

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2016**  
Open to Public Inspection

**A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final  
 Return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
College of American Pathologists  
% STEPHEN MYERS  
Doing business as  
Number and street (or P O box if mail is not delivered to street address) Room/suite  
325 Waukegan Road  
City or town, state or province, country, and ZIP or foreign postal code  
Northfield, IL 60093

**D** Employer identification number  
36-2118323  
**E** Telephone number  
(847) 832-7000  
**G** Gross receipts \$ 218,061,325

**F** Name and address of principal officer  
STEPHEN MYERS  
325 WAUKEGAN ROAD  
NORTHFIELD, IL 60093

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status  501(c)(3)  501(c) ( 6 ) ◀ (insert no)  4947(a)(1) or  527

**J** Website: ▶ www.cap.org

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1947

**M** State of legal domicile IL

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
CAP, THE LEADING ORG OF BOARD-CERTIFIED PATHOLOGISTS, SERVES PATIENTS, PATHOLOGISTS & THE PUBLIC BY FOSTERING & ADVOCATING EXCELLENCE IN THE PRACTICE OF PATHOLOGY & LAB MEDICINE

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	19
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	16
<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	731
<b>6</b> Total number of volunteers (estimate if necessary)	12,700
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	4,742,418
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	506,104	535,503
<b>9</b> Program service revenue (Part VIII, line 2g)	185,673,633	196,913,368
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,022,770	3,298,406
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	335,570	428,903
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	189,538,077	201,176,180
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	300,000	300,350
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	80,036,550	86,604,337
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	114,820,610	125,073,108
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	195,157,160	211,977,795
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-5,619,083	-10,801,615

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	227,306,862	232,113,372
<b>21</b> Total liabilities (Part X, line 26)	148,835,396	163,988,841
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	78,471,466	68,124,531

**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

**Sign Here**  
Signature of officer \_\_\_\_\_ Date 2017-10-13  
STEPHEN MYERS CEO  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: TERENCE M KENNEDY  
Preparer's signature: TERENCE M KENNEDY  
Date: \_\_\_\_\_  
Check  if self-employed PTIN: P00089502  
Firm's name: ERNST & YOUNG US LLP Firm's EIN: \_\_\_\_\_  
Firm's address: 950 MAIN AVENUE STE 1800 CLEVELAND, OH 44113 Phone no: (216) 583-1504

**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

THE COLLEGE OF AMERICAN PATHOLOGISTS (CAP), THE LEADING ORGANIZATION OF BOARD-CERTIFIED PATHOLOGISTS, SERVES PATIENTS, PATHOLOGISTS, AND THE PUBLIC BY FOSTERING AND ADVOCATING EXCELLENCE IN THE PRACTICE OF PATHOLOGY AND LABORATORY MEDICINE WORLDWIDE

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

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

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

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
See Additional Data

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
See Additional Data

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
See Additional Data

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

**4e Total program service expenses** ▶

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 20a through 38, covering topics like hospital facilities, financial statements, grants, compensation, tax-exempt bonds, and controlled entities.

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (19); 1b Enter the number of voting members included in line 1a, above, who are independent (16); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a 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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b 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? (No).

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (CA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [ ] Own website, [ ] Another's website, [X] Upon request, [ ] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (STEPHEN MYERS 325 WAUKEGAN ROAD NORTHFIELD, IL 60093 (847) 832-7577).

**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 instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

<b>1b Sub-Total</b> . . . . .			
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .			
<b>d Total (add lines 1b and 1c)</b> . . . . .	5,374,005	0	491,890

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 277

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
Oracle Credit Corporation, 500 Oracle Parkway Redwood City, CA 94065	Consulting	2,553,109
The Revere GroupNTT DATA Inc, 325 North LaSalle Street Chicago, IL 60606	Consulting	1,827,118
Midland Business Systems Inc dba nv, 200 South Wacker Drive Ste 3600 Chicago, IL 60606	IT Consulting	1,495,930
Infosys Limited, ELECTRONICS CITY HOSUR ROAD BANGALORE, KAMATAKA 560100 IN	Consulting	1,485,795
Applications Software Technology, 1755 Park Street Suite 115 Naperville, IL 60563	Consulting	1,044,321

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 30



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	0		
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	535,503		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>			
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____		0		
	<b>h Total.</b> Add lines 1a-1f . . . . .		535,503		

<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> LABORATORY IMPROVEMENT PROGRAMS		541990	141,813,755	141,813,755	0	0
<b>b</b> ACCREDITATIONS REVENUE		541990	40,728,180	40,728,180	0	0	
<b>c</b> TERMINOLOGY		541990	1,758,977	1,758,977	0	0	
<b>d</b> MEMBERSHIP DUES		541990	3,723,372	3,723,372	0	0	
<b>e</b> PERIODICAL & PUBLISHED MATERIAL		511120	5,155,401	537,251	4,618,150	0	
<b>f</b> All other program service revenue . . . . .			3,733,683	3,733,683		0	
<b>g Total.</b> Add lines 2a-2f . . . . .			196,913,368				

