              | <b>▶</b> \$                                                                                                                                           |                                                                                                                    |
| 3 Total exempt function expenditures Add lines 1 and 2 Er                                                                                                                                                                                                                                                | oter here and on Form 1120-PC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                      | • • •                                                                                                                                                 |                                                                                                                    |
| fine 17b                                                                                                                                                                                                                                                                                                 | ner nero ano on romi 1120-r o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | · <b>L</b> ,                                                         | ▶ s                                                                                                                                                   |                                                                                                                    |
| 4 Did the filing organization file Form 1120-POL for this yea                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                                                    | , ,                                                                                                                                                   | Öγes □ No                                                                                                          |
| 5 Enter the names, addresses and employer identification r                                                                                                                                                                                                                                               | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                      |                                                                                                                                                       |                                                                                                                    |
|                                                                                                                                                                                                                                                                                                          | number (EIN) of all section 527 :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | oolitical organizati                                                 | ons to which the filing                                                                                                                               |                                                                                                                    |
|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                                                                                                       |                                                                                                                    |
| organization made payments. For each organization listed                                                                                                                                                                                                                                                 | s, enter the amount paid from th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ne filing organizati                                                 | on's funds. Also enter                                                                                                                                |                                                                                                                    |
| organization made payments. For each organization listed the amount of political contributions received that were pr                                                                                                                                                                                     | d, enter the amount paid from the omptly and directly delivered to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ie filing organizatii<br>a separate politica                         | on's funds. Also enter<br>al organization, such                                                                                                       |                                                                                                                    |
| organization made payments. For each organization listed                                                                                                                                                                                                                                                 | d, enter the amount paid from the omptly and directly delivered to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ie filing organizatii<br>a separate politica                         | on's funds. Also enter<br>al organization, such                                                                                                       | (e) Amount of political                                                                                            |
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| organization made payments. For each organization listed the amount of political contributions received that were printed as a separate segregated fund or a political action commit (a) Name  (a) Name  (1)  (2)  (3)  (4)                                                                              | d, enter the amount paid from the omptly and directly delivered to little (PAC) If additional space (b) Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ne filing organization<br>a separate political<br>is needed, provide | on's funds. Also enter<br>al organization, such<br>unformation in Part IV<br>(d) Amound patd from<br>Ging organization's<br>funds. Il none, enter -0- | contributions received and promptly and directly desirence to a separatio political organization if none enter -0- |
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| organization made payments. For each organization listed the amount of political contributions received that were printed as a separate segregated fund or a political action commit (a) Name  (a) Name  (1)  (2)  (3)  (4)  (5)  (6)  For Paperwork Reduction Act Notice, see the instructions for Form | d, enter the amount paid from the omptly and directly delivered to little (PAC) If additional space (b) Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ne filing organization<br>a separate political<br>is needed, provide | on's funds. Also enter<br>al organization, such<br>unformation in Part IV<br>(d) Amound patd from<br>Ging organization's<br>funds. Il none, enter -0- | contributions received and promptly and directly desirence to a separatio political organization if none enter -0- |
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| Schedule C (Form 990 or 990-EZ) 2019 Digit                                                     | al Patholo                            | ogy Associat                                | ion Inc.                                | 45-3798721<br>Form 5768 (elec | Page 2                 |
|------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------|-----------------------------------------|-------------------------------|------------------------|
| section 501(h)).                                                                               | anon is exemp                         |                                             | o ((o)(o) dila                          |                               |                        |
| A Check ▶ ☐ if the filing organization address, EIN, expenses                                  |                                       |                                             |                                         | iliated group membe           | rs name,               |
| B Check ▶ ☐ if the filing organization                                                         |                                       |                                             |                                         |                               |                        |
|                                                                                                | bying Expendit                        |                                             |                                         | (e) Filing                    | (b) Affiliated         |
| (The term "expenditures" r                                                                     |                                       |                                             |                                         | ganization's totals           | group latels           |
| 1a Total lobbying expenditures to influence pu<br>b Total lobbying expenditures to influence a |                                       |                                             | ·                                       |                               |                        |
| c Total lobbying expenditures (add lines 1a a                                                  | -                                     | or roppying)                                |                                         |                               | =                      |
| d Other exempl purpose expenditures                                                            |                                       |                                             |                                         |                               |                        |
| e Total exempt purpose expenditures (edd in                                                    | es 1c and 1d)                         |                                             | 🗀                                       |                               |                        |
| f Lobbying nontaxable amount Enter the arr                                                     | ount from the follow                  | ang table in both                           |                                         |                               |                        |
