DLN: 93493319124679 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization D Employer identification number B Check if applicable College of American Pathologists ☐ Address change 36-2118323 ☐ Name change % MARY ANN BARTLETT Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite 325 Waukegan Road □ Application pending (847) 832-7000 City or town, state or province, country, and ZIP or foreign postal code Northfield, IL  $\,$  60093  $\,$ G Gross receipts \$ 231,214,395 Name and address of principal officer H(a) Is this a group return for MARY ANN BARTLETT □Yes ☑No subordinates? 325 WAUKEGAN ROAD H(b) Are all subordinates NORTHFIELD, IL 60093 ☐ Yes ☐No included? Tax-exempt status 501(c)(3) **✓** 4947(a)(1) or If "No," attach a list (see instructions) 501(c) ( 6 ) ◀ (insert no ) **H(c)** Group exemption number ▶ Website: ▶ www cap org L Year of formation 1947 M State of legal domicile IL 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 EXELLENCE IN THE PRACTICE OF PATHOLOGY & LAB MEDICINE Activities & Governance Check this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 19 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 736 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 12,800 Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 4,627,336 b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 479,111 366,874 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . 207,102,709 218,215,966 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 5,013,699 5,808,564 384,272 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 274,966 212,758,248 224,887,913 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3). 480,120 309,990 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 86,701,005 91,541,853 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 125,927,039 130,936,826 213,108,164 222,788,669 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . -349,916 2,099,244 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 241,922,533 240,799,734 190,832,572 21 Total liabilities (Part X, line 26) . 171,664,293 70,258,240 49,967,162 22 Net assets or fund balances Subtract line 21 from line 20 . 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 2019-11-15 Signature of officer Sign Here MARY ANN BARTLETT VP, FINANCE Type or print name and title Date Print/Type preparer's name Preparer's signature PTIN Check | If P01622613 Paid self-employed Fırm's EIN ▶ Firm's name FRNST & YOUNG US LLF **Preparer** Use Only Firm's address ► 155 N Wacker Drive Phone no (312) 879-2000 Chicago, IL 60606 ☐ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	1 990 (2018)				Page <b>2</b>				
Pa	ort III Statement	of Program Service	e Accomplishments						
	Check If Sched	dule O contains a respo	onse or note to any line in this Part	III	🗹				
1	Briefly describe the o	rganization's mission	·						
PATE				DF BOARD-CERTIFIED PATHOLOGISTS PRACTICE OF PATHOLOGY & LABORA					
2	_	, -	int program services during the ye		☐ Yes ☑ No				
	If "Yes," describe the								
3	Did the organization services?	<b>5</b> .	nake significant changes in how it c	onducts, any program	☐ Yes 🗹 No				
	If "Yes," describe these changes on Schedule O								
4	Section 501(c)(3) and		ons are required to report the amo	nree largest program services, as mea unt of grants and allocations to others					
4a	(Code	) (Expenses \$	0 including grants of s	0 ) (Revenue \$	0 )				
	See Additional Data	, (		, , , , , , , , , , , , , , , , , , , ,					
4b	(Code	) (Expenses \$	0 including grants of s	0 ) (Revenue \$	0)				
	See Additional Data								
4c	(Code	) (Expenses \$	0 including grants of s	0 ) (Revenue \$	0)				
	See Additional Data								
4d	Other program service	ces (Describe in Schedi	ule O )						
	(Expenses \$	0 ıncl	uding grants of \$	0 ) (Revenue \$	0)				
	T-4-1	rice expenses ▶	0						

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

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

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Part V

Yes

Yes

Form **990** (2018)

No

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1b

Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV	28a		No
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV	28b		No
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  $% \left( A_{1}\right) =A_{1}\left( A_{2}\right) +A_{2}\left( A_{3}\right) +A_{3}\left( A_{3}\right) +$ 

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

	If "Yes," complete Schedule N, Part II						
33	Did the organization own 100% of an	entity	disre	garded	d as s	epara	ate
	301 7701-2 and 301 7701-3? If "Yes,	" com	olete :	Schedu	ıle R,	Part	Ι.

