



April 7, 2026

Sally Berenzweig  
Papanicolaou Corps for Cancer Research, Inc  
1191 E Newport Center Drive, #107  
Deerfield Beach, FL 33442

Dear Sally,

Enclosed are the original and one copy of the 2024 exempt organization returns, as follows...

2024 Form 990 - Return of Organization Exempt from Income Tax  
2024 Form 990-T - Exempt Organization Business Income Tax Return  
2024 Schedule A - Public Charity Status and Public Support  
2024 Schedule D - Supplemental Financial Statements  
2024 Schedule G - Supplemental Info. Regarding Fundraising/Gaming  
2024 Schedule I - Grants & Other Assist. to Org/Gov/Ind. in the U.S.  
2024 Schedule O - Supplemental Information to Form 990 or 990EZ  
2024 Form F-1120 - Florida Corporate Income/Franchise Tax Return

The original of each of the above mentioned returns should be dated and signed in accordance with the filing instructions included with the copy of the return. This copy is for your use and should be retained for your files.

These return(s) were prepared from information provided by you or your representative. The preparation of tax returns does not include the independent verification of information used. Therefore, we recommend you review the return(s) before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to the return(s), please contact us before filing them.

Very truly yours,

A handwritten signature in blue ink that reads "Adam Cohen".

Adam Cohen

Enclosures

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

May 31, 2025

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**Prepared For:**

Sally Berenzweig  
Papanicolaou Corps for Cancer Research, I  
1191 E Newport Center Drive, #107  
Deerfield Beach, FL 33442

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**Prepared By:**

Baker Tilly Advisory Group, LP  
200 S Biscayne Blvd., Floor 7  
Miami, FL 33131

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**Amount Due or Refund:**

Not applicable

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**Make Check Payable To:**

Not applicable

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**Mail Tax Return and Check (if applicable) To:**

Not applicable

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**Return Must be Mailed On or Before:**

Not applicable

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**Special Instructions:**

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form **8879-TE**

# IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning JUN 1, 2024, and ending MAY 31, 2025

# 2024

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**

Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer **PAPANICOLAOU CORPS FOR CANCER RESEARCH, INC**

EIN or SSN  
**65-0171014**

Name and title of officer or person subject to tax **SALLY BERENZWEIG  
CEO**

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

|                                    |                                     |   |                             |
|------------------------------------|-------------------------------------|---|-----------------------------|
| <b>1a</b> Form 990 check here      | <input checked="" type="checkbox"/> | <b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)    | <b>1b</b> <u>5,036,644.</u> |
| <b>2a</b> Form 990-EZ check here   | <input type="checkbox"/>            | <b>b Total revenue</b> , if any (Form 990-EZ, line 9)                         | <b>2b</b> _____             |
| <b>3a</b> Form 1120-POL check here | <input type="checkbox"/>            | <b>b Total tax</b> (Form 1120-POL, line 22)                                   | <b>3b</b> _____             |
| <b>4a</b> Form 990-PF check here   | <input type="checkbox"/>            | <b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5)         | <b>4b</b> _____             |
| <b>5a</b> Form 8868 check here     | <input type="checkbox"/>            | <b>b Balance due</b> (Form 8868, line 3c)                                     | <b>5b</b> _____             |
| <b>6a</b> Form 990-T check here    | <input type="checkbox"/>            | <b>b Total tax</b> (Form 990-T, Part III, line 4)                             | <b>6b</b> _____             |
| <b>7a</b> Form 4720 check here     | <input type="checkbox"/>            | <b>b Total tax</b> (Form 4720, Part III, line 1)                              | <b>7b</b> _____             |
| <b>8a</b> Form 5227 check here     | <input type="checkbox"/>            | <b>b FMV of assets at end of tax year</b> (Form 5227, Item D)                 | <b>8b</b> _____             |
| <b>9a</b> Form 5330 check here     | <input type="checkbox"/>            | <b>b Tax due</b> (Form 5330, Part II, line 19)                                | <b>9b</b> _____             |
| <b>10a</b> Form 8038-CP check here | <input type="checkbox"/>            | <b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22) | <b>10b</b> _____            |

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

I authorize **BAKER TILLY ADVISORY GROUP, LP** to enter my PIN **12345**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

**SIGN HERE** Date

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**57746759724**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **BAKER TILLY ADVISORY GROUP, LP** Date **04/07/26**

**ERO Must Retain This Form - See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2024)

LHA 402521 12-26-24

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

# 2024

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the **2024** calendar year, or tax year beginning **JUN 1, 2024** and ending **MAY 31, 2025**

|  |   |   |
|--|---|---|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>PAPANICOLAOU CORPS FOR CANCER RESEARCH, INC</b><br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>1191 E NEWPORT CENTER DRIVE, #107</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>DEERFIELD BEACH, FL 33442</b><br><b>F</b> Name and address of principal officer: <b>SALLY BERENZWEIG</b><br><b>1191 E NEWPORT CENTER DR, DEERFIELD BEACH, F</b> | <b>D</b> Employer identification number<br><b>65-0171014</b><br><b>E</b> Telephone number<br><b>954-425-8100</b><br><b>G</b> Gross receipts \$ <b>6,523,268.</b><br><b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions<br><b>H(c)</b> Group exemption number |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |   |   |
| <b>J</b> Website: <b>WWW.THEPAPCORPS.ORG</b>   |   |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other  |   | <b>L</b> Year of formation: <b>1990</b> <b>M</b> State of legal domicile: <b>FL</b>   |

## Part I Summary

|                                    |                |  |  |   |
|------------------------------------|----------------|--|--|---|
|                                    | <b>1</b>       | Briefly describe the organization's mission or most significant activities: <b>TO RAISE CRUCIAL FUNDS FOR CANCER RESEARCH AT SYLVESTER COMPREHENSIVE CANCER CENTER, UNIVERSITY</b> |  |   |
|                                    | <b>2</b>       | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |  |   |
| <b>Activities &amp; Governance</b> | <b>3</b>       | Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>   | <b>13</b>                               |
|                                    | <b>4</b>       | Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>   | <b>12</b>                               |
|                                    | <b>5</b>       | Total number of individuals employed in calendar year 2024 (Part V, line 2a)   | <b>5</b>   | <b>7</b>                                |
|                                    | <b>6</b>       | Total number of volunteers (estimate if necessary)   | <b>6</b>   | <b>20000</b>                            |
|                                    | <b>7a</b>      | Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>  | <b>0.</b>                               |
|                                    | <b>7b</b>      | Net unrelated business taxable income from Form 990-T, Part I, line 11   | <b>7b</b>  | <b>0.</b>                               |
|                                    | <b>Revenue</b> | <b>8</b>   | Contributions and grants (Part VIII, line 1h)                    | <b>Prior Year</b><br><b>4,595,433.</b>  |
| <b>9</b>                           |                | Program service revenue (Part VIII, line 2g)   | <b>0.</b>  | <b>0.</b>                               |
| <b>10</b>                          |                | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | <b>128,231.</b>  | <b>72,949.</b>                          |
| <b>11</b>                          |                | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | <b>295,334.</b>  | <b>297,113.</b>                         |
| <b>12</b>                          |                | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | <b>5,018,998.</b>  | <b>5,036,644.</b>                       |
| <b>Expenses</b>                    |                | <b>13</b>  | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | <b>3,900,000.</b>                       |
|                                    | <b>14</b>      | Benefits paid to or for members (Part IX, column (A), line 4)  | <b>0.</b>  | <b>0.</b>                               |
|                                    | <b>15</b>      | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | <b>600,514.</b>  | <b>610,903.</b>                         |
|                                    | <b>16a</b>     | Professional fundraising fees (Part IX, column (A), line 11e)  | <b>0.</b>  | <b>0.</b>                               |
|                                    | <b>b</b>       | Total fundraising expenses (Part IX, column (D), line 25)  | <b>610,865.</b>  |   |
|                                    | <b>17</b>      | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | <b>833,930.</b>  | <b>697,416.</b>                         |
|                                    | <b>18</b>      | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | <b>5,334,444.</b>  | <b>2,214,903.</b>                       |
|                                    | <b>19</b>      | Revenue less expenses. Subtract line 18 from line 12   | <b>-315,446.</b>   | <b>2,821,741.</b>                       |
| <b>Net Assets or Fund Balances</b> | <b>20</b>      | Total assets (Part X, line 16)   | <b>Beginning of Current Year</b><br><b>4,846,448.</b>            | <b>End of Year</b><br><b>4,665,336.</b> |
|                                    | <b>21</b>      | Total liabilities (Part X, line 26)  | <b>23,710,659.</b>   | <b>14,091,976.</b>                      |
|                                    | <b>22</b>      | Net assets or fund balances. Subtract line 21 from line 20   | <b>-18,864,211.</b>  | <b>-9,426,640.</b>                      |

## Part II Signature Block

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

|                               |  |   |  |
|-------------------------------|--|---|--|
| <b>Sign Here</b>              | Signature of officer<br><b>SALLY BERENZWEIG, CEO</b>                   | Date                                      |  |
|                               | Type or print name and title   |   |  |
| <b>Paid Preparer Use Only</b> | Preparer's name<br><b>ADAM COHEN</b>                                   | Preparer's signature<br><b>ADAM COHEN</b> | Date<br><b>04/07/26</b>  |
|                               | Firm's name<br><b>BAKER TILLY ADVISORY GROUP, LP</b>                   | Firm's EIN<br><b>39-0859910</b>           | Check if self-employed <input type="checkbox"/> PTIN<br><b>P00541985</b> |
|                               | Firm's address<br><b>200 S BISCAYNE BLVD., FLOOR 7 MIAMI, FL 33131</b> | Phone no. <b>305-379-7000</b>             |  |