| columns                                                                                        | · · · · · · · · · · · · · · · · · · · |                                             |                                         |                               |                        |
| If the amount on line 1e, column (a) or (b) is                                                 |                                       | ntaxable amount is                          |                                         |                               |                        |
| Not over \$500,000                                                                             | 20% of the amoun                      | nt on line he<br>% of the excess over \$500 |                                         |                               |                        |
| Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1 500 000             |                                       | % of the excess over \$1,0                  | 1340-243                                |                               |                        |
| Over \$1,500 000 but not over \$17 000,000                                                     | 1                                     | of the excess over \$1,50                   | 53232                                   |                               |                        |
| Over \$17 000,000                                                                              | \$1,000,000                           |                                             | 1683333                                 | out asoleti                   |                        |
| g Grassroots nontaxable amount (enter 25%                                                      | of line 1f)                           |                                             |                                         |                               |                        |
| h Subtract line 1g from line 1a If zero or less                                                |                                       |                                             |                                         | ·                             |                        |
| i Subtract line 1f from line 1c If zero or less                                                |                                       |                                             |                                         |                               |                        |
| j If there is an amount other than zero on elt<br>reporting section 4911 tax for this year?    | ner line 1n or line 1i                | , did the organization ii                   | le Fomi 4720                            |                               | ∏Yes ∏No               |
|                                                                                                | a section 501(h<br>ee the separate i  | nstructions for line                        | ave to complete al<br>s 2a through 2f.) |                               | s below                |
| Lo                                                                                             | obying Expenditi                      | ures During 4-Year                          | Averaging Period                        | Ī                             |                        |
| Calendar year (or fiscal year beginning in)                                                    | (a) 2016                              | (b) 2017                                    | (c) 2018                                | (d) 2019                      | (e) Total              |
| 2a Lobbying nontaxable amount                                                                  |                                       |                                             |                                         |                               |                        |
| b Lobbying ceiling amount (150% of line 2a, column (e))                                        |                                       |                                             |                                         |                               |                        |
| c Total lobbying expenditures                                                                  | -                                     |                                             |                                         |                               |                        |
| d Grassroots nontaxable amount                                                                 |                                       |                                             |                                         |                               |                        |
| e Grassroots ceiling amount<br>(150% of line 2d, column (e))                                   |                                       |                                             |                                         |                               | <u> </u>               |
| f Grassroots lobbying expenditures                                                             |                                       |                                             |                                         |                               |                        |
|                                                                                                |                                       |                                             |                                         |                               | mn 990 ar 890-EZ) 2018 |
| OAA                                                                                            |                                       |                                             |                                         |                               |                        |

|                                                                                                                                                                                                          | 5-379          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Page 3          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h))                                                                                                 |                |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| For each "Yes," response on lines 1a through 1i below, provide in Part IV a datailed                                                                                                                     | <u> </u>       | )            | (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | »)              |
| description of the lobbying activity.                                                                                                                                                                    | Yes            | No           | Amı                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ount            |
| During the year, did the filling organization attempt to influence foreign, national, state, or local                                                                                                    | 1230           | (ACC)        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 127-8-000       |
| legislation, including any attempt to influence public optition on a legislative matter or                                                                                                               |                | 0.0          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| referendum, through the use of                                                                                                                                                                           |                |              | 1000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |
| a Volunteers?                                                                                                                                                                                            | -              |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7007767         |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                                                                                           |                |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| c Media advertisements?                                                                                                                                                                                  |                |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| d Mailings to members, legislators, or the public?                                                                                                                                                       | <u> </u>       |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| e Publications, or published or broadcast statements?                                                                                                                                                    | <u> </u>       |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| f Grants to other organizations for lobbying purposes?                                                                                                                                                   |                |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| g Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                            |                |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| h Rallies demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                               | $\vdash$       |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>     |
| i Other activities?                                                                                                                                                                                      | (1)            | 73.65e       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| j Total Add lines 1c through 1:  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?                                                                        | . (1888)       | ************ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| b If "Yes," enter the amount of any tax incurred under section 4912                                                                                                                                      |                | 9888         | WATER THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF | TRYCLE SERVICES |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912                                                                                                             |                |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?                                                                                                           | [              | 0,,00,000    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| PartilliA Complete if the organization is exempt under section 501(c)(4), section 50                                                                                                                     | 01(c)(5),      | or se        | ection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |