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			1,372,051		6,721	1,365,330
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0			
	<b>5</b> Royalties . . . . .			120,175	2,628	117,547	
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal				
		2,500					
	<b>b</b> Less rental expenses . . . . .	2,500					
	<b>c</b> Rental income or (loss) . . . . .	0	0				
	<b>d</b> Net rental income or (loss) . . . . .			0			
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other				
		18,809,000					
	<b>b</b> Less cost or other basis and sales expenses . . . . .	16,882,645					
	<b>c</b> Gain or (loss) . . . . .	1,926,355					
	<b>d</b> Net gain or (loss) . . . . .			1,926,355			1,926,355
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>		0			
	<b>b</b> Less direct expenses . . . . .	<b>b</b>		0			
<b>c</b> Net income or (loss) from fundraising events . . . . .			0				
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>		0				
<b>b</b> Less direct expenses . . . . .	<b>b</b>		0				
<b>c</b> Net income or (loss) from gaming activities . . . . .			0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>		0				
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>		0				
<b>c</b> Net income or (loss) from sales of inventory . . . . .			0				
Miscellaneous Revenue	Business Code						
<b>11a</b> IMQIS JOINT VENTURE REVENUE	541990		52,456	52,456	0	0	
<b>b</b> ACCREDITATION CHECKLIST REVENUE	541990		65,714	65,714	0	0	
<b>c</b> CAP TODAY & ARCHIVES MISC REVENUE	541990		23,525	23,525	0	0	
<b>d</b> All other revenue . . . . .			167,033	167,033	0	0	
<b>e Total.</b> Add lines 11a-11d . . . . .			308,728				
<b>12 Total revenue.</b> See Instructions . . . . .			201,176,180	192,606,574	4,742,418	3,291,685	

**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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	300,350	0		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	0	0		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0	0		
<b>4</b> Benefits paid to or for members.	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	3,822,996	0	0	0
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0		0	0
<b>7</b> Other salaries and wages.	65,229,355	0	0	0
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	5,603,714	0	0	0
<b>9</b> Other employee benefits.	7,285,003	0	0	0
<b>10</b> Payroll taxes.	4,663,269	0	0	0
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management.	0	0	0	0
<b>b</b> Legal.	672,898	0	0	0
<b>c</b> Accounting.	366,118	0	0	0
<b>d</b> Lobbying.	144,615	0	0	0
<b>e</b> Professional fundraising services. See Part IV, line 17.	0			0
<b>f</b> Investment management fees.	245,090	0	0	0
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	15,266,481	0	0	0
<b>12</b> Advertising and promotion.	0	0	0	0
<b>13</b> Office expenses.	2,052,792	0	0	0
<b>14</b> Information technology.	5,359,160	0	0	0
<b>15</b> Royalties.	0	0	0	0
<b>16</b> Occupancy.	2,422,079	0	0	0
<b>17</b> Travel.	18,491,142	0	0	0
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0	0	0	0
<b>19</b> Conferences, conventions, and meetings.	1,961,598	0	0	0
<b>20</b> Interest.	397,650	0	0	0
<b>21</b> Payments to affiliates.	0	0	0	0
<b>22</b> Depreciation, depletion, and amortization.	16,027,230	0	0	0
<b>23</b> Insurance.	0	0	0	0
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> COST OF MATERIALS	54,459,011	0	0	0
<b>b</b> POSTAGE	2,283,104	0	0	0
<b>c</b> PRINT & MEETING SERVICES	2,466,485	0	0	0
<b>d</b> EQUIPMENT RENT & MAINTENANCE	973,296	0	0	0
<b>e</b> All other expenses	1,484,359			
<b>25</b> Total functional expenses. Add lines 1 through 24e.	211,977,795	0	0	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).	0			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	534	<b>1</b>	549
	<b>2</b> Savings and temporary cash investments . . . . .	18,698,556	<b>2</b>	25,607,702
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	80,252,611	<b>4</b>	85,397,231
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	175,000	<b>7</b>	175,000
	<b>8</b> Inventories for sale or use . . . . .	239,057	<b>8</b>	193,149
	<b>9</b> Prepaid expenses and deferred charges . . . . .	4,915,156	<b>9</b>	5,064,217
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	186,111,948		
	<b>b</b> Less accumulated depreciation	137,810,119		
	<b>11</b> Investments—publicly traded securities . . . . .	43,034,580	<b>11</b>	45,831,572
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	16,275,550	<b>12</b>	14,943,739
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets See Part IV, line 11 . . . . .	4,068,025	<b>15</b>	6,598,384
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	227,306,862	<b>16</b>	232,113,372	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	24,611,957	<b>17</b>	30,215,111
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	113,729,251	<b>19</b>	123,559,121
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	6,690,368	<b>23</b>	6,039,522
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	3,803,820	<b>25</b>	4,175,087
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	148,835,396	<b>26</b>	163,988,841
<b>Net Assets or Fund Balances</b>	<b>27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	78,471,466	<b>27</b>	68,124,531
	<b>28</b> Temporarily restricted net assets . . . . .	0	<b>28</b>	0
	<b>29</b> Permanently restricted net assets	0	<b>29</b>	0
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33 Total net assets or fund balances . . . . .</b>	78,471,466	<b>33</b>	68,124,531
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	227,306,862	<b>34</b>	232,113,372

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	201,176,180
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	211,977,795
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	-10,801,615
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	78,471,466
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	507,136
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	0
<b>7</b>	Investment expenses . . . . .	<b>7</b>	0
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	-52,456
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	68,124,531

**Part XII Financial Statements and Reporting**

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

	Yes	No
<p><b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>		
<p><b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>		No
<p><b>b</b> Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	Yes	
<p><b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	Yes	
<p><b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>		No
<p><b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 36-2118323

**Name:** College of American Pathologists

Form 990 (2016)

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**Form 990, Part III, Line 4a:**