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

**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

PAPANICOLAOU CORPS FOR CANCER RESEARCH, INC

Form 990 (2024)

65-0171014 Page 2

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission: TO RAISE CRUCIAL FUNDS FOR CANCER RESEARCH AT SYLVESTER COMPREHENSIVE CANCER CENTER, UNIVERSITY OF MIAMI, MILLER SCHOOL OF MEDICINE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 1,084,104. including grants of \$ 906,584. ) (Revenue \$ ) THROUGH THE FUNDRAISING EFFORTS OF OUR 20,000 MEMBERS, WE RAISED FUNDS TO ALLOW DONATIONS TO THE SYLVESTER COMPREHENSIVE CANCER CENTER AT THE UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE. THE FUNDS ALLOW THE PHYSICIANS AND SCIENTISTS AT THE SYLVESTER CENTER TO CARRY ON CANCER RESEARCH PROGRAMS AND CLINICAL TRIALS IN AN EFFORT TO DISCOVER NEW TREATMENTS AND TO ULTIMATELY FIND CURES FOR VARIOUS TYPES OF CANCER.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,084,104.

Form 990 (2024)

PAPANICOLAOU CORPS FOR CANCER  
RESEARCH, INC

**Part IV Checklist of Required Schedules**

|  | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i> .....  | X   |    |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....  |     | X  |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....  |     | X  |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....   |     | X  |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....  |     | X  |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....  |     | X  |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....  |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....   |     | X  |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....            |     | X  |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....   |     | X  |
| 11 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.  |     |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....   |     | X  |
| b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....  |     | X  |
| c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....  |     | X  |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....   |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....   |     | X  |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....  | X   |    |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....  | X   |    |
| b Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....  |     | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....  |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? .....  |     | X  |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> ..... |     | X  |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....   |     | X  |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....   |     | X  |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....   |     | X  |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....   | X   |    |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....   |     | X  |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....   |     | X  |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....   |     |    |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....  | X   |    |

PAPANICOLAOU CORPS FOR CANCER  
RESEARCH, INC

Form 990 (2024)

65-0171014 Page 4

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

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

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

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

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**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

|            |  | Yes | No |
|------------|--|-----|----|
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  |     |    |
|            | 2a   |     | 7  |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | X   |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |     | X  |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>   |     |    |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?   |     | X  |
| <b>b</b>   | If "Yes," enter the name of the foreign country<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |     |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |     | X  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |     | X  |
| <b>c</b>   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  |     |    |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                      |     | X  |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |     |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |    |
| <b>a</b>   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  |     | X  |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |     |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |     | X  |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year  |     | 7d |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |     | X  |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |     | X  |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |     |    |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   |     |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   |     |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |     |    |
| <b>a</b>   | Did the sponsoring organization make any taxable distributions under section 4966?   |     |    |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  |     |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |     |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12   | 10a |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 10b |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |     |    |
| <b>a</b>   | Gross income from members or shareholders  | 11a |    |
| <b>b</b>   | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  | 11b |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | 12a |    |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 12b |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |    |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.   | 13a |    |
| <b>b</b>   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  | 13b |    |
| <b>c</b>   | Enter the amount of reserves on hand   | 13c |    |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a | X  |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>   | 14b |    |
| <b>15</b>  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?<br>If "Yes," see the instructions and file Form 4720, Schedule N.                 | 15  | X  |
| <b>16</b>  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O.   | 16  | X  |
| <b>17</b>  | <b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?<br>If "Yes," complete Form 6069. | 17  |    |

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

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>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. |     |    |
|           | 1a   | 13  |    |
| <b>b</b>  | Enter the number of voting members included on line 1a, above, who are independent   |     |    |
|           | 1b   | 12  |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?   |     | X  |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   | X   |    |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>a</b>  | The governing body?  | X   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?  | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O   |     | X  |

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   | X   |    |
| <b>b</b>   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   | X   |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | X   |    |
| <b>b</b>   | Describe on Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13  | X   |    |
| <b>b</b>   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| <b>c</b>   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done   | X   |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | X   |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | X   |    |
| <b>15</b>  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |     |    |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official   | X   |    |
| <b>b</b>   | Other officers or key employees of the organization  | X   |    |
|            | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.   |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | X  |
| <b>b</b>   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed FL
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**THE ORGANIZATION - 954-425-8100**  
**1191 E NEWPORT CENTER DR #107 DEERFIELD, BEACH, FL 33442**

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

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

| (A)<br>Name and title                    | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1) SALLY BERENZWEIG<br>CEO              | 40.00   | X   |                       | X       |              |                              |        | 137,542.  | 0.   | 12,417.   |
| (2) MARY REDMAN<br>CFO                   | 40.00   |   |                       | X       |              |                              |        | 93,329.   | 0.   | 8,990.  |
| (3) SUSAN DINTER<br>CHAIR                | 35.00   | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (4) DIANA VERTUCCIO<br>SECRETARY         | 10.00   | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (5) MITCH LESHIN<br>TREASURER            | 10.00   | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (6) BEVERLY BERKOWITZ<br>DIRECTOR        | 30.00   | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (7) DOREEN HEISLER, PH.D<br>DIRECTOR     | 10.00   | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (8) NANCY GOLDSTEIN<br>DIRECTOR          | 5.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (9) NANCY LEVINSOHN<br>DIRECTOR          | 5.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (10) ELLIOTT BOOTH<br>DIRECTOR           | 5.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (11) SHARON GOODHART FELDMAN<br>DIRECTOR | 5.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (12) PAULA KARP<br>DIRECTOR              | 5.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (13) LYNN SCHNEIDER<br>DIRECTOR          | 5.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (14) ILENE RALLO<br>DIRECTOR             | 5.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |



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**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

|  |  |   | (A)   | (B)                                | (C)                        | (D)  |  |  |
|--|--|---|---|------------------------------------|----------------------------|--|--|--|
|  |  |   | Total revenue   | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |  |  |
| Contributions, Gifts, Grants and Other Similar Amounts                     | <b>1 a</b> Federated campaigns .....   | <b>1a</b>   |   |                                    |                            |  |  |  |
|  | <b>b</b> Membership dues .....   | <b>1b</b>   | 441,258.  |                                    |                            |  |  |  |
|  | <b>c</b> Fundraising events .....  | <b>1c</b>   | 2,044,994.  |                                    |                            |  |  |  |
|  | <b>d</b> Related organizations .....   | <b>1d</b>   |   |                                    |                            |  |  |  |
|  | <b>e</b> Government grants (contributions) .....   | <b>1e</b>   |   |                                    |                            |  |  |  |
|  | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...  | <b>1f</b>   | 2,180,330.  |                                    |                            |  |  |  |
|  | <b>g</b> Noncash contributions included in lines 1a-1f   | <b>1g</b>   | \$  |                                    |                            |  |  |  |
|  | <b>h Total.</b> Add lines 1a-1f .....  |   | 4,666,582.  |                                    |                            |  |  |  |
| Program Service Revenue  | <b>2 a</b> _____   | <b>Business Code</b>  |   |                                    |                            |  |  |  |
|  | <b>b</b> _____   |   |   |                                    |                            |  |  |  |
|  | <b>c</b> _____   |   |   |                                    |                            |  |  |  |
|  | <b>d</b> _____   |   |   |                                    |                            |  |  |  |
|  | <b>e</b> _____   |   |   |                                    |                            |  |  |  |
|  | <b>f</b> All other program service revenue .....   |   |   |                                    |                            |  |  |  |
|  | <b>g Total.</b> Add lines 2a-2f .....  |   |   |                                    |                            |  |  |  |
| Other Revenue  | <b>3</b> Investment income (including dividends, interest, and other similar amounts) .....  |   | 74,008.   |                                    |                            | 74,008.  |  |  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds .....  |   |   |                                    |                            |  |  |  |
|  | <b>5</b> Royalties .....   |   |   |                                    |                            |  |  |  |
|  | <b>6 a</b> Gross rents .....   | <b>6a</b>   | (i) Real  |                                    |                            |  |  |  |
|  |  |   | (ii) Personal   |                                    |                            |  |  |  |
|  |  |   | <b>b</b> Less: rental expenses ...                          | <b>6b</b>                          |                            |  |  |  |
|  |  |   | <b>c</b> Rental income or (loss)                            | <b>6c</b>                          |                            |  |  |  |
|  | <b>d</b> Net rental income or (loss) .....   |   |   |                                    |                            |  |  |  |
|  | <b>7 a</b> Gross amount from sales of assets other than inventory .....  | <b>7a</b>   | (i) Securities  |                                    |                            |  |  |  |
|  |  |   | (ii) Other  |                                    |                            |  |  |  |
|  |  |   | <b>b</b> Less: cost or other basis and sales expenses ..... | <b>7b</b>                          | 1,059.                     |  |  |  |
|  |  |   | <b>c</b> Gain or (loss) .....                               | <b>7c</b>                          | -1,059.                    |  |  |  |
|  | <b>d</b> Net gain or (loss) .....  |   |   | -1,059.                            |                            | -1,059.  |  |  |
|  | <b>8 a</b> Gross income from fundraising events (not including \$ 2,044,994. of contributions reported on line 1c). See Part IV, line 18 ..... | <b>8a</b>   |   | 1,782,678.                         |                            |  |  |  |
|  |  |   | <b>b</b> Less: direct expenses .....                        | <b>8b</b>                          | 1,485,565.                 |  |  |  |
| <b>c</b> Net income or (loss) from fundraising events .....                |  |   | 297,113.  |                                    |                            | 297,113.   |  |  |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19 ..... | <b>9a</b>  |   |   |                                    |                            |  |  |  |
|  |  | <b>b</b> Less: direct expenses .....                        | <b>9b</b>   |                                    |                            |  |  |  |
| <b>c</b> Net income or (loss) from gaming activities .....                 |  |   |   |                                    |                            |  |  |  |
| <b>10 a</b> Gross sales of inventory, less returns and allowances .....    | <b>10a</b>   |   |   |                                    |                            |  |  |  |
|  |  | <b>b</b> Less: cost of goods sold .....                     | <b>10b</b>  |                                    |                            |  |  |  |
|  |  | <b>c</b> Net income or (loss) from sales of inventory ..... |   |                                    |                            |  |  |  |
| Miscellaneous Revenue  | <b>11 a</b> _____  | <b>Business Code</b>  |   |                                    |                            |  |  |  |
|  | <b>b</b> _____   |   |   |                                    |                            |  |  |  |
|  | <b>c</b> _____   |   |   |                                    |                            |  |  |  |
|  | <b>d</b> All other revenue .....   |   |   |                                    |                            |  |  |  |
|  | <b>e Total.</b> Add lines 11a-11d .....  |   |   |                                    |                            |  |  |  |
| <b>12 Total revenue.</b> See instructions .....                            |  |   | 5,036,644.  | 0.                                 | 0.                         | 370,062.   |  |  |