| 501(c)(6).                                                                                                                                                                                               |                |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
|                                                                                                                                                                                                          |                |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes No          |
| 1 Were substantially all (90% or more) dues received nondeductible by members?                                                                                                                           |                |              | ·   1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | X               |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?                                                                                                                      |                |              | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | X               |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior y  Partition  Complete if the organization is exempt under section 501(c)(4), section 50 |                |              | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |
| 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes."                                                                                                             |                |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3, is           |
| Oues, assessments and similar amounts from members                                                                                                                                                       |                | 1            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of                                                                                                            |                |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| political expenses for which the section S27(f) tax was paid)                                                                                                                                            |                | 88           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| a Current year                                                                                                                                                                                           |                | 2a           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| b Carryover from last year                                                                                                                                                                               |                | 2b           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues                                                                                               | • •            | 2c<br>3      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the                                                                                                       |                | œ.           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying                                                                                                     |                |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| and political expenditure next year?                                                                                                                                                                     |                | 4            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| 5 Taxable amount of lobbying and political expenditures (see instructions)                                                                                                                               |                | 5            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| Rantiva Supplemental Information                                                                                                                                                                         |                |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| Provide the descriptions required for Part I-A line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), F                                                                          | Part II-A, lin | es 1 a       | nd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |
| 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information                                                                                                     |                |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
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| A                                                                                                                                                                                                        | Saha           | dula C       | (Earm 990 ac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 990-EZ) 2019    |
| <b>O</b> AA                                                                                                                                                                                              | SCHE           |              | 1. 01111 000 01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
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Schedula C (Form 990 or 990-EZ) 2019 Digital Pathology Association Inc.

| Partitive | Supplemental Information (continued) Schedule C (Form 990 or 990-EZ) 2019

DAA

| (Form 990)                                             |                                                                   |                                                                                                                                                                                                                                                                                                                                        | Governments, and Individuals in the United State Complete if the organization answered "Yes" on Form 990, Part IV, ling 21 | ents, al<br>organizatio    | Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22 | in the United<br>n Form 990, Part IV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | States<br>Inno 21 or 22                           |                                       | 2019                                        |
|--------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------|---------------------------------------------|
| Department of the Treasury<br>Internal Revenue Service | rebsury                                                           |                                                                                                                                                                                                                                                                                                                                        | <b>▲</b>                                                                                                                   | o to www.l                 | ▶ Go to www.irs gov/Form990 for the latest information                                                                            | he latest informatio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | _                                                 |                                       | Inspection                                  |
| Name of the organization                               | witen Digital                                                     | tal Pathology Aggociation Inc.                                                                                                                                                                                                                                                                                                         | Associatio                                                                                                                 | n Inc                      |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   | 2 4                                   | Employor Identification number 45 – 3798721 |
| Part                                                   | General Information on                                            | rmation on Grants and                                                                                                                                                                                                                                                                                                                  | Grants and Assistance                                                                                                      |                            |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                                       |                                             |
| t Does the<br>the select                               | s organization mair<br>lion offena used t<br>in Part IV the organ | 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 oritena used to award the grants or assistance? Describe in Part IV the organization is procedures for monitoring the use of grant funds in the United States | ne amount of the grace?                                                                                                    | ants or ass<br>yrant funds | istance, the grantees'<br>in the United States                                                                                    | eligibility for the gran                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ts or assistance, and                             | <b>.</b>                              | Yes                                         |