PROFICIENCY TESTING AND QUALITY ASSURANCE PROGRAMS - SURVEYS ARE THE COLLEGE OF AMERICAN PATHOLOGISTS COLLECTIVE OF PROFICIENCY TESTING (PT) AND QUALITY ASSURANCE PROGRAMS DESIGNED FOR LABORATORIES TO MEET REGULATORY REQUIREMENTS AND PROVIDE A COMPREHENSIVE VIEW OF THEIR LABORATORY QUALITY PROCESS THE CAP PROVIDES THE MOST EXTENSIVE OFFERING OF INNOVATIVE AND SCIENTIFICALLY DEVELOPED PROFICIENCY TESTING PROGRAMS WITH OVER 650 SURVEYS ACROSS 16 DISCIPLINES THESE PROGRAMS ARE DEVELOPED AND SUPPORTED BY OVER 500 EXPERTS IN LABORATORY MEDICINE ACROSS 33 CAP SCIENTIFIC RESOURCE COMMITTEES THESE EXPERTS SPEND COUNTLESS HOURS MONITORING TESTING TRENDS TO KEEP THE CAP OFFERING CONTEMPORARY AND RELEVANT AS WELL AS PROVIDE PEER-REVIEWED CE, CME AND SAMS TO INCREASE AND SHARPEN STAFF SKILLS THE CAP HELPS SUPPORT LABORATORY PROFESSIONALS WORLDWIDE DELIVER ACCURATE TEST RESULTS FOR BETTER PATIENT OUTCOMES OVER 23,000 LABORATORY SITES IN 100 COUNTRIES PARTICIPATE IN CAP'S SURVEYS PROGRAMS

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**Form 990, Part III, Line 4b:**

LABORATORY ACCREDITATION - THE CAP LABORATORY ACCREDITATION PROGRAM IS AN INTERNATIONALLY RECOGNIZED PROGRAM BASED ON THE CAP LABORATORY ACCREDITATION STANDARDS. OUR STANDARDS ARE SUPPORTED BY ALMOST 3,000 CHECKLIST REQUIREMENTS OF WHICH 40% EXCEED THE REQUIREMENTS OF THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS), AS WELL AS THOSE OF OTHER NATIONAL AND STATE REGULATORY BODIES. THE LABORATORY ACCREDITATION PROGRAM USES A COMPREHENSIVE APPROACH TO INCORPORATE COMPLIANCE ASSESSMENT AND PROCESS IMPROVEMENT AS AN ONGOING COLLABORATION BETWEEN THE CAP AND LABORATORY STAFF TO PROMOTE OPTIMAL PERFORMANCE. THE CAP'S ACCREDITATION EXPERTISE PROMOTES CONTINUOUS QUALITY IMPROVEMENT, ENABLING THE LABORATORY TO PROVIDE THE HIGHEST AVAILABLE LEVEL OF PATIENT CARE AND ENSURE PATIENT SAFETY.

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**Form 990, Part III, Line 4c:**

LEARNING - THE CAP IS THE LEADING RESOURCE FOR INFORMATION AND EDUCATION IN THE PRACTICE AND SCIENCE OF PATHOLOGY AND LABORATORY MEDICINE LEADING MEDICAL AND SCIENTIFIC EXPERTS DEVELOP THE LEARNING CONTENT ON STANDARDS, BEST PRACTICES, AND INNOVATION IN TEST SELECTION, DISEASE DIAGNOSIS, AND PATIENT THERAPIES THE CAP OFFERS MORE THAN 550 COURSES ACROSS 50 SPECIALTY AND PROFESSIONAL TOPIC AREAS TO HELP MEMBERS STAY UP TO DATE, LEARN NEW SKILLS, MEET THEIR MAINTENANCE OF CERTIFICATION (MOC) REQUIREMENTS, AND MANAGE THEIR BUSINESSES THE CAP HAS LAUNCHED SEVERAL NEW PROGRAMS THAT BUILD AND MAINTAIN THE COMPETENCIES OF PATHOLOGISTS AND LABORATORY PROFESSIONALS THE CAP ADVANCED PRACTICAL PATHOLOGY PROGRAM ALLOWS PATHOLOGISTS TO DEMONSTRATE SPECIAL KNOWLEDGE AND SKILL IN SELECT PRACTICE AREAS THE CAP ALSO OFFERS AN EXPANDING MENU OF CHALLENGING SELF-ASSESSMENT MODULES TO HELP ABP DIPLOMATES MEET MAINTENANCE OF CERTIFICATION REQUIREMENTS THE COMPETENCY ASSESSMENT PROGRAM PRESENT OPPORTUNITIES FOR LABORATORY PROFESSIONALS TO TEST THEIR KNOWLEDGE IN 11 DIFFERENT LABORATORY DISCIPLINES AND HELPS THE LABORATORY SATISFY CLIA REQUIREMENTS EDUCATION COURSES ARE AVAILABLE IN A VARIETY OF ENGAGING AND INTERACTIVE FORMATS, INCLUDING LIVE WORKSHOPS, ONLINE COURSES, AUDIO AND WEB CONFERENCES, AND JOURNAL-BASED PROGRAMS EDUCATION IS RESPONSIBLE FOR DEVELOPING AND COORDINATING APPROXIMATELY 362 CME COURSES AT THE CAP'S AUDIO AND WEB CONFERENCES, JOURNAL-BASED PROGRAMS AND AT THE CAP'S ANNUAL MEETING

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors								(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)								
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Elizabeth A Wagar MD FCAP Governor	12 00	X						7,725	0	0
R Bruce Williams MD FCAP President Elect	20 00	X		X				41,098	0	0
Michael PrystowskyMDPhDFCAP Governor	12 00	X						0	0	0
James Edward Richard DO FCAP SPEAKER, HOUSE OF DELEGATES	8 00	X						2,345	0	0
Richard Friedberg MDPHDFCAP President	30 00	X		X				39,692	0	0
David L Booker MD FCAP Governor, to September 2016	12 00	X						843	0	0
Patrick E Godbey MD FCAP Governor	12 00	X						8,808	0	0
Richard R Gomez MD FCAP Secretary-Treasurer	15 00	X		X				52,277	0	0
Bharati Suketu JhaveriMDFCAP Governor	12 00	X						2,417	0	0
Emily E Volk MD FCAP Governor	12 00	X						6,442	0	0