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**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...   | 906,584.              | 906,584.                        |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....  |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....   |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members .....  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees .....   | 248,650.              | 49,730.                         | 74,595.                                | 124,325.                    |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages .....   | 246,592.              | 49,318.                         | 73,978.                                | 123,296.                    |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....   | 12,080.               | 2,416.                          | 3,624.                                 | 6,040.                      |
| <b>9</b> Other employee benefits .....  | 64,689.               | 12,569.                         | 19,407.                                | 32,713.                     |
| <b>10</b> Payroll taxes .....   | 38,892.               | 7,778.                          | 11,668.                                | 19,446.                     |
| <b>11</b> Fees for services (nonemployees):   |                       |                                 |  |                             |
| <b>a</b> Management .....   |                       |                                 |  |                             |
| <b>b</b> Legal .....  |                       |                                 |  |                             |
| <b>c</b> Accounting .....   | 15,575.               |                                 | 15,111.                                | 464.                        |
| <b>d</b> Lobbying .....   |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| <b>f</b> Investment management fees .....   |                       |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)   | 101,491.              |                                 | 98,457.                                | 3,034.                      |
| <b>12</b> Advertising and promotion .....   | 30,515.               |                                 | 82.                                    | 30,433.                     |
| <b>13</b> Office expenses .....   | 53,564.               |                                 | 13,150.                                | 40,414.                     |
| <b>14</b> Information technology .....  |                       |                                 |  |                             |
| <b>15</b> Royalties .....   |                       |                                 |  |                             |
| <b>16</b> Occupancy .....   |                       |                                 |  |                             |
| <b>17</b> Travel .....  | 10,024.               |                                 | 6,109.                                 | 3,915.                      |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings .....  |                       |                                 |  |                             |
| <b>20</b> Interest .....  |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates .....  |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization .....   |                       |                                 |  |                             |
| <b>23</b> Insurance .....   | 13,932.               |                                 | 4,179.                                 | 9,753.                      |
| <b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)   |                       |                                 |  |                             |
| <b>a</b> <b>BANK FEES</b>   | 152,389.              | 1,219.                          | 11,582.                                | 139,588.                    |
| <b>b</b> <b>IN-KIND EXPENSE</b>   | 83,604.               |                                 | 83,604.                                |                             |
| <b>c</b> <b>SOFTWARE</b>  | 80,596.               |                                 | 24,179.                                | 56,417.                     |
| <b>d</b> <b>FOOD AND BEVERAGE</b>   | 78,846.               |                                 | 78,846.                                |                             |
| <b>e</b> All other expenses .....   | 76,880.               | 54,490.                         | 1,363.                                 | 21,027.                     |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e   | 2,214,903.            | 1,084,104.                      | 519,934.                               | 610,865.                    |
| <b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

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Part X Balance Sheet

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

|                             |  | (A)<br>Beginning of year  |              | (B)<br>End of year |             |
|-----------------------------|--|---|--------------|--------------------|-------------|
| Assets                      | 1  | Cash - non-interest-bearing   | 3,822,881.   | 1                  | 395,571.    |
|                             | 2  | Savings and temporary cash investments  | 602,425.     | 2                  | 3,623,850.  |
|                             | 3  | Pledges and grants receivable, net  | 305,648.     | 3                  | 529,520.    |
|                             | 4  | Accounts receivable, net  |              | 4                  |             |
|                             | 5  | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons |              | 5                  |             |
|                             | 6  | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)   |              | 6                  |             |
|                             | 7  | Notes and loans receivable, net   |              | 7                  |             |
|                             | 8  | Inventories for sale or use   |              | 8                  |             |
|                             | 9  | Prepaid expenses and deferred charges   | 83,394.      | 9                  | 115,745.    |
|                             | 10a  | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 10a 0.       |                    |             |
|                             | b  | Less: accumulated depreciation  | 10b 0.       | 10c                | 0.          |
|                             | 11   | Investments - publicly traded securities  |              | 11                 |             |
|                             | 12   | Investments - other securities. See Part IV, line 11  |              | 12                 |             |
|                             | 13   | Investments - program-related. See Part IV, line 11   |              | 13                 |             |
|                             | 14   | Intangible assets   |              | 14                 |             |
|                             | 15   | Other assets. See Part IV, line 11  | 32,100.      | 15                 | 650.        |
| 16                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)   | 4,846,448.  | 16           | 4,665,336.         |             |
| Liabilities                 | 17   | Accounts payable and accrued expenses   | 599,967.     | 17                 | 215,765.    |
|                             | 18   | Grants payable  | 22,968,668.  | 18                 | 13,866,211. |
|                             | 19   | Deferred revenue  | 142,024.     | 19                 | 10,000.     |
|                             | 20   | Tax-exempt bond liabilities   |              | 20                 |             |
|                             | 21   | Escrow or custodial account liability. Complete Part IV of Schedule D   |              | 21                 |             |
|                             | 22   | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons      |              | 22                 |             |
|                             | 23   | Secured mortgages and notes payable to unrelated third parties  |              | 23                 |             |
|                             | 24   | Unsecured notes and loans payable to unrelated third parties  |              | 24                 |             |
|                             | 25   | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   |              | 25                 |             |
|                             | 26   | <b>Total liabilities.</b> Add lines 17 through 25   | 23,710,659.  | 26                 | 14,091,976. |
| Net Assets or Fund Balances | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b> |   |              |                    |             |
|                             | 27   | Net assets without donor restrictions   | -19,201,036. | 27                 | -9,687,109. |
|                             | 28   | Net assets with donor restrictions  | 336,825.     | 28                 | 260,469.    |
|                             | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>          |   |              |                    |             |
|                             | 29   | Capital stock or trust principal, or current funds  |              | 29                 |             |
|                             | 30   | Paid-in or capital surplus, or land, building, or equipment fund  |              | 30                 |             |
|                             | 31   | Retained earnings, endowment, accumulated income, or other funds  |              | 31                 |             |
|                             | 32   | <b>Total net assets or fund balances</b>  | -18,864,211. | 32                 | -9,426,640. |
| 33                          | <b>Total liabilities and net assets/fund balances</b>  | 4,846,448.  | 33           | 4,665,336.         |             |

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PAPANICOLAOU CORPS FOR CANCER  
RESEARCH, INC

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

|    |  |    |              |
|----|--|----|--------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 5,036,644.   |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 2,214,903.   |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 2,821,741.   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | -18,864,211. |
| 5  | Net unrealized gains (losses) on investments   | 5  |              |
| 6  | Donated services and use of facilities   | 6  |              |
| 7  | Investment expenses  | 7  |              |
| 8  | Prior period adjustments   | 8  |              |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)   | 9  | 6,615,830.   |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | -9,426,640.  |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

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



PAPANICOLAOU CORPS FOR CANCER RESEARCH, INC

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)  | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 2453144. | 3849702. | 9688646. | 4595433. | 4666582. | 25253507. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 2453144. | 3849702. | 9688646. | 4595433. | 4666582. | 25253507. |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |          |          |          |          |          | 4771291.  |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          | 20482216. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)   | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total                |
|---|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....  | 2453144. | 3849702. | 9688646. | 4595433. | 4666582. | 25253507.                |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....  | 3,369.   | 88.      | 22,067.  | 82,427.  | 74,008.  | 181,959.                 |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....   |          |          |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....   |          |          |          |          |          |                          |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |          |          |          | 25435466.                |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....   |          |          |          |          | 12       | 1,466,081.               |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