| 100                                                    | Grants and (<br>Part IV, line 2                                   | 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                                                                   | mestic Organi<br>received more t                                                                                           | zations a                  | and Domestic Go                                                                                                                   | vernments. Con duplicated if additional designations of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the co | uplete if the orga                                | anization ansveeded                   | vered "Yes" on Form 9                       |
| t (a)                                                  | (a) Name and address of organization or government                | ss of organization                                                                                                                                                                                                                                                                                                                     | (p) Ein                                                                                                                    | (c) IRC<br>section         | (d) Amount of cash<br>grant                                                                                                       | (e) Amount of non-<br>cash assistance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (I) Method of valuation<br>(book, FWV, appressal, | (g) Description of nonzeth assistance | (h) Purpose of grant<br>or assistance       |
| (1) Digital<br>370 Med                                 | Digital Pathology 1<br>370 Medical Drive,                         | (1) Digital Pathology Association Found<br>370 Medical Drive, Ste A<br>Carmel IN 46032                                                                                                                                                                                                                                                 | 11-4739925                                                                                                                 | 50163                      | 20.000                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   | i .                                   | Bduc and awareness                          |
| (2)                                                    |                                                                   |                                                                                                                                                                                                                                                                                                                                        |                                                                                                                            |                            |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                                       |                                             |
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| (6)                                                    |                                                                   |                                                                                                                                                                                                                                                                                                                                        |                                                                                                                            |                            |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                                       |                                             |
| (5)                                                    |                                                                   |                                                                                                                                                                                                                                                                                                                                        |                                                                                                                            |                            |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                                       |                                             |
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| (9)                                                    |                                                                   |                                                                                                                                                                                                                                                                                                                                        |                                                                                                                            |                            |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                                       |                                             |
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| - 1                                                    | tal number of sectu                                               | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table                                                                                                                                                                                                                                        | organizations listec                                                                                                       | In the fine                | 1 table                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                                       |                                             |
| 3 Enter tota                                           | tal number of ome                                                 | Enter total number of other organizations listed in the line 1 table                                                                                                                                                                                                                                                                   | e 1 table                                                                                                                  |                            |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                                       | •                                           |

| recplents                                                                                                      | Cash grant         | (b) Amount or noncash assistance | fMV. appraisal. other)  and any other additional | (f) Description of noncash assistance |
|----------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------|--------------------------------------------------|---------------------------------------|
|                                                                                                                |                    | 2; Part III, column (b)          | and any other additional                         | ınformation                           |
|                                                                                                                |                    | 2; Part III, column (b)          | , and any other additional                       | information                           |
|                                                                                                                |                    | 2; Part III, column (b)          | , and any other additional                       | ınformation                           |
|                                                                                                                |                    | 2. Part III, column (b)          | , and any other additional                       | ınformatıon                           |
|                                                                                                                |                    | 2, Part III, column (b)          | ), and any other additional                      | ınformation                           |
|                                                                                                                |                    | 2; Part III, column (b)          | ), and any other additional                      | ınformatıon                           |
|                                                                                                                |                    | 2; Part III, column (b)          | , and any other additional                       | ınformatıon                           |
|                                                                                                                |                    | 2; Part III, column (b)          | and any other additional                         | ınformation                           |
| Provide the information required in Part I, line 2; Part III, column (b), and any other additional information | ed in Part I, line |                                  |                                                  |                                       |
|                                                                                                                |                    |                                  |                                                  |                                       |
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**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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Inspection ▶ Go to www irs gov/Form990 for the latest information Name of the organization Employer Identification 45-3798721 Digital Pathology Association Inc. Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The Form 990 is reviewed by the Treasurer and Executive Director and

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy The President and Treasurer conducts an annual audit of the statements submitted by the board members.

presented to the entire board of directors for review.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation All documented governing policies, procedures, and the Form 990 are available to the public upon request.

Schodule O (Form 990 or 990-EZ) (2019)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 980-EZ.