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Gerald R Hanson MD FCAP ..... Governor	12 0 ..... 0 0	X						1,021	0	0
JENNIFER L HUNT MD FCAP ..... Governor	12 0 ..... 0 0	X						1,033	0	0
Timothy Craig AllenMDJDFCAP ..... Governor	12 0 ..... 0 0	X						4,370	0	0
Eric F Glassy MD FCAP ..... Governor	12 0 ..... 0 0	X						5,816	0	0
Richard H Knierim MD FCAP ..... Governor	12 0 ..... 0 0	X						2,069	0	0
Jennifer Laudadio MD FCAP ..... CAP Foundation President	6 0 ..... 6 0	X						3,529	0	0
Raouf E Nahkleh MDPHDFCAP ..... Governor	12 0 ..... 0 0	X						8,261	0	0
Justin Dan Richey MD ..... Chair, Res Forum, to Sept 2016	8 0 ..... 0 0	X						0	0	0
Kathryn Teresa KnightMDFCAP ..... VSpeaker, House of Delegates	8 0 ..... 0 0	X						1,074	0	0
Donald S Karcher ..... Governor, as of September 2016	12 0 ..... 0 0	X						1,015	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors								(D)	(E)	(F)
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Elizabeth Marie Rinehart ..... Chair, Res Forum, as of Sept	12 0 ..... 0 0	X						7,725	0	0
Charles Roussel ..... CEO THROUGH MAY 2016	39 0 ..... 1 0			X				1,932,889	0	40,618
Stephen Myers ..... CFO/COO/ACTING CEO AS OF MAY	39 0 ..... 1 0			X				545,100	0	48,400
George Fiedler ..... Sr VP, Capability & Specialty	40 0 ..... 0 0				X			363,786	0	54,014
John Scott ..... VP Advocacy & Policy	40 0 ..... 0 0				X			328,198	0	43,986
Elizabeth Usher ..... Chief Marketing Officer	40 0 ..... 0 0				X			463,188	0	58,267
Pamela Mix ..... VP, HR & GOVERNANCE	40 0 ..... 0 0					X		325,867	0	50,971
Mary Katherine Krause ..... VP Communications	40 0 ..... 0 0					X		271,310	0	52,460
Noel Adachi ..... VP, International	40 0 ..... 0 0					X		346,225	0	54,037
Pamela Johnson ..... Sr Dir Economic & Reg Affairs	40 0 ..... 0 0					X		273,809	0	49,722

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Gregory Gleason ..... Chief Information Officer & VP	40 0 ..... 0 0					X		326,073	0	39,415

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
  
**2016**  
  
**Open to Public Inspection**

**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**  
 ● Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C  
 ● Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B  
 ● Section 527 organizations Complete Part I-A only  
**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**  
 ● Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B  
 ● Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A  
**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**  
 ● Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization College of American Pathologists	Employer identification number 36-2118323
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

**1** Provide a description of the organization's direct and indirect political campaign activities in Part IV  
**2** Political expenditures ▶ \$ 250  
**3** Volunteer hours

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

**1** Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_  
**2** Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_  
**3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No  
**4a** Was a correction made?  Yes  No  
**b** If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

**1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ 0  
**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ 0  
**3** Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ 0  
**4** Did the filing organization file Form 1120-POL for this year?  Yes  No  
**5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) CAP POLITICAL ACTION COMMITTEE	1001 G ST NW STE 425W WASHINGTON, DC 20001	52-1789874	0	280,107
2				
3				
4				
5				
6				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check  if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  Yes  No

**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		No
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		No
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?		No

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	3,723,732
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	1,143,942
<b>b</b> Carryover from last year	<b>2b</b>	-796,014
<b>c</b> Total	<b>2c</b>	347,928
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	744,746
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	-396,818

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
SCHEDULE C, PART I-A, LINE 1 - POLITICAL CAMPAIGN ACTIVITIES	THE COLLEGE OF AMERICAN PATHOLOGISTS TYPICALLY MAKES POLITICAL CONTRIBUTIONS IN SUPPORT OF INDIVIDUALS RUNNING FOR VARIOUS ELECTED OFFICES IN AMOUNTS RANGING FROM \$200 - 750

**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

▶ 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.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
College of American Pathologists

**Employer identification number**  
36-2118323

**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
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> 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?  Yes  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?  Yes  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 (e g , recreation or education)  Preservation of an 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 Year
<b>a</b> Total number of conservation easements	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	<b>2d</b>

**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?  Yes  No

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

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

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

**1a** If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items

**a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a 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 programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

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

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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** Temporarily restricted 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
- |  |            |           |
|--|------------|-----------|
| <b>(i)</b> unrelated organizations . . . . .   | <b>Yes</b> | <b>No</b> |
| <b>3a(i)</b>   |            |           |
| <b>(ii)</b> related organizations . . . . .  | <b>Yes</b> | <b>No</b> |
| <b>3a(ii)</b>  |            |           |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . |            |           |
| <b>3b</b>  |            |           |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		4,045,725		4,045,725
<b>b</b> Buildings		27,018,226	17,771,498	9,246,728
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		2,124,618	1,061,172	1,063,446
<b>e</b> Other . . . . .		152,923,379	118,977,449	33,945,930
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				48,301,829



**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) ALTERNATIVE INVESTMENTS	14,943,739	C
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )	14,943,739	

**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> (Column (b) must equal Form 990, Part X, col (B) line 13 )		

**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, col (B) line 15 )	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
DEFERRED COMPENSATION	3,907,377
DEFERRED RENT	229,973
LIFE FELLOWSHIP	37,737
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	4,175,087

**2.** Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	200,978,960
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	507,135
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>	2,500
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	509,635
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	200,469,325
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	654,399
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>	52,456
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	706,855
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12) . . . . .	<b>5</b>	201,176,180

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	211,325,896
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>	2,500
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	2,500
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	211,323,396
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	654,399
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	654,399
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18) . . . . .	<b>5</b>	211,977,795