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

|   |           |       |                                     |
|---|-----------|-------|-------------------------------------|
| <b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....   | <b>14</b> | 80.53 | %                                   |
| <b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....  | <b>15</b> | 80.69 | %                                   |
| <b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           |       | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           |       | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....    |           |       | <input type="checkbox"/>            |
| <b>b 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... |           |       | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |           |       | <input type="checkbox"/>            |

PAPANICOLAOU CORPS FOR CANCER RESEARCH, INC

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in)  | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| 6 Total. Add lines 1 through 5   |          |          |          |          |          |           |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| c Add lines 7a and 7b  |          |          |          |          |          |           |
| 8 Public support. (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

Section B. Total Support

| Calendar year (or fiscal year beginning in)   | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6   |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                           |          |          |          |          |          |           |
| c Add lines 10a and 10b   |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on      |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                  |          |          |          |          |          |           |
| 13 Total support. (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

|  |    |   |
|--|----|---|
| 15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2023 Schedule A, Part III, line 15                       | 16 | % |

Section D. Computation of Investment Income Percentage

|   |    |   |
|---|----|---|
| 17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2023 Schedule A, Part III, line 17                         | 18 | % |

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

PAPANICOLAOU CORPS FOR CANCER  
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**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

PAPANICOLAOU CORPS FOR CANCER  
RESEARCH, INC

**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described on line 11a above?  |     |    |
| <b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>                              |     |    |
| <b>11a</b>   |     |    |
| <b>11b</b>   |     |    |
| <b>11c</b>   |     |    |

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

|   |  |  |
|---|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).   |  |  |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.   |  |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> |  |  |
| <b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  |  |  |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.   |  |  |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>  |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   |  |  |
| <b>2a</b>   |  |  |
| <b>2b</b>   |  |  |
| <b>3a</b>   |  |  |
| <b>3b</b>   |  |  |

PAPANICOLAOU CORPS FOR CANCER  
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Schedule A (Form 990) 2024

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

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

| Section A - Adjusted Net Income |  | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1                               | Net short-term capital gain  | 1              |                             |
| 2                               | Recoveries of prior-year distributions   | 2              |                             |
| 3                               | Other gross income (see instructions)  | 3              |                             |
| 4                               | Add lines 1 through 3.   | 4              |                             |
| 5                               | Depreciation and depletion   | 5              |                             |
| 6                               | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                             |
| 7                               | Other expenses (see instructions)  | 7              |                             |
| 8                               | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| Section B - Minimum Asset Amount |   | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                | Average monthly value of securities   | 1a             |                             |
| b                                | Average monthly cash balances   | 1b             |                             |
| c                                | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):   |                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                | Subtract line 2 from line 1d.   | 3              |                             |
| 4                                | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | 4              |                             |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                | Multiply line 5 by 0.035.   | 6              |                             |
| 7                                | Recoveries of prior-year distributions  | 7              |                             |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| Section C - Distributable Amount |   |   | Current Year |
|----------------------------------|---|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, column A)   | 1 |              |
| 2                                | Enter 0.85 of line 1.   | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, column A)  | 3 |              |
| 4                                | Enter greater of line 2 or line 3.  | 4 |              |
| 5                                | Income tax imposed in prior year  | 5 |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

Schedule A (Form 990) 2024

PAPANICOLAOU CORPS FOR CANCER  
RESEARCH, INC

Schedule A (Form 990) 2024

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

| Section D - Distributions |  | Current Year |
|---------------------------|--|--------------|
| 1                         | Amounts paid to supported organizations to accomplish exempt purposes  | 1            |
| 2                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      | 2            |
| 3                         | Administrative expenses paid to accomplish exempt purposes of supported organizations  | 3            |
| 4                         | Amounts paid to acquire exempt-use assets  | 4            |
| 5                         | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)   | 5            |
| 6                         | Other distributions (describe in Part VI). See instructions.   | 6            |
| 7                         | <b>Total annual distributions.</b> Add lines 1 through 6.  | 7            |
| 8                         | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8            |
| 9                         | Distributable amount for 2024 from Section C, line 6   | 9            |
| 10                        | Line 8 amount divided by line 9 amount   | 10           |

| Section E - Distribution Allocations (see instructions) | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2024 | (iii)<br>Distributable<br>Amount for 2024 |
|---|---|--|---|
| 1   | Distributable amount for 2024 from Section C, line 6  |  |   |
| 2   | Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.   |  |   |
| 3   | Excess distributions carryover, if any, to 2024   |  |   |
| a   | From 2019   |  |   |
| b   | From 2020   |  |   |
| c   | From 2021   |  |   |
| d   | From 2022   |  |   |
| e   | From 2023   |  |   |
| f   | <b>Total</b> of lines 3a through 3e   |  |   |
| g   | Applied to under distributions of prior years   |  |   |
| h   | Applied to 2024 distributable amount  |  |   |
| i   | Carryover from 2019 not applied (see instructions)  |  |   |
| j   | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |  |   |
| 4   | Distributions for 2024 from Section D, line 7: \$   |  |   |
| a   | Applied to underdistributions of prior years  |  |   |
| b   | Applied to 2024 distributable amount  |  |   |
| c   | Remainder. Subtract lines 4a and 4b from line 4.  |  |   |
| 5   | Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. |  |   |
| 6   | Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |  |   |
| 7   | <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.   |  |   |
| 8   | Breakdown of line 7:  |  |   |
| a   | Excess from 2020  |  |   |
| b   | Excess from 2021  |  |   |
| c   | Excess from 2022  |  |   |
| d   | Excess from 2023  |  |   |
| e   | Excess from 2024  |  |   |

Schedule A (Form 990) 2024





**SCHEDULE D**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization **PAPANICOLAOU CORPS FOR CANCER  
RESEARCH, INC**

Employer identification number  
**65-0171014**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)     Preservation of a historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included on line 2a .....   | 2c                              |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register ..... | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \_\_\_\_\_

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

PAPANICOLAOU CORPS FOR CANCER

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations?   | 3a(i)  |    |
| (ii) Related organizations?  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land                  |                                      |                                 |                              |                |
| b Buildings              |                                      |                                 |                              |                |
| c Leasehold improvements |                                      |                                 |                              |                |
| d Equipment              |                                      |                                 |                              |                |
| e Other                  |                                      |                                 |                              |                |

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 0.

PAPANICOLAOU CORPS FOR CANCER

**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

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

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

PAPANICOLAOU CORPS FOR CANCER

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

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

|   |   |    |            |            |
|---|---|----|------------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements        |    | 1          | 6,522,209. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |            |            |
| a | Net unrealized gains (losses) on investments                                    | 2a |            |            |
| b | Donated services and use of facilities  | 2b |            |            |
| c | Recoveries of prior year grants   | 2c |            |            |
| d | Other (Describe in Part XIII.)  | 2d | 1,485,565. |            |
| e | Add lines 2a through 2d   | 2e |            | 1,485,565. |
| 3 | Subtract line 2e from line 1  | 3  |            | 5,036,644. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |            |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |            |            |
| b | Other (Describe in Part XIII.)  | 4b |            |            |
| c | Add lines 4a and 4b   | 4c |            | 0.         |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  |            | 5,036,644. |

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

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

|   |  |    |            |            |
|---|--|----|------------|------------|
| 1 | Total expenses and losses per audited financial statements                       |    | 1          | 3,700,468. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |            |            |
| a | Donated services and use of facilities   | 2a |            |            |
| b | Prior year adjustments   | 2b |            |            |
| c | Other losses   | 2c |            |            |
| d | Other (Describe in Part XIII.)   | 2d | 1,485,565. |            |
| e | Add lines 2a through 2d  | 2e |            | 1,485,565. |
| 3 | Subtract line 2e from line 1   | 3  |            | 2,214,903. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |            |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a |            |            |
| b | Other (Describe in Part XIII.)   | 4b |            |            |
| c | Add lines 4a and 4b  | 4c |            | 0.         |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  |            | 2,214,903. |

**Part XIII Supplemental Information**

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

**PART X, LINE 2:**

THE ORGANIZATION IS A NOT-FOR-PROFIT CORPORATION AND HAS BEEN RECOGNIZED AS TAX EXEMPT PURSUANT TO SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE ("IRC"). THE IRC PROVIDES FOR TAXATION OF UNRELATED BUSINESS INCOME UNDER CERTAIN CIRCUMSTANCES. THE ORGANIZATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH GAAP. THE ORGANIZATION HAD NO MATERIAL UNRECOGNIZED TAX BENEFITS AND NO ADJUSTMENTS TO ITS FINANCIAL POSITION, ACTIVITIES OR CASH FLOWS WERE REQUIRED. THE ORGANIZATION DOES NOT EXPECT THAT UNRECOGNIZED TAX BENEFITS WILL INCREASE WITHIN THE NEXT TWELVE MONTHS. THE ORGANIZATION'S TAX RETURNS FOR THE YEARS ENDED MAY 31, 2023 THROUGH MAY 31, 2025 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAX JURISDICTIONS. THE ORGANIZATION RECOGNIZES ACCRUED INTEREST AND PENALTIES, IF ANY, RELATED TO UNCERTAIN TAX POSITIONS AS INCOME TAX EXPENSE.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