| SCHEDULE R<br>(Form 990)                           | Related Org                                                                                                                                                                                                    | Related Organizations and Unrelated Partnerships                        | d Unrelated                                         | artnerships                |                                                |                                   | OMB No 1545-0047                                  | 8 6           |
|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------|----------------------------|------------------------------------------------|-----------------------------------|---------------------------------------------------|---------------|
|                                                    | ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37  ► Attach to Form 990                                                                                          | ion answered "Yes" on Form 99                                           | on Form 990, Part<br>Form 990                       | V, line 33, 34, 35t        | s, 36, or 37                                   | ***                               | 810 <b>7</b>                                      | ב ב           |
| Department of the Treasury triemal Revenue Service | ► Go to www.irs                                                                                                                                                                                                | ► Go to www.irs gov/Form990 for instructions and the latest information | tructions and the l                                 | stest information          |                                                | 0×14                              | Inspection                                        | ě             |
| Name of the organization                           | Digital Pathology Association Inc.                                                                                                                                                                             |                                                                         |                                                     |                            |                                                | 45-3798721                        | Employer Identification number 45-3798721         | L             |
| Bafft Identifi                                     | identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33                                                                                              | organization answ                                                       | vered "Yes" on F                                    | orm 990, Part I            | V, line 33                                     |                                   |                                                   |               |
| Мая                                                | (e) (especiales) of distribution and EIN (il epiphotopological and EIN (il epiphotopological)                                                                                                                  | (b)<br>Pernory actuary                                                  | (c)<br>Legal damidalo (siste<br>or foreign country) |                            | (d)<br>Total fracme                            | (o)<br>End-d-year asselb          | (f)<br>Oirect constitut<br>entity                 | <b>G</b> ugpo |
| (1)                                                |                                                                                                                                                                                                                |                                                                         |                                                     |                            |                                                |                                   |                                                   |               |
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| (4)                                                |                                                                                                                                                                                                                |                                                                         |                                                     |                            |                                                |                                   |                                                   |               |
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| (s)                                                |                                                                                                                                                                                                                |                                                                         |                                                     |                            |                                                | •                                 |                                                   |               |
| Partil Identifi                                    | 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 | Complete if the or                                                      | ganization answ                                     | ered "Yes" on F            | orm 990, Part I'                               | V, line 34, becau                 | se it had                                         |               |
|                                                    | (a) Nama, oddress and Ein of related organization                                                                                                                                                              | (b)<br>Primary octivity                                                 | (c)<br>Cegal domicato (sax<br>or fereign county)    | (d)<br>Erempi Code section | (o) Public charry status (ii section 50)(c)(s) | (f)<br>Otrest controlling<br>muty | Section 517(b)(13)<br>contrated entity?<br>Yes No | - 13 E        |
| (1) Digital Patholo<br>370 Medical Dr,<br>Carmel   | Digital Pathology Assoc Found<br>370 Medical Dr. Ste A 81-4739925<br>Carmel                                                                                                                                    | Char&Bduc                                                               | ä                                                   | 50103                      | ,                                              | N/A                               |                                                   | ×             |
|                                                    |                                                                                                                                                                                                                |                                                                         |                                                     |                            |                                                |                                   |                                                   |               |
| (3)                                                |                                                                                                                                                                                                                |                                                                         |                                                     |                            |                                                |                                   |                                                   |               |
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| (4)                                                |                                                                                                                                                                                                                |                                                                         |                                                     |                            |                                                |                                   |                                                   |               |