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 36-2118323

**Name:** College of American Pathologists

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 2D - OTHER REVENUE AMOUNTS INCLUDED ON LINE 1	RENTAL EXPENSES FROM SUNDAY RENTAL OF PARKING LOT FOR OVERFLOW FROM ADJACENT CHURCH \$2,500

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 4B - REVENUE AMOUNTS NOT INCLUDED ON LINE 1	IMQIS JOINT VENTURE REVENUE NOT RECORDED ON BOOKS \$52,456

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XII, LINE 2D - OTHER EXPENSE AMOUNTS INCLUDED ON LINE 1	RENTAL EXPENSES FROM SUNDAY RENTAL OF PARKING LOT FOR OVERFLOW FROM ADJACENT CHURCH \$2,500

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

# Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

# 2016

**Open to Public  
Inspection**

Name of the organization  
College of American Pathologists

**Employer identification number**  
36-2118323

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

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1) See Add'l Data					
( 2)					
( 3)					
( 4)					
( 5)					
<b>3a</b> Sub-total					15,468,305
<b>b</b> Total from continuation sheets to Part I					
<b>c</b> Totals (add lines 3a and 3b)					15,468,305

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
( 1 )								
( 2 )								
( 3 )								
( 4 )								

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ \_\_\_\_\_
- 3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_



**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
( 1 )							
( 2 )							
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							

**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)*  Yes  No

**Part V Supplemental Information**

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

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3 (E) - DESCRIPTION OF SERVICE IN THE REGION	INTERNATIONAL TRAVEL EXPENDITURES OF STAFF AND MEMBERS RELATING TO MISSION-CENTRIC COMMITTEE MEETINGS, TRADESHOWS, AND SEMINARS/CONFERENCES IN ADDITION, EXPENDITURES REFLECT TRAVEL DOLLARS FOR INTERNATIONAL LABORATORY ACCREDITATION INSPECTIONS

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 36-2118323

**Name:** College of American Pathologists

### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific			Program services	See Part V	784,284
Europe (Including Iceland and Greenland)			Program services	See Part V	348,875
Middle East and North Africa			Program services	See Part V	226,464

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South Asia			Program services	See Part V	214,463
South America			Program services	See Part V	136,585
North America			Program services	See Part V	121,140

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Program services	See Part V	19,493
Sub-Saharan Africa			Program services	See Part V	7,848
Central America and the Caribbean			Investments, program-relate	N/A	13,558,075

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Investments, program-relate	N/A	51,078

Schedule I (Form 990)

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

OMB No 1545-0047

2016

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Name of the organization

College of American Pathologists

Employer identification number

36-2118323

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: COLLEGE OF AMERICAN PATHOLOGISTS FOUNDATION, 36-6314600, 501(c)(3), 300,000, 0, SEE PART IV.

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



**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 non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	THE CAP PROVIDES GRANTS AND ASSISTANCE TO ORGANIZATIONS THAT ARE RECOGNIZED PUBLIC CHARITIES ASSOCIATED WITH SCIENCE AND MEDICINE THE CAP MONITORS GRANTS BY ACTIVE PARTICIPATION IN, AND ATTENDANCE AT, MEETINGS OF THE GRANTEEES SCHEDULE I, PART II, COLUMN (H), LINE 1 - PURPOSE OF GRANT THE CAP FOUNDATION CONTRIBUTION IS AN OPERATING GRANT TO COVER THE ORGANIZATION'S OPERATING AND FUNDRAISING EXPENDITURES

**Schedule J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.

**2015**  
**Open to Public Inspection**

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
College of American Pathologists

Employer identification number  
36-2118323

**Part I Questions Regarding Compensation**

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

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**Part III Supplemental Information**

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

Return Reference	Explanation
See Additional Data	

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 36-2118323  
**Name:** College of American Pathologists

### Part III, Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE J, PART I, LINE 1A	FIRST-CLASS OR CHARTER TRAVEL FIRST-CLASS TRAVEL IS PROVIDED TO THE CAP BOARD PRESIDENT AND THE CAP CHIEF EXECUTIVE OFFICER A PORTION OF THE FIRST-CLASS TRAVEL IS TREATED AS TAXABLE COMPENSATION TO THE LISTED PERSON IN ACCORDANCE WITH IRS RULES AND REGULATIONS TRAVEL FOR COMPANIONS THE CAP PROVIDES TRAVEL FOR COMPANIONS TO BOARD MEMBERS TRAVELING ON CAP BUSINESS THE CAP ALSO PROVIDES COMPANION TRAVEL TO EXECUTIVE STAFF TRAVELING TO BOARD OF GOVERNORS MEETINGS COMPANION TRAVEL IS TREATED AS TAXABLE COMPENSATION TO THE BOARD MEMBERS AND EXECUTIVE STAFF TAX INDEMNIFICATIONS AND GROSS-UP PAYMENTS THE CHIEF EXECUTIVE OFFICER (CEO) IS ENTITLED TO A TAX GROSS-UP TO COVER THE TAX LIABILITY ASSOCIATED WITH ILLINOIS RESIDENCY THE CAP HAS A WRITTEN AGREEMENT OUTLINING THE TERMS FOR THE GROSS-UP AND CALCULATING THE AMOUNT HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE THE CEO AND CHIEF MARKETING OFFICER RECEIVE HOUSING ALLOWANCES AS A FRINGE BENEFIT THE CAP HAS A WRITTEN AGREEMENT OUTLINING THE TERMS FOR THE HOUSING ALLOWANCE AND A PROCEDURE FOR CALCULATING THE HOUSING ALLOWANCES ARE TREATED AS TAXABLE COMPENSATION TO THE LISTED PERSONS

**Part III, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, SCHEDULE J, PART I, LINE 4A	SEVERANCE IN THE AMOUNT OF \$1,109,577 WAS PAID TO CHARLES ROUSSEL, EMPLOYED THROUGH MAY 2016, AS CHIEF EXECUTIVE OFFICER