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с 

**d** If "Yes," indicate the number of Forms 8282 filed during the year . . . . 7d | e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 7g 

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during 8 9a Did the sponsoring organization make any taxable distributions under section 4966? . . . 9a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . 9h Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 . . 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b

11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders . 11a **b** Gross income from other sources (Do not net amounts due or paid to other sources 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a

12b Section 501(c)(29) qualified nonprofit health insurance issuers.

Enter the amount of reserves the organization is required to maintain by the states in

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

which the organization is licensed to issue qualified health plans . . . . c Enter the amount of reserves on hand . . . . . . . . . . . . . . .

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

13b

13c

14a

14b

15

No

Nο

Form **990** (2018)

Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 13a

Form 990 (2018)								Page
Part VI  Governance, Management, and Disclosure For each "Yes" response to lines 2 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched Check if Schedule O contains a response or note to any line in this Part VI	dule O	See ins	tructio	ns		•		lines
Section A. Governing Body and Management								
							Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a				19			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O								
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	١							

10a	Did the organization have local chapters, branches, or affiliates?	10a		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Cod	e.) Yes	N
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	9	- \	No
	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
a	The governing body?	<b>8</b> a	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	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?	7a	Yes	
6	Did the organization have members or stockholders?	6	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
b	Enter the number of voting members included in line 1a, above, who are independent 1b 19			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
	19			

6	Did the organization have members or stockholders?	6	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?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	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	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	∍.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
	Did the organization have a tritter december and december pene,			1

	mamaaaa a magaaa ya a a a a a a a a a a a a a a a a	ı ı									
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b	Yes								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following										
а	The governing body?	8a	Yes	,							
b	Each committee with authority to act on behalf of the governing body?	8b	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No							
Se	Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		No							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes								
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes								
13	Did the organization have a written whistleblower policy?	13	Yes								
14	Did the organization have a written document retention and destruction policy?	14	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?										
а	The organization's CEO, Executive Director, or top management official	15a	Yes	'							
b	Other officers or key employees of the organization	15b	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?	16a	Yes								
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No							
Se	ction C. Disclosure	<u>'</u>									
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-A 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 V Upon request Other (explain in Schedule O)										

☐ Own website ☐ Another's website ☐ 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 MARY ANN BARTLETT 325 WAUKEGAN ROAD NORTHFIELD, IL 60093 (847) 832-7452 Form **990** (2018) compensated employees, and former such persons

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

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.

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

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

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

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

(A)

compensation from the organization ▶ 28

Part VII

(F) timated

Page **8** 

	Name and Title	hours per week (list any hours director/trustee) than one box, unless person compensation from the any hours director/trustee) organization (Worganization) (W						N-	organization and				
		organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2,1033 MISE)	2,1033 (1130)		relate organiza	ed
See /	Additional Data Table			+	+			$\vdash$		<u> </u>		. <u> </u>	
		†											
		<u> </u>	<u> </u>	<u> </u>	<u> </u>	igspace	<u> </u>	igspace					
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		+	$\vdash$	$\vdash$	+	$\vdash$	$\vdash$	+			1		
			<u> </u>		+			$\top$					
	Sub-Total						<b>&gt;</b>	<u>—</u>			F		
	Total (add lines 1b and 1c)	•					•	_	5,279,361	(	0		680,774
2	Total number of individuals (including of reportable compensation from the			e list	ed al	bove	e) who	) rec	eived more than \$1	00,000			
												Yes	No
3	Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i> .								-		3		No
4	For any individual listed on line 1a, is organization and related organization individual	ns greater than \$		00? <i>If</i>	"Yes					n the	4	l Yes	
5	Did any person listed on line 1a recei services rendered to the organization										5		No
Se	ection B. Independent Contract	tors		_	_	_		_			_		
1	Complete this table for your five high from the organization Report compe										npei	nsation	
	Name	(A) and business addre	ess						Desc	(B) ription of services		(C) Compen	sation
ELECT	SYS LIMITED, TRONICS CITY HOSUR ROAD (ALORE, KAMATAKA 56010								CONSULTIN	G		7,	,186,737
500 O	e America Inc, DRACLE PARKWAY VOOD CITY, CA 94065								CONSULTIN	G		2,	,635,204
SMC E 3019	Biosolutions LLC, ALVIN DEVANE BLVD IN, TX 78741		-						CONSULTIN	G		2,	,622,245
RxBer 3700	no, in A 707-11 nofits Inc, COLONNADE PARKWAY INGHAM, AL 35243								CONSULTIN	G		1,	,692,881
Mıdlar 200 S	nd Business Systems Inc, OUTH WACKER DRIVE STE 3600 AGO, IL 60606		1						CONSULTIN	G		1,	,546,422
	Total number of independent contractor	rs (including but	t not lin	nited '	to th	1056	listed	abo'	ve) who received ma	ore than \$100.00	0 of	f	