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| Identification of Related Organizations Taxable as a Partnership. Complete if the organizations treated as a partnership during the lax year                                                                                                               | ions Taxable<br>rganizations t | as a P                                                      | artnership.<br>as a partner            | Complete if the ship during the                                                                    | e organization<br>tax year                 | ed Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Fart IV, line 34, nor related organizations treated as a partnership during the tax year. | on rorm                               | 990, Part IV, IIn                                       | e 34,                                |                                                      |
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| (a) Nam. eddocst, and EN of related erganzation                                                                                                                                                                                                            | (b)<br>Presenty actively       | (c)<br>Legal<br>domedie<br>(stato or<br>foreign<br>coustry) | (d)<br>Greed controlling<br>enlity     | Prodomentali<br>income (etailed,<br>curvalated,<br>excluded from<br>tox under<br>sections 512-514) | (f)<br>Sharo of total<br>Proprio           | Shan of end-ct-<br>year oxsets                                                                                                                                                                | (b) Oxymportemate after 7             | Cods V—LBI emount in box 20 of Schedule K-1 (Form 1985) | General or<br>rear-aging<br>Farther? | (n)<br>Percentage<br>oxmership                       |
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| (6)                                                                                                                                                                                                                                                        |                                |                                                             |                                        |                                                                                                    |                                            |                                                                                                                                                                                               |                                       |                                                         | <del></del>                          |                                                      |
| Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV in 34. because it had one or more related organizations treated as a corporation or frust during the tax year. | ions Taxable                   | as a C                                                      | orporation<br>treated as a             | or Trust. Com                                                                                      | plete if the or                            | ganization answer                                                                                                                                                                             | red "Yes                              | on Form 990, F                                          | oart IV,                             |                                                      |
| (a)<br>Nama addresa, and Ein of relation organizmon                                                                                                                                                                                                        | (b)<br>Phrany adivity          | <u> </u>                                                    | (c) Logal domicalo (stato or (stato or | (d)<br>Girea controlling<br>ently                                                                  | (o) Type of coluly (C comp S corp or the!) | (I)<br>Share of (tas)<br>Income                                                                                                                                                               | (g)<br>Sharo of<br>end-of-yeur assera | od Perco                                                | (h)<br>Percentage<br>ownerstra       | (i)<br>Section<br>512(b)(13)<br>controlled<br>entry? |
| (1)                                                                                                                                                                                                                                                        |                                | <del> </del>                                                |                                        |                                                                                                    |                                            |                                                                                                                                                                                               |                                       |                                                         |                                      | X X X X                                              |
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| рм                                                                                                                                                                                                                                                         |                                | 1                                                           |                                        |                                                                                                    |                                            |                                                                                                                                                                                               |                                       | Schedu                                                  | Schedule R (Form 990) 2019           | n 990) 20                                            |

| the Compete five if any entity is listed in Parts II, iii, or IV of this schedule.  Receipt of Compete five if any entity is listed in Parts II, iii, or IV of this schedule.  Receipt of Compete five is the organization of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the miscandina of the mi | range it if in or IV of this schedule rings and a profit cilowing transactions with one or more related organizations listed in Parts II-IV? rings and a profit cilowing transactions with one or more related organizations is left or following transactions of a comparation of the accordance organization or the following osciolations by related organization of the accordance organization or who must complete this line, including covered relationships and transaction thresholds is, or following osciolations by related organization or who must complete this line, including covered relationships and transaction thresholds is organization or the accordance organization or who must complete this line, including covered relationships and transaction thresholds and organization or the accordance organization or who must complete this line, including covered relationships and transaction thresholds and organization or who must complete this line, including covered relationships and transaction thresholds and organization or who must complete this line, including covered relationships and transaction thresholds and organization or who must complete this line, including covered relationships and transaction thresholds and organization or who must complete this line, including covered relationships and transaction thresholds and organization or who must complete this line, including covered relationships and transaction thresholds and organization or who must complete this line, including covered relationships and transaction thresholds and organization or who must complete this line, including covered relationships and transaction thresholds and organization or who must complete this line, including covered relationships and transaction thresholds and organization or who must complete this line, including cover |                                                                                                 |                                         |                           |                                           |                   |