## Part III, Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE J, PART II, LINE 1, COLUMN (B)(II)	BONUS AND INCENTIVE COMPENSATION INCLUDES INCENTIVE EARNED IN 2015 AND PAID IN 2016 FORM 990, SCHEDULE J, PART II Charles Roussel served as Chief Executive Officer for the period January - May 2016 Stephen Myers served as Interim Chief Executive Officer and Chief Financial and Operating Officer for the period May - December 2016

## Part III, Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE J, PART II, LINE 1, COLUMN (C)	DEFERRED COMPENSATION INCLUDES PENSION, AND 401K MATCH EARNED IN 2016 BASED ON THE GUIDANCE PROVIDED IN THE INSTRUCTIONS TO FORM 990, ANY PAYMENTS TO THE PARTICIPANTS RELATED TO THESE PLANS THAT WERE MADE WITHIN 2 1/2 MONTHS AFTER THE END OF THE ORGANIZATION'S TAX YEAR ARE NOT TREATED AS DEFERRED COMPENSATION FOR PURPOSES OF SCHEDULE J SUCH AMOUNTS ARE PROPERLY REPORTED AS COMPENSATION FOR FORM 990 PURPOSES WHEN INCLUDED IN THE PARTICIPANT'S FORM W-2 WAGES ANY PAYMENTS MADE AFTER THE 2 1/2 MONTHS ARE PROPERLY REPORTED AS DEFERRED COMPENSATION ON THE IRS FORM 990, DISCLOSING COMPENSATION EARNED BY THESE INDIVIDUALS UNDER THE PLANS FOR SUCH YEAR



**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation				
1 Charles Roussel CEO THROUGH MAY 2016	(i)	452,010	320,558	1,160,321	17,418	23,200	1,973,507	320,558
	(ii)	0	0	0	0	0	0	0
1 George Fiedler Sr VP, Capability & Specialty	(i)	317,235	40,494	6,057	28,828	25,186	417,800	40,494
	(ii)	0	0	0	0	0	0	0
2 Pamela Mix VP, HR & GOVERNANCE	(i)	275,361	49,086	1,420	27,178	23,793	376,838	49,086
	(ii)	0	0	0	0	0	0	0
3 Mary Kathenne Krause VP Communications	(i)	230,716	39,781	813	23,917	28,543	323,770	39,781
	(ii)	0	0	0	0	0	0	0
4 John Scott VP Advocacy & Policy	(i)	276,375	47,421	4,402	21,987	21,999	372,184	47,421
	(ii)	0	0	0	0	0	0	0
5 Noel Adachi/VP, International	(i)	273,470	70,122	2,633	27,094	26,943	400,262	70,122
	(ii)	0	0	0	0	0	0	0
6 Pamela Johnson Sr Dir Economic & Reg Affairs	(i)	239,524	31,654	2,631	24,589	25,133	323,531	31,654
	(ii)	0	0	0	0	0	0	0
7 Gregory Gleason Chief Information Officer & VP	(i)	276,987	44,091	4,995	27,057	12,358	365,488	44,091
	(ii)	0	0	0	0	0	0	0
8 Stephen Myers CFO/COO/ACTING CEO AS OF MAY	(i)	449,841	91,647	3,612	33,900	14,500	593,500	91,647
	(ii)	0	0	0	0	0	0	0
9 Elizabeth Usher Chief Marketing Officer	(i)	318,717	103,450	41,021	29,004	29,263	521,455	103,450
	(ii)	0	0	0	0	0	0	0

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue ServiceName of the organization  
College of American Pathologists**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2016****Open to Public  
Inspection****Employer identification number**

36-2118323

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, LINE 2 - Family or business relationships	STEPHEN MYERS AND GEORGE FIEDLER ARE OFFICERS OF IMQIS, LLC