FOOD AND BEVERAGE EXPENSE  
FUNDRAISING EXPENSE

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

FOOD AND BEVERAGE EXPENSE  
FUNDRAISING EXPENSE

**SCHEDULE D, LINE 2D**

FOOD AND BEVERAGE EXPENSE \$ 813,259





PAPANICOLAOU CORPS FOR CANCER

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

|                 |  | (a) Event #1  | (b) Event #2                            | (c) Other events      | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|-----------------|--|---|---|-----------------------|--|
|                 |  | SAINT<br>ANDREWS COCK<br>(event type)                       | THE PAP<br>CORPS HOPE G<br>(event type) | 329<br>(total number) |  |
| Revenue         | 1  | 199,860.  | 170,888.                                | 3,456,924.            | 3,827,672.   |
|                 | 2  | 156,205.  | 99,037.                                 | 1,789,752.            | 2,044,994.   |
|                 | 3  | 43,655.   | 71,851.                                 | 1,667,172.            | 1,782,678.   |
| Direct Expenses | 4  | 1,350.  |   | 81,983.               | 83,333.  |
|                 | 5  |   |   |                       |  |
|                 | 6  |   |   | 12,462.               | 12,462.  |
|                 | 7  | 21,489.   | 43,991.                                 | 747,779.              | 813,259.   |
|                 | 8  | 8,500.  | 2,500.                                  | 174,292.              | 185,292.   |
|                 | 9  | 5,040.  | 13,385.                                 | 372,794.              | 391,219.   |
|                 | 10   | Direct expense summary. Add lines 4 through 9 in column (d) |   |                       |  |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) |   |   |                       | 297,113.   |

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

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

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

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

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

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

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





**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization **PAPANICOLAOU CORPS FOR CANCER  
RESEARCH, INC**

Employer identification number  
**65-0171014**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| <b>1 (a)</b> Name and address of organization or government                           | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of noncash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--|---------------------------------|---|--|--|---|
| UNIVERSITY OF MIAMI (SYLVESTER CANCER CENTER) - 1475 NW 12TH AVENUE - MIAMI, FL 33136 | 59-0624458     | 501(C)(3)                              | 906,584.                        | 0.                                      |  |  | CANCER RESEARCH                           |
|   |                |  |                                 |   |  |  |   |
|   |                |  |                                 |   |  |  |   |
|   |                |  |                                 |   |  |  |   |
|   |                |  |                                 |   |  |  |   |
|   |                |  |                                 |   |  |  |   |
|   |                |  |                                 |   |  |  |   |
|   |                |  |                                 |   |  |  |   |

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

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

Schedule I (Form 990) (Rev. 12-2024)

PAPANICOLAOU CORPS FOR CANCER

Schedule I (Form 990) (Rev. 12-2024)

RESEARCH, INC

65-0171014

Page 2

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |

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

PART I, LINE 2:

MEMBERS OF THE BOARD MEET REGULARLY WITH UNIVESITY OF MIAMI ADMINISTRATION, DOCTORS, AND PROFESSORS AND TOUR FACILITIES TO MONITOR AND UNDERSTAND WHERE AND HOW THE ORGANIZATION'S CONTRIBUTIONS ARE BEING USED.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization **PAPANICOLAOU CORPS FOR CANCER RESEARCH, INC** Employer identification number **65-0171014**

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
OF MIAMI, MILLER SCHOOL OF MEDICINE.**

**FORM 990, PART VI, SECTION A, LINE 7A:  
THE ORGANIZATION'S BOARD OF DIRECTORS ARE ELECTED AS FOLLOWS:  
ELECTIONS**

**(A) ELECTION OF DIRECTORS TO REPLACE THOSE WHO HAVE FULFILLED THEIR  
TERM OF OFFICE SHALL TAKE PLACE AT THE ANNUAL MEETING OF THE BOARD OF  
DIRECTORS.**

**(B) DIRECTORS FILLING A VACANCY MAY BE ELECTED AT ANY BOARD MEETING BY  
THE MAJORITY VOTE OF THE EXISTING BOARD OF DIRECTORS.**

**(C) EACH DIRECTOR'S TERM SHALL BEGIN UPON THE ADJOURNMENT OF THE BOARD  
MEETING AT WHICH ELECTED AND SHALL END UPON THE ADJOURNMENT OF THE BOARD  
MEETING DURING WHICH A SUCCESSOR IS ELECTED. TERM(S) MAY BE EXTENDED UNTIL  
SUCH TIME AS A SUCCESSOR HAS BEEN ELECTED.**

**ELIGIBILITY  
ELIGIBLE CANDIDATES FOR THE BOARD OF DIRECTORS MUST AT MINIMUM:**

**(A) BE 18 YEARS OF AGE AND HAVE NO CRIMINAL OR FELONY RECORD,**

**(B) DEVOTE TIME REQUIRED TO EFFECTIVELY CARRY OUT THEIR ROLE AS A  
DIRECTOR,**

**(C) HAVE SKILLS, EXPERTISE, OR EXPERIENCE IMPORTANT TO CORPORATE  
GOVERNANCE AND OPERATIONS, AND**

**(D) HAVE OR OBTAIN KNOWLEDGE OF THE FINANCIAL AND REGULATORY  
ENVIRONMENT IN WHICH THE CORPORATION OPERATES.**

**NUMBER OF DIRECTORS**

**(A) PAPANICOLAOU CORPS FOR CANCER RESEARCH, INC. SHALL HAVE A BOARD OF  
DIRECTORS CONSISTING OF AT LEAST THREE (3) AND NO MORE THAN FIFTEEN (15)  
DIRECTORS.**

**(B) THE IMMEDIATE PAST PRESIDENT MAY SERVE AS A VOTING MEMBER OF  
THE BOARD OF DIRECTORS SUBJECT TO THE TERMS DESCRIBED IN ARTICLE IV, 4.4**

**(C) WITHIN THESE LIMITS, THE BOARD MAY INCREASE OR DECREASE THE NUMBER OF  
DIRECTORS SERVING ON THE BOARD, INCLUDING FOR THE PURPOSE OF STAGGERING THE  
TERMS OF DIRECTORS.**

**FORM 990, PART VI, SECTION B, LINE 11B:  
ONGER APPLICABEL AFTER FIXING A COPY OF THE FORM 990 IS MADE AVAILABLE TO  
EACH BOARD MEMBER BEFORE THE RETURN IS FILED.**

**FORM 990, PART VI, SECTION B, LINE 12C:  
EACH YEAR THE POLICY IS REVIEWED AND SIGNED BY THE BOARD MEMBERS. ANY  
INTERESTS THAT CAN POTENTIALLY LEAD TO CONFLICTS ARE ADDRESSED IMMEDIATELY.**

**FORM 990, PART VI, SECTION B, LINE 15:  
THE COMPENSATION OF THE ORGANIZATION'S OFFICERS IS DETERMINED BY THE BOARD  
OF DIRECTORS AND IS REVIEWED ANNUALLY.**

**FORM 990, PART VI, SECTION C, LINE 19:  
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS  
AVAILABLE ON THEIR WEBSITE.**









# TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

May 31, 2025

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**Prepared For:**

Sally Berenzweig  
Papanicolaou Corps for Cancer Research, I  
1191 E Newport Center Drive, #107  
Deerfield Beach, FL 33442

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**Prepared By:**

Baker Tilly Advisory Group, LP  
200 S Biscayne Blvd., Floor 7  
Miami, FL 33131

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**Amount Due or Refund:**

No amount is due.

---

**Make Check Payable To:**

No amount is due.

---

**Mail Tax Return and Check (if applicable) To:**

Not applicable

---

**Return Must be Mailed On or Before:**

Not applicable

---

**Special Instructions:**

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form **8879-TE**

# IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning JUN 1, 2024, and ending MAY 31, 2025

# 2024

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**

Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer **PAPANICOLAOU CORPS FOR CANCER RESEARCH, INC**

EIN or SSN  
**65-0171014**

Name and title of officer or person subject to tax **SALLY BERENZWEIG  
CEO**

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

|                                    |                                     |   |                     |
|------------------------------------|-------------------------------------|---|---------------------|
| <b>1a</b> Form 990 check here      | <input type="checkbox"/>            | <b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)    | <b>1b</b> _____     |
| <b>2a</b> Form 990-EZ check here   | <input type="checkbox"/>            | <b>b Total revenue</b> , if any (Form 990-EZ, line 9)                         | <b>2b</b> _____     |
| <b>3a</b> Form 1120-POL check here | <input type="checkbox"/>            | <b>b Total tax</b> (Form 1120-POL, line 22)                                   | <b>3b</b> _____     |
| <b>4a</b> Form 990-PF check here   | <input type="checkbox"/>            | <b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5)         | <b>4b</b> _____     |
| <b>5a</b> Form 8868 check here     | <input type="checkbox"/>            | <b>b Balance due</b> (Form 8868, line 3c)                                     | <b>5b</b> _____     |
| <b>6a</b> Form 990-T check here    | <input checked="" type="checkbox"/> | <b>b Total tax</b> (Form 990-T, Part III, line 4)                             | <b>6b</b> <u>0.</u> |
| <b>7a</b> Form 4720 check here     | <input type="checkbox"/>            | <b>b Total tax</b> (Form 4720, Part III, line 1)                              | <b>7b</b> _____     |
| <b>8a</b> Form 5227 check here     | <input type="checkbox"/>            | <b>b FMV of assets at end of tax year</b> (Form 5227, Item D)                 | <b>8b</b> _____     |
| <b>9a</b> Form 5330 check here     | <input type="checkbox"/>            | <b>b Tax due</b> (Form 5330, Part II, line 19)                                | <b>9b</b> _____     |
| <b>10a</b> Form 8038-CP check here | <input type="checkbox"/>            | <b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22) | <b>10b</b> _____    |

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

I authorize **BAKER TILLY ADVISORY GROUP, LP** to enter my PIN **12345**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

**SIGN HERE** Date

Signature of officer or person subject to tax

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**57746759724**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **BAKER TILLY ADVISORY GROUP, LP** Date **04/07/26**

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2024)

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2024 or other tax year beginning JUN 1, 2024, and ending MAY 31, 2025

2024

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section containing: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets at end of year 4,665,336, D Employer identification number 65-0171014, E Group exemption number, F Check box if an amended return.