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

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

(C)

(D)

(E)

(B)

	Check if Schedul	e O contains a re	sponse or	note to any	Ine in this Part (A) Total revenue		(B) Related or	(C) Unrelated	□ (D) Revenue
							exempt function	business revenue	excluded from tax under sections
	T						revenue	Teveride	512 - 514
s is	1a Federated campaign								
	<b>b</b> Membership dues								
A. C	c Fundraising events								
	d Related organizatio  e Government grants (co			479,111					
E. S.	f All other contributions,	· <u>L</u>	<u> </u>	4/9,111					
Contributions, Girts, Grants and Other Similar Amounts	and similar amounts no above	ot included 1	f						
	g Noncash contribution	ons included							
ב ב ב	in lines 1a - 1f \$	46	-	_					
<u>ه</u> د	<b>h Total.</b> Add lines 1a	.11	• •	. •	479,1	11			
<u> 1</u>	2a LABORATORY IMPROVEN	MENT DDOGDAM		Business		156,123,73	39 156,123,	739	0 0
۲.	b ACCREDITATION REVEN			-	541990	46,808,40			0 0
æ.	c TERMINOLOGY			_	541990	2,120,66	50 2,120,	660	0 (
NC.	d MEMBERSHIP DUES				541990	3,733,48	3,733	483	0 (
<u>%</u>	e PERIODIAL & PUBLISHE	D MATERIAL			541990	5,473,30	05 884,	033 4,589,	272 (
Program Service Revenue				+	511120	3,956,37	77 3,956,	377	1
₽ ŏ	<b>f</b> All other program se			218.2	15,966		<u> </u>		
$ \bot $	<b>9 Total.</b> Add lines 2a-2		<u> </u>		· 1		Т		<u> </u>
	<b>3</b> Investment income (in similar amounts) .	ncluding dividend	s, interes	t, and other •	2,80	0,906		38,064	2,762,84
	4 Income from investme	ent of tax-exemp	t bond pro	oceeds <b>&gt;</b>		0			
	<b>5</b> Royalties	() Pool		. Daraanal	[	454	454		
	<b>6a</b> Gross rents	(ı) Real	(11)	) Personal	-				
	<b>b</b> Less rental expenses								
	c Rental income or (loss)		0	0	1				
	<b>d</b> Net rental income o	r (loss)	<del></del>		1	0			
		(ı) Securities		ıı) Other					
	7a Gross amount from sales of assets other than inventory	9,327,4	190	6,650					
	<b>b</b> Less cost or other basis and sales expenses	6,326,4		0	1				
	C Gain or (loss)	3,001,0	008	6,650	Ţ	7 650			2 007 15
	<b>d</b> Net gain or (loss) . <b>8a</b> Gross income from for			<b>•</b>	] 3,00	7,658			3,007,65
Other Revenue		of ed on line 1c)		0					
Se	<b>b</b> Less direct expense.		a b	0	1				
er	c Net income or (loss)			· •		0			
ŧ l	<b>9a</b> Gross income from g See Part IV, line 19	aming activities						· · · · · · · · · · · · · · · · · · ·	
	202 : G		a	0					
	<b>b</b> Less direct expense		ь	0	]				
	c Net income or (loss)		ıvıtıes .	. •	1	0			
ŀ	<b>10a</b> Gross sales of invent returns and allowand		a	0					
	<b>b</b> Less cost of goods s	sold	b	0	]				
-	c Net income or (loss) Miscellaneous			. ▶ iness Code		0			
}	11aIMQIS JOINT VENTU		Bus	541990	5	7,985	57,985	0	
							·		
	<b>b</b> ACCREDITATION CH	ECKLIST REVENU	JE	541990	7	3,000	73,000	0	1
	CAP TODAY & ARCH	IVES MISC		541990	6	9,744	69,744	0	
	<b>d</b> All other revenue .		+		18	3,089	183,089	0	
	<b>e Total.</b> Add lines 11a	-11d		. •	20	3,818			
I					.10	3,0101			