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART VI, LINE 6 - CLASSES OF Members or stockholders</p>	<p>THE COLLEGE OF AMERICAN PATHOLOGISTS (CAP) IS THE ONLY MEMBER ORGANIZATION COMPRISED EXCLUSIVELY OF BOARD-CERTIFIED PATHOLOGISTS AND PATHOLOGISTS-IN-TRAINING CAP MEMBERS PROVIDE A NETWORK OF KNOWLEDGE AND LEADERSHIP FOR ALL LABORATORY PROFESSIONALS EVERY CAP PROGRAM IS PATHOLOGIST-DRIVEN, WHICH IS WHY THE CAP IS CONSIDERED THE GOLD-STANDARD WORLDWIDE AND THE LEADER IN ADVANCING EXCELLENCE FELLOW PHYSICIANS OF GOOD MORAL CHARACTER SHALL BE ELIGIBLE FOR FELLOWSHIP IF THEY DEVOTE THEMSELVES PRIMARILY TO THE PRACTICE OF PATHOLOGY AND ARE CERTIFIED BY THE AMERICAN BOARD OF PATHOLOGY, THE ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA, THE AMERICAN OSTEOPATHIC BOARD OF PATHOLOGY, OR OTHER CERTIFYING BODY APPROVED BY THE BOARD OF GOVERNORS LIFE FELLOW FELLOWS OF THE CAP IN GOOD STANDING MAY QUALIFY FOR LIFE FELLOWSHIP BY PREPAYMENT OF DUES AS PRESCRIBED BY THE BOARD OF GOVERNORS HONORARY FELLOW INDIVIDUALS WHO HAVE MADE OUTSTANDING CONTRIBUTIONS TO THE SCIENCE OF PATHOLOGY OR THE CAP MAY BE ELECTED TO HONORARY FELLOWSHIP BY THE BOARD OF GOVERNORS INACTIVE FELLOW A FELLOW WHO DOES NOT QUALIFY FOR EMERITUS STANDING BUT WHO HAS RETIRED FROM PATHOLOGY FOR REASONS ACCEPTABLE TO THE BOARD OF GOVERNORS UPON APPLICATION MAY BE GRANTED INACTIVE STANDING JUNIOR MEMBER PHYSICIANS OF GOOD MORAL CHARACTER SHALL BE ELIGIBLE IF THEY ARE ACTIVELY ENROLLED IN, OR HAVE COMPLETED, A FORMAL TRAINING PROGRAM IN PATHOLOGY TOWARDS THE QUALIFICATIONS OF THE AMERICAN BOARD OF PATHOLOGY, THE ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA, OR THE AMERICAN OSTEOPATHIC BOARD OF PATHOLOGY INTERNATIONAL FELLOW PHYSICIANS RESIDING OUTSIDE OF THE UNITED STATES AND CANADA WHO SPEND AT LEAST FIFTY PERCENT OF THEIR PROFESSIONAL TIME PRACTICING PATHOLOGY, AND WHO HAVE TAKEN AND PASSED THEIR COUNTRY'S CERTIFYING PATHOLOGY EXAM (IF THERE IS ONE ESTABLISHED), SHALL BE ELIGIBLE TO BE INTERNATIONAL FELLOWS AFFILIATE MEMBER QUALIFIED PHYSICIANS WHO ARE CERTIFIED IN PATHOLOGY IN A FOREIGN COUNTRY BY AN INTERNATIONALLY RECOGNIZED CERTIFYING BODY, AND/OR WHOSE MAJOR PRACTICE IN A FOREIGN COUNTRY IS DEVOTED TO PATHOLOGY, SHALL BE ELIGIBLE TO BE AFFILIATE MEMBERS EMERITUS FELLOW, EMERITUS INTERNATIONAL FELLOW, AND EMERITUS AFFILIATE MEMBER UPON APPLICATION TO THE BOARD OF GOVERNORS, FELLOWS, INTERNATIONAL FELLOWS, OR AFFILIATE MEMBERS WHO HAVE ATTAINED THE AGE OF 70 MAY BE GRANTED EMERITUS STANDING FELLOWS, INTERNATIONAL FELLOWS, OR AFFILIATE MEMBERS WHO HAVE ATTAINED THE AGE OF 65 OR SUCH AGE AS CONSIDERED APPROPRIATE IN INDIVIDUAL CASES BY THE BOARD OF GOVERNORS, AND WHO HAVE RETIRED FROM THE ACTIVE PRACTICE OF PATHOLOGY, UPON APPLICATION MAY BE GRANTED EMERITUS STANDING</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, LINE 7A - CLASSES OF PERSONS AND THEIR RIGHTS	FELLOW FELLOWS SHALL HAVE THE RIGHT TO HOLD ELECTIVE OFFICE AND TO APPOINTMENT OR ELECTION TO THE BOARD OF GOVERNORS, IN ADDITION TO THE RIGHT TO VOTE AND TO COMMITTEE MEMBERSHIP THEY SHALL HAVE THE PRIVILEGE OF USING THE INITIALS "FCAP" AFTER THEIR NAMES LIFE FELLOW THEY SHALL HAVE THE SAME RIGHTS AS THE FELLOW CLASS HONORARY FELLOW THEY SHALL NOT HAVE THE RIGHT TO VOTE, HOLD ELECTIVE OFFICE, OR BE REQUIRED TO PAY DUES THEY MAY BE APPOINTED TO COMMITTEES INACTIVE FELLOW THEY SHALL NOT HAVE THE RIGHT TO VOTE OR HOLD OFFICE JUNIOR MEMBER THEY SHALL HAVE THE RIGHT TO VOTE IN THE ELECTION OF OFFICERS OR GOVERNORS, OR ON THE ADOPTION OF AMENDMENTS TO THE CONSTITUTION OR BYLAWS THEY MAY BE APPOINTED TO COMMITTEES AND VOTE AS MEMBERS OF SUCH COMMITTEES INTERNATIONAL FELLOW THEY SHALL HAVE THE PRIVILEGE OF USING THE INITIALS "IFCAP" AFTER THEIR NAMES BUT WILL NOT HAVE THE RIGHT TO VOTE OR HOLD ELECTIVE OFFICE THEY MAY BE APPOINTED TO PARTICIPATE IN COMMITTEES ELECTRONICALLY AFFILIATE MEMBER THEY SHALL NOT HAVE THE RIGHT TO VOTE OR HOLD ELECTIVE OFFICE BUT MAY BE APPOINTED TO COMMITTEES THIS MEMBERSHIP CLASS WAS CLOSED EFFECTIVE SEPTEMBER 26, 2008 EMERITUS FELLOW, EMERITUS INTERNATIONAL FELLOW, AND EMERITUS AFFILIATE MEMBER THEY SHALL NOT HAVE THE RIGHT TO VOTE OR HOLD ELECTIVE OFFICE BUT MAY BE APPOINTED TO COMMITTEES

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, LINE 7B - Decisions reserved to members	THE ELECTION OF OFFICERS AND GOVERNORS AND AMENDMENTS TO THE CONSTITUTION AND BYLAWS HAS T O BE VOTED ON AND APPROVED BY THE ELIGIBLE VOTING MEMBERS OF THE CAP

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, LINE 11B - Process used to review 990	FORM 990 IS REVIEWED BY THE SENIOR DIRECTOR OF FINANCE AND THE CHIEF FINANCIAL AND OPERATING OFFICER DURING THE PREPARATION OF THE FORM, SENIOR MANAGEMENT IS CONSULTED FOR AREAS THAT REQUIRE THEIR EXPERTISE A DRAFT OF THE FORM IS SENT ELECTRONICALLY TO THE FINANCE COMMITTEE PRIOR TO FILING, AND THE FINAL FORM IS SENT ELECTRONICALLY TO THE BOARD OF GOVERNORS PRIOR TO FILING