G Check organization type: 501(c) corporation (checked), 501(c) trust, 401(a) trust, Other trust, State college/university, 6417(d)(1)(A) Applicable entity.

H Check if filing only to claim: Credit from Form 8941, Refund shown on Form 2439, Elective payment amount from Form 3800.

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation.

J Enter the number of attached Schedules A (Form 990-T).

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes, No (checked).

L The books are in care of THE ORGANIZATION Telephone number 954-425-8100

Part I Total Unrelated Business Taxable Income

Table for Part I: Total Unrelated Business Taxable Income. Rows 1-11 showing calculations from unrelated trades to final taxable income of 0.

Part II Tax Computation

Table for Part II: Tax Computation. Rows 1-7 showing tax calculations for organizations, trusts, proxy tax, and noncompliant facility income, resulting in a total tax of 0.

Part III Tax and Payments

Table for Part III: Tax and Payments. Rows 1a-4 showing foreign tax credit, other credits, and total tax payments, resulting in a total tax of 0.

| <b>Part III Tax and Payments</b> (continued) |  |           |    |
|--|--|-----------|----|
| <b>5</b>                                     | Current net 965 tax liability paid from Form 965-A, Part II, column (k) .....                                  | <b>5</b>  | 0. |
| <b>6 a</b>                                   | Payments: Preceding year's overpayment credited to the current year .....                                      | <b>6a</b> |    |
| <b>b</b>                                     | Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> ..... | <b>6b</b> |    |
| <b>c</b>                                     | Tax deposited with Form 8868 .....   | <b>6c</b> |    |
| <b>d</b>                                     | Foreign organizations: Tax paid or withheld at source (see instructions) .....                                 | <b>6d</b> |    |
| <b>e</b>                                     | Backup withholding (see instructions) .....  | <b>6e</b> |    |
| <b>f</b>                                     | Credit for small employer health insurance premiums (attach Form 8941) .....                                   | <b>6f</b> |    |
| <b>g</b>                                     | Elective payment election amount from Form 3800 .....  | <b>6g</b> |    |
| <b>h</b>                                     | Payment from Form 2439 .....   | <b>6h</b> |    |
| <b>i</b>                                     | Credit from Form 4136 .....  | <b>6i</b> |    |
| <b>j</b>                                     | Other (see instructions) .....   | <b>6j</b> |    |
| <b>7</b>                                     | <b>Total payments.</b> Add lines 6a through 6j .....   | <b>7</b>  |    |
| <b>8</b>                                     | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> .....        | <b>8</b>  |    |
| <b>9</b>                                     | <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....              | <b>9</b>  |    |
| <b>10</b>                                    | <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....       | <b>10</b> |    |
| <b>11</b>                                    | Enter the amount of line 10 you want: <b>Credited to 2025 estimated tax</b> <b>Refunded</b> .....              | <b>11</b> |    |

| <b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions) |  | Yes | No |
|---|--|-----|----|
| <b>1</b>  | At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ..... |     | X  |
| <b>2</b>  | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....  |     | X  |
| <b>3</b>  | Enter the amount of tax-exempt interest received or accrued during the tax year ..... \$ .....   |     |    |
| <b>4</b>  | Enter available pre-2018 NOL carryovers here \$ <u>35,776.</u> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.   |     |    |
| <b>5</b>  | Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.   |     |    |
|   | Business Activity Code   |     |    |
|   | Available post-2017 NOL carryover  |     |    |
|   | \$ .....   |     |    |
|   | \$ .....   |     |    |
|   | \$ .....   |     |    |
|   | \$ .....   |     |    |
| <b>6 a</b>  | Reserved for future use .....  |     |    |
| <b>b</b>  | Reserved for future use .....  |     |    |

**Part V Supplemental Information**

Provide any additional information. See instructions.

|                               |  |                                |          |   |   |
|-------------------------------|--|--------------------------------|----------|---|---|
| <b>Sign Here</b>              | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. |                                |          |   | May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|                               | Signature of officer   | Date                           | CEO      | Title   |   |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name   | Preparer's signature           | Date     | Check <input type="checkbox"/> if self-employed | PTIN  |
|                               | ADAM COHEN   | ADAM COHEN                     | 04/07/26 |   | P00541985   |
|                               | Firm's name  | BAKER TILLY ADVISORY GROUP, LP |          | Firm's EIN                                      | 39-0859910  |
|                               | 200 S BISCAYNE BLVD., FLOOR 7  |                                |          |   |   |
|                               | Firm's address   | MIAMI, FL 33131                |          | Phone no.                                       | 305-379-7000  |

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 1

| TAX YEAR                          | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
|-----------------------------------|----------------|-------------------------|----------------|---------------------|
| 05/31/17                          | 35,776.        | 0.                      | 35,776.        | 35,776.             |
| NOL CARRYOVER AVAILABLE THIS YEAR |                |                         | 35,776.        | 35,776.             |

# TAX RETURN FILING INSTRUCTIONS

FLORIDA FORM F-1120

FOR THE YEAR ENDING

May 31, 2025

---

**Prepared For:**

Sally Berenzweig  
Papanicolaou Corps for Cancer Research, I  
1191 E Newport Center Drive, #107  
Deerfield Beach, FL 33442

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**Prepared By:**

Baker Tilly Advisory Group, LP  
200 S Biscayne Blvd., Floor 7  
Miami, FL 33131

---

**To be Signed and Dated By:**

Not applicable

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**Amount of Tax:**

|                              |    |   |
|------------------------------|----|---|
| Total Tax                    | \$ | 0 |
| Less: payments and credits   | \$ | 0 |
| Plus: other amount           |    | 0 |
| Plus: interest and penalties | \$ | 0 |
| No payment required          | \$ |   |

---

**Overpayment:**

|                                |    |   |
|--------------------------------|----|---|
| Credited to your estimated tax | \$ | 0 |
| Other amount                   | \$ | 0 |
| Refunded to you                | \$ | 0 |

---

**Make Check Payable To:**

Not applicable

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**Mail Tax Return and Check (if applicable) To:**

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the Florida DOR, please contact our office. We will then submit your electronic return to the Florida DOR. Do not mail the paper copy of the return to the Florida DOR.

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**Return Must be Mailed On or Before:**

Not applicable

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**Special Instructions:**



Florida Corporate Income/Franchise Tax Return

FEIN 65-0171014
For calendar year 2024 or tax year beginning JUN 1, 2024 ending MAY 31, 2025

1019
F-1120, R. 01/25
Rule 12C-1.051
Florida Administrative Code
Effective 01/25
Page 1 of 6

853302025053100020050370365017101400008

Name PAPANICOLAOU CORPS FOR CANCER RESEARCH, INC
Address 1191 E NEWPORT CENTER DRIVE, #107
City/State/ZIP DEERFIELD BEACH, FL 33442
Check here if any changes have been made to name or address

Computation of Florida Net Income Tax

Table with 3 columns: Description, Check here if negative, and Amount. Rows include Federal taxable income, State income taxes, Additions to federal taxable income, Total of Lines 1, 2 and 3, Subtractions from federal taxable income, Adjusted federal income, Florida portion of adjusted federal income, Nonbusiness income allocated to Florida, Florida exemption, Florida net income, Tax due, Credits against the tax, Total corporate income/franchise tax due, and Payment credits.

444081 10-28-24

Payment Coupon for Florida Corporate Income Tax Return

1019
F-1120
R. 01/25

Do Not Detach YEAR ENDING 05/31/25

To ensure proper credit to your account, enclose your check with tax return when mailing.

Name PAPANICOLAOU CORPS FOR CANCER RESEARCH, INC
Address 1191 E NEWPORT CENTER DRIVE,
City/State/ZIP DEERFIELD BEACH, FL 33442

If 6/30 year end, return is due 1st day of the 4th month after the close of the taxable year, otherwise return is due 1st day of the 5th month after the close of the taxable year.

Table with 4 columns: Identification numbers (650171014, 20240601, 20250531, 00000000, 012, 201, 0, 0) and corresponding amounts (3577600, 0, 3577600, 0.000000, 0, 0, 0, 3577600).