Form 990 (2018)				Page <b>10</b>
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must complete all co	_	·	olete column (A)	
Check if Schedule O contains a response or note to any	Ine in this Part IX			<u> ⊔</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	( <b>A</b> ) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	309,990	0		
2 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		
4 Benefits paid to or for members	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees	4,206,336	0	0	0
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	68,076,680	0	0	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	5,930,208	0	0	0
9 Other employee benefits	8,419,572	0	0	0
<b>10</b> Payroll taxes	4,909,057	0	0	0
11 Fees for services (non-employees)				
a Management	0	0	0	0
<b>b</b> Legal	482,856	0	0	0
c Accounting	335,440	0	0	0
d Lobbying	324,840	0	0	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	286,499	0	0	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	18,791,896	0	0	0
12 Advertising and promotion	0	0	0	0
13 Office expenses	2,455,784	0	0	0
<b>14</b> Information technology	6,678,220	0	0	0
15 Royalties	0	0	0	0
<b>16</b> Occupancy	2,235,508	0	0	0
<b>17</b> Travel	19,365,116	0	0	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0	0	0	0
10 Conference conventions and markings	2 220 040	0		

315,748

13,235,440

56,609,098

2,146,862

1,039,760

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2,119,595 222,788,669

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Form 990 (2018)

20 Interest . .

23 Insurance .

**b** POSTAGE

d PRINTING

e All other expenses

21 Payments to affiliates . . . .

expenses on Schedule O )

c EQUIP RENTAL & MAINTENANCE

a COST OF MATERIALS

22 Depreciation, depletion, and amortization .

24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e

26 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 ▶ ☐ If following SOP 98-2 (ASC 958-720)

Page **11** 

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4.611.702

4.500.825

190.832.572

49.967.162

49,967,162

240,799,734

Form **990** (2018)

Form 990 (2018)

Deferred revenue .

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

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Liabilities 22

Assets or Fund Balances

Net

			(A) Beginning of year		End of year
	1	Cash-non-interest-bearing	318	1	601
	2	Savings and temporary cash investments	33,758,877	2	33,175,840
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	83,691,869	4	88,158,272
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
S	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
et	7	Notes and loans receivable, net	0	7	0
- %	R	Inventories for sale or use	215 273	8	238 295

Assets	7	section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	n 4958 Itions d	s(c)(3)(B), and of section 501(c)(9)	0	6	0
se	_	•			245.070		
S	8	Inventories for sale or use		•	215,273	8	238,295
٥	9	Prepaid expenses and deferred charges			5,839,137	9	6,499,722
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	194,444,980			
	b	Less accumulated depreciation	<b>10</b> b	156,828,630	43,960,123	10c	37,616,350
	11	Investments—publicly traded securities .			48,252,696	11	50,750,373
	12	Investments—other securities See Part IV, line	11 .		20,055,794	12	18,477,990
	13	Investments—program-related See Part IV, line	11 .		0	13	0
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			6,148,446	15	5,882,291
i	l				011 000 500		212 722 724

ē	7	Notes and loans receivable, net			l o	7	0
\$8	8	Inventories for sale or use			215,273	8	238,295
A	9	Prepaid expenses and deferred charges			5,839,137	9	6,499,722
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	194,444,980			
	Ь	Less accumulated depreciation	<b>10</b> b	156,828,630	43,960,123	<b>10</b> c	37,616,350
	11	Investments—publicly traded securities .	48,252,696	11	50,750,373		
	12	Investments—other securities See Part IV, line	11 .		20,055,794	12	18,477,990
	13	Investments—program-related See Part IV, line	e 11 .		0	13	0
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11	6,148,446	15	5,882,291		
	16	Total assets.Add lines 1 through 15 (must equ	241,922,533	16	240,799,734		
	17	Accounts payable and accrued expenses	32,787,590	17	30,680,678		
	18	Grants payable			0	18	0

128.698.582

5,347,502

4.830.619

171.664.293

70.258.240

70,258,240

241,922,533

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0 20 0

3a

3b

No

Form 990 (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

Audit Act and OMB Circular A-133?