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, LINE 12C -MONITORING FOR CONFLICTS OF INTEREST	ALL OFFICERS, GOVERNORS, AND EX-OFFICIO BOARD MEMBERS ARE REQUIRED ANNUALLY TO SIGN A PLEDGE OF DUTY AND COMPLETE A COMPREHENSIVE CONFLICTS OF INTEREST DISCLOSURE FORM COVERING A NUMBER OF AREAS OF POTENTIAL CONFLICT A DISCLOSURE REPORT IS THEN COMPILED FROM THE RETURNED INFORMATION AND DISTRIBUTED TO THE ENTIRE BOARD FOR DISCUSSION AT ITS FIRST MEETING OF THE YEAR A PLAN OF REMEDIATION (I E RECUSAL FROM VOTE AND/OR DISCUSSION, ETC) FOR ANY SIGNIFICANT POTENTIAL CONFLICT IS ESTABLISHED AT THAT TIME AND RECORDED DURING THE YEAR, AT THE START OF EACH MEETING, THE BOARD CHAIR (THE PRESIDENT) ASKS THE MEMBERS TO VERBALLY DISCLOSE ANY NEW POTENTIAL CONFLICTS OF INTEREST THEY MAY HAVE AND THOSE RELATED TO THE MEETING AGENDA APPROPRIATE ACTION IS THEN TAKEN, IF NEEDED SIGNED CONFLICTS OF INTEREST DISCLOSURE FORMS FROM KEY EMPLOYEES ARE ALSO COLLECTED ANNUALLY A CONFLICTS OF INTEREST REVIEW COMMITTEE HAS BEEN ESTABLISHED TO ADDRESS ANY UNRESOLVED POTENTIAL CONFLICTS OF INTEREST OF MAJOR SIGNIFICANCE

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, LINES 15A & 15B - Process for determining comp	CHIEF EXECUTIVE OFFICER COMPENSATION THE TERMS OF THE CHIEF EXECUTIVE OFFICER'S COMPENSATION ARE DETAILED IN THE EMPLOYMENT AGREEMENT AND ADMINISTERED IN KEEPING WITH THE RELATED BOARD-APPROVED EXECUTIVE COMPENSATION PHILOSOPHY AND STRATEGY EXECUTIVE COMPENSATION THE COLLEGE OF AMERICAN PATHOLOGISTS (CAP) DESIRES TO ENSURE THAT ITS EXECUTIVE COMPENSATION PROGRAM IS COMPETITIVE, FAIR, AND EQUITABLE, AS WELL AS COMPLIANT WITH REGULATORY GUIDELINES AND REPRESENTATIVE OF MARKET BEST PRACTICES THE ORGANIZATION WILL CONSIDER NATIONAL PEER GROUPS OF ORGANIZATIONS COMPARABLE TO THE CAP IN SIZE (I E REVENUE) AND COMPLEXITY TO DETERMINE THE MARKET VALUES FOR EACH OF ITS EXECUTIVE POSITIONS THESE PEER GROUPS VARY BY POSITION AND REQUIRED SKILL SETS MARKET COMPARATORS FROM SELECT TAX-EXEMPT AND FOR-PROFIT ORGANIZATIONS PROVIDE A SECONDARY BENCHMARK THE CAP HAS ESTABLISHED A TARGET POSITION FOR EACH OF THE FOLLOWING COMPONENTS OF ITS EXECUTIVE TOTAL COMPENSATION PROGRAM BASE SALARIES, TOTAL CASH COMPENSATION, TOTAL DIRECT COMPENSATION, QUALIFIED BENEFITS, SUPPLEMENTAL BENEFITS AND PERQUISITES, AND SEVERANCE THE ORGANIZATION WILL EXERCISE THE UTMOST CARE IN ENSURING THAT ALL ELEMENTS OF EACH EXECUTIVE'S COMPENSATION IS PROPERLY REPORTED AS REQUIRED ON INTERNAL REVENUE SERVICE FORMS W-2, 941, AND 990 FORM 990, PART VI, LINE 16B - JOINT VENTURE POLICY ALTHOUGH THERE IS NO WRITTEN POLICY, THE COLLEGE OF AMERICAN PATHOLOGISTS HAS A 50% OWNERSHIP OF SUCH JOINT VENTURE AND THEREFORE HAS BOARD REPRESENTATION THAT ALLOWS IT TO MONITOR THE ACTIVITY OF SUCH JOINT VENTURE



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, LINE 19 - AVAIL OF GOV DOCS, COI POLICY, & F/S	THE GOVERNING DOCUMENTS OF THE ORGANIZATION ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE (WWW.CAP.ORG) THE CONFLICT OF INTEREST POLICY AND THE ANNUAL AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS	ADJUSTMENT FOR JOINT VENTURE INCOME NOT REPORTED ON BOOKS \$(52,456)

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

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

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
College of American Pathologists

**Employer identification number**

36-2118323

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> CAP FOUNDATION 325 WAUKEGAN ROAD  NORTHFIELD, IL 60093 36-6134600	CHARITABLE	IL	501(c)(3)	7	CAP		No
<b>(2)</b> CAP POLITICAL ACTION COMMITTEE 1001 G STREET NW STE 425 WEST  WASHINGTON, DC 20001 52-1789874	POLITICAL	DC	527		CAP	Yes	

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

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

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

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

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)CAP FOUNDATION	b	300,000	COST
(2)CAP FOUNDATION	o	557,374	COST
(3)CAP POLITICAL ACTION COMMITTEE	l	280,107	COST
(4)CAP POLITICAL ACTION COMMITTEE	o	65,170	COST

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

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

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

**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

**Return Reference****Explanation**