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| Under of short or capital control related organization(s)  Leave of based somewhere by related organization(s)  Leave of based somewhere by related organization(s)  Leave of based somewhere by related organization(s)  Exchange of sasets with related organization(s)  Exchange of sasets with related organization(s)  Exchange of sasets with related organization(s)  Exchange of sasets with related organization(s)  Exchange of sasets with related organization(s)  Exchange of sasets with related organization(s)  Performance of savetes or membership or fundraling salculations by related organization(s)  Performance of savetes or membership or fundraling salculations by related organization(s)  Performance of savetes or membership or fundraling salculations by related organization(s)  Performance of savetes or membership or fundraling salculations by related organization(s)  Performance of savetes or membership or fundraling salculations by related organization(s)  Performance of savetes or membership or fundraling salculations by related organization(s)  Performance of savetes or membership or fundraling salculations by related organization(s)  Remburstenent paid to related organization(s) for expenses  Remburstenent paid to related organization(s)  Other traveler of cash or property from telated organization(s)  None of related organization(s)  Translated  None of related organization(s)  Translated  Translated  Translated  Translated  Translated  Translated  Translated  Translated  Translated  Translated  Translated  Translated  Translated  Translated  Translated  Translated  Translated  Translated  Translated  Translated  Translated  Translated  Translated  Translated  Translated  Translated  Translated  Translated  Translated  Translated  Translated  Translated  Translated  Translated  Translated  Translated  Translated  Translated  Translated  Translated  Translated  Translated  Tran | (Lans or lease againstees for Versiend organization(s)  Loads or lead to againstees for Versiend organization(s)  Loads or lead organization(s)  Owdereds from related organization(s)  Exchange of sease with related organization(s)  Purchase of issues from related organization(s)  Purchase of issues from related organization(s)  Purchase of issues from related organization(s)  Lease of fleachers, exupment, or other sasets in reflated organization(s)  Performance of services or memberable or fundingly solicitation by related organization(s)  Performance of services or memberable or fundingly solicitation by related organization(s)  Performance of services or memberable or fundingly solicitation by related organization(s)  Performance of services or memberable or fundingly solicitation by related organization(s)  Performance of services or memberable or funding solicitation by related organization(s)  Performance of services or memberable or funding solicitation by related organization(s)  Performance of services or memberable or funding solicitation by related organization(s)  Performance of services or memberable or funding solicitation by related organization(s)  Performance of services or memberable organization(s)  Performance of services or memberable organization(s)  Performance of services or memberable organization(s)  Performance of services or memberable organization(s)  Performance of services or memberable organization(s)  Performance of services organization(s)  Performance of services organization(s)  Performance of services organization(s)  Performance of services organization(s)  Performance of services organization organization(s)  Performance of services organization organization(s)  Performance of services organization organization(s)  Performance of services organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organ |                                                                                                 |                                         | :                         |                                           | Н                 |
| Leave or their guaranters to or for related organization(s)  Loans for in the parameters by related organization(s)  Doubderds from related organization(s)  Sub or assets to related organization(s)  Fundames of issests with related organization(s)  Fundames of issests with related organization(s)  Performance of services or membership or functioning solicitations for related organization(s)  Performance of services or membership or functioning solicitations for related organization(s)  Performance of services or membership or functioning solicitations for related organization(s)  Performance of services or membership or functioning solicitations by related organization(s)  Performance of services or membership and functions assets with related organization(s) for expenses  Performance of services or membership and organization(s)  Performance of services or membership and organization(s)  Performance of services or membership and organization(s)  Performance of services or membership and organization(s)  Performance of services or membership or functioning solicitations by related organization(s)  Performance of services or membership or suppress  Rembusement paid to related organization(s) for expenses  Rembusement paid to related organization(s)  Performance of services or membership or suppress  Other transfer of cash or property to related organization(s)  None transfer of cash or property to related organization(s)  None organization(s)  None organization(s)  Performance organization(s)  Doil transfer of cash or property to related organization(s)  None organization(s)  None organization(s)  None organization(s)  None organization(s)  None organization(s)  None organization(s)  None organization(s)  None organization(s)  None organization(s)  None organization(s)  None organization(s)  None organization(s)  None organization(s)  None organization(s)  None organization(s)  None organization(s)  None organization(s)  None organization(s)  None organization(s)  None organization(s)  None organization(s)  None | Lease of tean guarantees to rife related organization(s)  Lease of tean guarantees by related organization(s)  Outdeneds from related organization(s)  Salo of assets to related organization(s)  Salo of assets to related organization(s)  Salo of assets to related organization(s)  Exchange of issets with related organization(s)  Lease of leachies, equipment, or other assets from related organization(s)  Lease of leachies, equipment or other assets from related organization(s)  Lease of leachies, equipment, or other assets with related organization(s)  Lease of leachies, equipment, or other assets with related organization(s)  Performance of services or membership to functionalism goodculation of related organization(s)  Performance of seaveds or granulation(s)  Shame of leachies, equipment, making leas, at other assets with related organization(s)  Shame of leachies, equipment, making leas, at other assets with related organization(s)  Shame of leachies, equipment, making leas, at other assets with related organization(s)  Shame of leachies, equipment, making lease, at other assets with related organization(s)  Shame of leachies, equipment, making lease, at other assets with related organization(s)  Shame of leachies, equipment, making lease, at other assets with related organization(s)  Shame of leachies, equipment, making lease, at other assets with related organization(s)  Shame of leachies, equipment, or charter organization(s)  Shame of leachies, equipment, or charter organization(s)  Shame of leachies, equipment, or charter organization(s)  Shame of leachies, equipment, or charter organization(s)  Shame of leachies, equipment, organization(s)  Shame of leachies, equipment, organization(s)  Shame of leachies, equipment, organization(s)  Shame of leachies, equipment, organization(s)  Shame of leachies, equipment, organization(s)  Shame of leachies, equipment, organization(s)  Shame of leachies, equipment, organization(s)  Shame of leachies, equipment, organization(s)  Shame of leachies, equipment, organizatio |                                                                                                 | :                                       | •                         |                                           | 10                |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Digital Path                                                                                    | ą                                       | 70,000                    | Cash anount                               |                   |