## Additional Data

Software ID:

Software Version:

**EIN:** 36-2118323

Name: College of American Pathologists

Form 990 (2018)

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

# 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 3000 CHECKLIST REQUIREMENTS WHERE 40% OF OUR REQUIREMENTS 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 CAP AND LABORATORY STAFF TO PROMOTE OPTIMAL PERFORMANCE. THE CAP'S ACCREDITATION EXPERTISE PROMOTES

Form 990, Part III, Line 4b:

ONGOING COLLABORATION BETWEEN 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.

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

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

TO DATE, LEARN NEW SKILLS, MEET THEIR MAINTENANCE OF CERTIFICATION (MOC) REQUIREMENTS, AND MANAGE THEIR BUSINESSES THE CAP HAS LAUNCHED

COORDINATING APPROXIMATELY 362 CME COURSES AT THE CAP'S AUDIO AND JOURNAL-BASED PROGRAMS AND AT THE CAP'S ANNUAL MEETINGS

Form 990, Part III, Line 4c:

ASSESSMENT PROGRAM PRESENT OPPORTUNITIES FOR LABORATORY PROFESSIONALS TO TEST THEIR KNOWLEDGE IN 11 DIFFERENT LABORATORY DISCIPLINES AND LIVE WORKSHOPS, ONLINE COURSES, AUDIO AND WEB CONFERENCES, AND JOURNAL-BASED PROGRAMS EDUCATION IS RESPONSIBLE FOR DEVELOPING AND

HELPS THE LABORATORY SATISFY CLIA REQUIREMENTS EDUCATION COURSES ARE AVAILABLE IN A VARIETY OF ENGAGING AND INTERACTIVE FORMATS, INCLUDING

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

'	any hours	and	. a dır	ecto	r/tr	rustee)	)	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Richard Friedberg MDPHDFCAP PAST PRESIDENT (TERM 10/18)	12 0	x						3,126	0	0	
Patrick E Godbey MD FCAP President Elect	20 0	x		х				119,527	0	0	
Richard R Gomez MD FCAP	16 0	×		х				53,662	0	0	

PAST PRESIDENT (TERM 10/18)	0 0					
Patrick E Godbey MD FCAP	20 0					
,		Х	х		119,527	
President Elect	0 0				,	
Richard R Gomez MD FCAP	16 0					
		Х	Х		53,662	
Secretary-Treasurer	0 0				,	
Bharatı Suketu JhaverıMDFCAP	12 0					
		X			1,540	
Governor	0 0				·	

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4,320

1,799

5,720

8,309

6,008

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and Independent Contractors

Emily E Volk MD MBA FCAP

Jennifer L Hunt MD MED FCAP

Timothy Craig AllenMDJDFCAP

Eric F Glassy MD FCAP

Richard H Knierim MD FCAP

Governor (TERM 10/18)

Raouf E Nahkleh MD FCAP

Governor

Governor

Governor

Governor

Governor

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other week (list person is both an officer from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

governor (TERM 10/18)

Rajesh C Dash MD FCAP

Karım E Sırqı MD FCAP

......