0 8533 0 20250531 0002005037 0 3650171014 0000 8



PAPANICOLAOU CORPS FOR CANCER RESEAR

FEIN 65-0171014

1019
F-1120
R. 01/25
Page 2 of 6
05/31/25

This return is considered incomplete unless a copy of the federal return is attached.
If your return is not signed, or improperly signed and verified, it will be subject to a penalty. The statute of limitations will not start until your return is properly signed and verified. Your return must be completed in its entirety.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Sign here: Signature of officer ADAM COHEN, Date 04/07/26, Title CEO
Paid preparers only: Preparer's signature ADAM COHEN, Date 04/07/26, Preparer's PTIN P00541985, Firm's name BAKER TILLY ADVISORY GROUP, LP, 200 S BISCAYNE BLVD., FLOOR 7, MIAMI, FL, FEIN 39-0859910, ZIP 33131

All Taxpayers Must Answer Questions A through L Below - See Instructions

- A. State of incorporation: FL
B. Florida Secretary of State document number: N36411
C. Florida consolidated return? YES NO X
D. Initial return Final return (final federal return filed)
E. Principal Business Activity Code (as pertains to Florida) 999000
F. A Florida extension of time was timely filed? YES X NO
G-1. Corporation is a member of a controlled group? YES NO X
G-2. Part of a federal consolidated return? YES NO X
G-3. The federal common parent has sales, property, or payroll in Florida? YES NO X
H. Location of corporate books: 1191 E NEWPORT CENTER DR #107 DEERF, BEACH, FL 33442
I. Taxpayer is a member of a Florida partnership or joint venture? YES NO X
J. Enter date of latest IRS audit:
K. Contact person concerning this return: MARY REDMAN, 9544258100, MARY@THEPAPCORPS.ORG
L. Type of federal return filed 1120 1120S or 990-T



Save Time and Paperwork with Electronic Filing

You can file and pay your Florida corporate income tax return (Florida Form F-1120) electronically through the Internal Revenue Service's (IRS) Modernized e-File (MeF) Program using electronic transmitters approved by the IRS and the Florida Department of Revenue. The Department also has an online application for corporate income tax payments and filing Florida forms F-1120ES (Declaration/Installment of Florida Estimated Income/Franchise Tax), and F-7004 (Florida Tentative Income/Franchise Tax Return and Application for Extension of Time to File Return).

If Filing Paper Return
Where to Send Payments and Returns

Make check payable to and mail with return to:
Florida Department of Revenue
5050 W Tennessee Street
Tallahassee FL 32399-0135

If you are requesting a refund (Line 19), send your return to:
Florida Department of Revenue
PO Box 6440
Tallahassee FL 32314-6440

Remember:

- Make your check payable to the Florida Department of Revenue.
Write your FEIN on your check.
Sign your check and return.
Attach a copy of your federal return.
Attach a copy of your Florida Form F-7004 (extension of time) if applicable.



NAME PAPANICOLAOU CORPS FOR CANCER FEIN 65-0171014 TAXABLE YEAR ENDING 05/31/25

| Schedule I - Additions and/or Adjustments to Federal Taxable Income   |                |
|---|----------------|
| 1. Interest excluded from federal taxable income (see instructions)   | 1.             |
| 2. Undistributed net long-term capital gains (see instructions)   | 2.             |
| 3. Net operating loss deduction (attach schedule)   | 3. 35,776.00   |
| 4. Net capital loss carryover (attach schedule)   | 4.             |
| 5. Excess charitable contribution carryover (attach schedule)   | 5.             |
| 6. Employee benefit plan contribution carryover (attach schedule)   | 6. STATEMENT 1 |
| 7. Enterprise zone jobs credit (Florida Form F-1156Z)   | 7.             |
| 8. Ad valorem taxes allowable as an enterprise zone property tax credit (Florida Form F-1158Z)                              | 8.             |
| 9. Guaranty association assessment(s) credit  | 9.             |
| 10. Rural and/or urban high-crime area job tax credits  | 10.            |
| 11. State housing tax credit  | 11.            |
| 12. Florida tax credit scholarship program credit (credit for contributions to nonprofit scholarship-funding organizations) | 12.            |
| 13. New worlds reading initiative credit  | 13.            |
| 14. Strong families tax credit (credit for contributions to eligible charitable organizations)                              | 14.            |
| 15. Live local program credit   | 15.            |
| 16. New markets tax credit  | 16.            |
| 17. Research and development tax credit   | 17.            |
| 18. Experiential learning tax credit program  | 18.            |
| 19. Credit for qualified railroad reconstruction or replacement expenditures  | 19.            |
| 20. Residential graywater system tax credit   | 20.            |
| 21. Credit for manufacturing of human breast milk derived human milk fortifiers   | 21.            |
| 22. s. 168(k), IRC, special bonus depreciation  | 22.            |
| 23. Depreciation of qualified improvement property (see instructions)   | 23.            |
| 24. Expenses for business meals provided by a restaurant (see instructions)   | 24.            |
| 25. Film, television, and live theatrical production expenses (see instructions)  | 25.            |
| 26. Other additions (attach schedule)   | 26.            |
| 27. Total Lines 1 through 26. Enter total on this line and on Page 1, Line 3.   | 27. 35,776.00  |

| Schedule II - Subtractions from Federal Taxable Income  |     |
|---|-----|
| 1. Gross foreign source income less attributable expenses<br>(a) Enter s. 78, IRC, income \$ _____<br>(b) plus s. 862, IRC, dividends \$ _____<br>(c) plus s. 951A, IRC, income \$ _____<br>(d) less direct and indirect expenses<br>and related amounts deducted<br>under s. 250, IRC \$ _____ Total ▶ | 1.  |
| 2. Gross subpart F income less attributable expenses<br>(a) Enter s. 951, IRC, subpart F income \$ _____<br>(b) less direct and indirect expenses \$ _____ Total ▶  | 2.  |
| Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.   |     |
| 3. Florida net operating loss carryover deduction (see instructions)  | 3.  |
| 4. Florida net capital loss carryover deduction (see instructions)  | 4.  |
| 5. Florida excess charitable contribution carryover (see instructions)  | 5.  |
| 6. Florida employee benefit plan contribution carryover (see instructions)  | 6.  |
| 7. Nonbusiness income (from Schedule R, Line 3)   | 7.  |
| 8. Eligible net income of an international banking facility (see instructions)  | 8.  |
| 9. s. 168(k), IRC, special bonus depreciation (see instructions)  | 9.  |
| 10. Depreciation of qualified improvement property (see instructions)   | 10. |
| 11. Film, television, and live theatrical production expenses (see instructions)  | 11. |
| 12. Other subtractions (attach schedule)  | 12. |
| 13. Total Lines 1 through 12. Enter total on this line and on Page 1, Line 5.   | 13. |



NAME PAPANICOLAOU CORPS FOR CANCER FEIN 65-0171014 TAXABLE YEAR ENDING 05/31/25

| <b>Schedule III - Apportionment of Adjusted Federal Income</b>   |                                      |  |  |  |   |
|--|--------------------------------------|--|--|--|---|
| <b>III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.</b> |                                      |  |  |  |   |
|  | (a)<br>WITHIN FLORIDA<br>(Numerator) | (b)<br>TOTAL EVERYWHERE<br>(Denominator) | (c)<br>Col. (a) ÷ Col. (b)<br>Rounded to Six Decimal<br>Places | (d)<br>Weight<br><small>If any factor in Column (b) is zero,<br/>see note on Pg 9 of the instructions.</small> | (e)<br>Weighted Factors<br>Rounded to Six Decimal<br>Places       |
| 1. Property (Schedule III-B below)   |                                      |  |  | X 25% or   |   |
| 2. Payroll   |                                      |  |  | X 25% or   |   |
| 3. Sales (Schedule III-C below)  |                                      |  |  | X 50% or   |   |
| 4. Apportionment fraction (Sum of Lines 1, 2, and 3, Column (e)). Enter here and on Schedule IV, Line 2.                       |                                      |  |  |  | <b>1.000000</b>   |
| <b>III-B For use in computing average value of property (use original cost).</b>   |                                      | WITHIN FLORIDA                           |  | TOTAL EVERYWHERE   |   |
|  |                                      | a. Beginning of year                     | b. End of year   | c. Beginning of year   | d. End of year  |
| 1. Inventories of raw material, work in process, finished goods  |                                      |  |  |  |   |
| 2. Buildings and other depreciable assets  |                                      |  |  |  |   |
| 3. Land owned  |                                      |  |  |  |   |
| 4. Other tangible and intangible (financial org. only) assets (attach schedule)  |                                      |  |  |  |   |
| 5. Total (Lines 1 through 4)   |                                      |  |  |  |   |
| 6. Average value of property   |                                      |  |  |  |   |
| a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida)  |                                      | 6a. _____                                |  | 6b. _____  |   |
| b. Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere)  |                                      |  |  |  |   |
| 7. Rented property (8 times net annual rent)   |                                      |  |  |  |   |
| a. Rented property in Florida  |                                      | 7a. _____                                |  | 7b. _____  |   |
| b. Rented property Everywhere  |                                      |  |  |  |   |
| 8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).  |                                      |  |  |  |   |
| a. Enter Lines 6 a. plus 7 a. and also enter on Schedule III-A, Line 1,<br>Column (a) for total average property in Florida    |                                      | 8a. _____                                |  |  |   |
| b. Enter Lines 6 b. plus 7 b. and also enter on Schedule III-A, Line 1,<br>Column (b) for total average property Everywhere    |                                      |  |  | 8b. _____  |   |
| <b>III-C Sales Factor</b>  |                                      |  | (a)<br>TOTAL WITHIN FLORIDA<br>(Numerator)                     | (b)<br>TOTAL EVERYWHERE<br>(Denominator)   |   |
| 1. Sales (gross receipts)  |                                      |  | <b>N/A</b>   |  |   |
| 2. Sales delivered or shipped to Florida purchasers  |                                      |  |  | <b>N/A</b>   |   |
| 3. Other gross receipts (rents, royalties, interest, etc. when applicable)   |                                      |  |  |  |   |
| 4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns [a] and [b])  |                                      |  |  |  |   |
| <b>III-D Special Apportionment Fractions (see instructions)</b>  |                                      |  | (a) WITHIN FLORIDA   | (b) TOTAL EVERYWHERE   | (c) FLORIDA Fraction ([a] ÷ [b])<br>Rounded to Six Decimal Places |
| 1. Insurance companies (attach copy of Schedule T - Annual Report)   |                                      |  |  |  |   |
| 2. Transportation services   |                                      |  |  |  |   |

| <b>Schedule IV - Computation of Florida Portion of Adjusted Federal Income</b>                             |    |
|--|----|
| 1. Apportionable adjusted federal income from Page 1, Line 6   | 1. |
| 2. Florida apportionment fraction (Schedule III-A, Line 4)   | 2. |
| 3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)                               | 3. |
| 4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)                 | 4. |
| 5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)                   | 5. |
| 6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)     | 6. |
| 7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions) | 7. |
| 8. Total carryovers apportioned to Florida (add Lines 4 through 7)   | 8. |
| 9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)                   | 9. |