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| gross revenue) that was not | Provide the following information for each entry taxes as a partnership finding in which the organization conducted man have percent of its activities (measured by total assets or gross revenue) that was not a retated organization. See instructions regarding exclusion for certain investment partnerships | regarding excl          | usion for                          | r certain investir                                                 | nent partir                                          | e man nve pr<br>erships             | Sicent of its | s acumues (me                          | asnueo           | oy total                            | assers                                                       |          |   |                                |
| Nama, act                   | (a)<br>Nema, accress and EIN of ertity                                                                                                                                                                                                                                                                           | (d)<br>Primary sculvity | (c)<br>Legal<br>dometh<br>socials) | (d) Prodomorat income (related, errelated, cocholed from tex under | (o) Are all perment section SOI(c)(3) organizations? | (i)<br>and Share of thomonoon louds | p o o o       | (B)<br>Share of<br>end-0-tota<br>asses | Osprago<br>Sloca | (h)<br>Dspropertonate<br>alecators? | (f) Code V—JBI Britani in box 20 of Schoaten K-1 (Form 1065) | - 8 E E  |   | (h)<br>Percentaga<br>Cemership |
| (1)                         |                                                                                                                                                                                                                                                                                                                  |                         | <b>B</b>                           |                                                                    | Yes                                                  | g                                   |               |                                        | Xox              | ž                                   |                                                              | Yes      | Ş |                                |
| (2)                         |                                                                                                                                                                                                                                                                                                                  |                         |                                    |                                                                    |                                                      |                                     |               |                                        |                  |                                     | :                                                            | <u> </u> |   |                                |
| (3)                         |                                                                                                                                                                                                                                                                                                                  |                         |                                    |                                                                    |                                                      | -                                   |               |                                        |                  |                                     |                                                              | <b>_</b> |   |                                |
| (4)                         |                                                                                                                                                                                                                                                                                                                  |                         |                                    |                                                                    |                                                      |                                     |               |                                        |                  |                                     |                                                              |          |   |                                |
| (5)                         |                                                                                                                                                                                                                                                                                                                  |                         |                                    |                                                                    |                                                      | _                                   | <del></del>   |                                        |                  |                                     |                                                              |          |   |                                |
| (9)                         |                                                                                                                                                                                                                                                                                                                  |                         |                                    |                                                                    |                                                      |                                     |               |                                        |                  |                                     |                                                              |          |   |                                |
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| (8)                         |                                                                                                                                                                                                                                                                                                                  |                         |                                    |                                                                    |                                                      | -                                   |               |                                        |                  |                                     |                                                              |          |   |                                |
| (6)                         |                                                                                                                                                                                                                                                                                                                  |                         |                                    | i<br>i                                                             |                                                      |                                     |               |                                        | -                |                                     |                                                              |          |   |                                |
| (10)                        |                                                                                                                                                                                                                                                                                                                  |                         |                                    |                                                                    |                                                      |                                     |               |                                        | _                |                                     |                                                              |          |   |                                |
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| Pan VIII | Supplemental Information. Provide additional information for responses to questions on Schedule R. See Instructions. |     |
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