NAME PAPANICOLAOU CORPS FOR CANCER FEIN 65-0171014 TAXABLE YEAR ENDING 05/31/25

| <b>Schedule V - Credits Against the Corporate Income/Franchise Tax</b>   |     |
|--|-----|
| 1. Florida health maintenance organization consumer assistance assessment credit (attach assessment notice)  | 1.  |
| 2. Capital investment tax credit (attach certification letter)   | 2.  |
| 3. Enterprise zone jobs credit (from Florida Form F-1156Z attached)  | 3.  |
| 4. Community contribution tax credit (attach certification letter)   | 4.  |
| 5. Enterprise zone property tax credit (from Florida Form F-1158Z attached)  | 5.  |
| 6. Rural job tax credit (attach certification letter)  | 6.  |
| 7. Urban high-crime area job tax credit (attach certification letter)  | 7.  |
| 8. Hazardous waste facility tax credit   | 8.  |
| 9. Florida alternative minimum tax (AMT) credit  | 9.  |
| 10. Contaminated site rehabilitation tax credit (voluntary cleanup tax credit) (attach tax credit certificate)                                       | 10. |
| 11. Child care tax credits   | 11. |
| 12. State housing tax credit (attach certification letter)   | 12. |
| 13. Florida tax credit scholarship program credit (credit for contributions to nonprofit scholarship-funding organizations) (attach certificate)     | 13. |
| 14. New worlds reading initiative credit (attach certificate)  | 14. |
| 15. Strong families tax credit (credit for contributions to eligible charitable organizations) (attach certificate)                                  | 15. |
| 16. Live local program credit (attach certificate)   | 16. |
| 17. New markets tax credit   | 17. |
| 18. Research and development tax credit  | 18. |
| 19. Experiential learning tax credit   | 19. |
| 20. Credit for qualified railroad reconstruction or replacement expenditures   | 20. |
| 21. Residential graywater system tax credit  | 21. |
| 22. Credit for manufacturing of human breast milk derived human milk fortifiers  | 22. |
| 23. Individuals with unique abilities tax credit program   | 23. |
| 24. Other credits (attach schedule)  | 24. |
| 25. Total credits against the tax (sum of Lines 1 through 24 not to exceed the amount on Page 1, Line 11).<br>Enter total credits on Page 1, Line 12 | 25. |

**Schedule R - Nonbusiness Income**

**Line 1. Nonbusiness income (loss) allocated to Florida**

| <u>Type</u>                         | <u>Amount</u> |
|-------------------------------------|---------------|
| _____                               | _____         |
| _____                               | _____         |
| _____                               | _____         |
| Total allocated to Florida ..... 1. | _____         |
| (Enter here and on Page 1, Line 8)  |               |

**Line 2. Nonbusiness income (loss) allocated elsewhere**

| <u>Type</u>                        | <u>State/country allocated to</u> | <u>Amount</u> |
|------------------------------------|-----------------------------------|---------------|
| _____                              | _____                             | _____         |
| _____                              | _____                             | _____         |
| _____                              | _____                             | _____         |
| Total allocated elsewhere ..... 2. |                                   | _____         |

**Line 3. Total nonbusiness income**

|  |       |
|--|-------|
| Grand total. Total of Lines 1 and 2 ..... 3. | _____ |
| (Enter here and on Schedule II, Line 7)      |       |



NAME PAPANICOLAOU CORPS FOR CANCER FEIN 65-0171014 TAXABLE YEAR ENDING 05/31/25

**Estimated Tax Worksheet  
For Taxable Years Beginning On or After January 1,**

|  |     |    |                  |
|--|-----|----|------------------|
| 1. Florida income expected in taxable year .....   | 1.  | \$ | <u>35,776.00</u> |
| 2. Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 15 of Florida Form F-1120N) ..... | 2.  | \$ | <u>35,776.00</u> |
| 3. Estimated Florida net income (Line 1 less Line 2) .....   | 3.  | \$ | _____            |
| 4. Total Estimated Florida tax (5.5% of Line 3) .....  |     | \$ | _____            |
| Less: Credits against the tax .....  | 4.  | \$ | _____            |
| 5. Computation of installments:  |     |    |                  |
| Payment due dates and  |     |    |                  |
| payment amounts:   |     |    |                  |
| If 6/30 year end, last day of 4th month,   |     |    |                  |
| otherwise last day of 5th month - Enter 0.25 of Line 4 .....   | 5a. |    | _____            |
| Last day of 6th month - Enter 0.25 of Line 4 .....   | 5b. |    | _____            |
| Last day of 9th month - Enter 0.25 of Line 4 .....   | 5c. |    | _____            |
| Last day of fiscal year - Enter 0.25 of Line 4 .....   | 5d. |    | _____            |

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Florida Form F-1120ES).

|   |     |    |       |
|---|-----|----|-------|
| 1. Amended estimated tax .....  | 1.  | \$ | _____ |
| 2. Less:  |     |    |       |
| (a) Amount of overpayment from last year elected for credit                     |     |    |       |
| to estimated tax and applied to date .....                                      | 2a. | \$ | _____ |
| (b) Payments made on estimated tax declaration (Florida Form F-1120ES) .....    | 2b. | \$ | _____ |
| (c) Total of Lines 2(a) and 2(b) .....  | 2c. | \$ | _____ |
| 3. Unpaid balance (Line 1 less Line 2(c)) .....                                 | 3.  | \$ | _____ |
| 4. Amount to be paid (Line 3 divided by number of remaining installments) ..... | 4.  | \$ | _____ |

**References**

*The following documents were mentioned in this form and are incorporated by reference in the rules indicated below. The forms are available online at [floridarevenue.com/forms](http://floridarevenue.com/forms).*

|               |  |                        |
|---------------|--|------------------------|
| Form F-2220   | Underpayment of Estimated Tax on Florida Corporate Income/Franchise Tax                            | Rule 12C-1.051, F.A.C. |
| Form F-7004   | Florida Tentative Income/Franchise Tax Return and Application for Extension of Time to File Return | Rule 12C-1.051, F.A.C. |
| Form F-1156Z  | Florida Enterprise Zone Jobs Credit Certificate of Eligibility for Corporate Income Tax            | Rule 12C-1.051, F.A.C. |
| Form F-1158Z  | Enterprise Zone Property Tax Credit  | Rule 12C-1.051, F.A.C. |
| Form F-1120N  | Instructions for Corporate Income/Franchise Tax Return   | Rule 12C-1.051, F.A.C. |
| Form F-1120ES | Declaration/Installment of Florida Estimated Income/Franchise Tax                                  | Rule 12C-1.051, F.A.C. |

FL F-1120

FEDERAL CARRYOVER DEDUCTIONS

STATEMENT 1

CARRYOVERS DEDUCTED IN FEDERAL TAXABLE INCOME

AMOUNT

NET OPERATING LOSS

35,776.00

NET CAPITAL LOSS

EXCESS CHARITABLE CONTRIBUTION

EXCESS EMPLOYEE BENEFIT PLAN CONTRIBUTION



PAPANICOLAOU CORPS FOR CANCER RESEARCH,

1019  
F-1120  
R. 01/25

FEIN 65-0171014  
DATA Page 1 of 2

|           |         |   |          |
|-----------|---------|---|----------|
| 650171014 | 0       | 0 | 0        |
| 3577600   | 0       | 0 | 0        |
| 0         | 0       | 0 | 0        |
| 0         | 0       | 0 | 0        |
| 0         | 0       | 0 | 0        |
| 0         | 0       | 0 | 0        |
| 0         | 0       | 0 | 0        |
| 0         | 0       | 0 | 0        |
| 0         | 0       | 0 | 0        |
| 0         | 0       | 0 | 0        |
| 0         | 3577600 | 0 | 0        |
| 2         | 0       | 0 | 0        |
| 2         | 0       | 0 | 0        |
| 2         | 0       | 0 | 0        |
| 2         | 0       | 0 | 0        |
| 00000000  | 0       | 0 | 0        |
| 0         | 0       | 0 | 0        |
| 0         | 0       | 0 | 0        |
| 0         | 0       | 0 | 0        |
| 0         | 0       | 0 | 0        |
| 0         | 0       | 0 | 0        |
| 0         | 0       | 0 | 0        |
| 0         | 0       | 0 | 0        |
| 0         | 0       | 0 | 1.000000 |