CAP FOUNDATION PRESIDENT

James Edward Richard DO FCAP

MICHAEL PRYSTOWSKY MD PHD FCAP

SPEAKER, HOD (TERM 10/18)

GOVERNOR (TERM 10/18)

R Bruce Williams MD FCAP

Governor

President

	any hours and a director/trustee)							organization	organizations	from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Kathryn Teresa KnightMDFCAP VSpeaker, House of Delegates	12 0	×						4,465	0	0
Donald S Karcher MD FCAP Governor	12 0	×						7,245	0	0
Jonathan L Myles MD FCAP Governor	12 0	×						1,969	0	0
Gabriel Eli Morey MD FCAP	8 0									

		I X		ı	l	 /,245	1 0	
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Jonathan L Myles MD FCAP	12 0	×				1,969	0	ĺ
Governor	0 0	1				1,505		
Gabriel Eli Morey MD FCAP	8 0	×				788	0	Ī
Chair, Res Forum (TERM 10/18)	0 0	_ ^				,,,,		
	12.0							Г

Jonathan L Myles MD FCAP	12 0	X			1,969	0
Governor	0 0				1,505	ŭ
Gabriel Eli Morey MD FCAP	8 0	Y			788	0
Chair, Res Forum (TERM 10/18)	0 0	^			766	· ·
GERALD R HANSON MD FCAP	12 0					

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(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	ally flours	and a director/trustee)				usice	'	Organization	organizations	l monitule .	
	for related organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
ADAM LEE BOOTH MD	12 0										
		×						0	0	0	
CHAIR, RES FORUM (START 10/18)	0 0										
ALFRED W CAMPBELL MD MBA FCAP	12 0										
COVERNOR (CTART 40/40)		×						0	0	0	
GOVERNOR (START 10/18)	0 0										
RICHARD M SCANLAN MD FCAP	12 0										
	•••••	X						0	0	0	
GOVERNOR (START 10/18)	0 0										
SANG WU MD FCAP	12 0										
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356,334

53,572

52,979

52,024

52,720

43,747

0.0 12 0

0 0 40 0

0.0 40 0

0 0 40 0

0.0 40 0

0 0

......

Χ

GOVERNOR (START 10/18)
SANG WU MD FCAP
VICE SPEAKER,HOD (START 10/18)
NANCY A YOUNG MD FCAP

GOVERNOR (START 10/18)

.......

Stephen Myers

Mary Ann Bartlett

VP, HR & GOVERNANCE

VP Advocacy & Policy

Chief Information Officer & VP

Gregory Gleason

VP FINANCE

Pamela Mix

John Scott

CEO

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average hours per than one box, unless amount of other compensation compensation week (list person is both an officer from the from related compensation

44,470

53,612

54,737

294,295

281,933

308,127

Χ

Х

Х

and Independent Contractors

Sr Dir Economic & Reg Affairs

SR DIR LEGISLATION & POLITICA

Shan Khan

Michael Giuliani

VP CAP LEARNING

VP Sales

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours					ustee		organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Elizabeth Usher Chief Marketing Officer	40 0				×			544,853	0	57,891
William Groskopf VP, LIP	40 0				×			318,282	0	55,589
George Fiedler Sr VP, Capability & Specialty	40 0				×			420,646	0	52,820
Mary Katherine Krause VP Communications	40 0					х		302,665	0	54,166
Pamela Wright	40 0					х		307,347	0	52,447

0 0 40 0

0.0 40 0

0 0

......

......

## **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

DLN: 93493319124679

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

**SCHEDULE C** (Form 990 or 990-

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

▶Go to www.irs.gov/Form990 for instructions and the latest information.

• S • S • S • S • S • S • S • S • S • S	ection 501(c)(3) organizations Con Section 501(c) (other than section 5 Section 527 organizations Complet corganization answered "Yes" or Section 501(c)(3) organizations that section 501(c)(3) organizations that corganization answered "Yes" or xy Tax) (see separate instructions Section 501(c)(4), (5), or (6) organization	n Form 990, Part IV, Line 4, or Form have filed Form 5768 (election under have NOT filed Form 5768 (election to Form 990, Part IV, Line 5 (Proxy Tas), then	te Part I-C ts I-A and C below 990-EZ, Part VI, Iin section 501(h)) Co inder section 501(h)	Do not complete P e 47 (Lobbying A mplete Part II-A D )) Complete Part II nstructions) or Fo	ctivitie o not o I-B Do orm 99	es), t comp not 0-EZ	then blete Part II-E complete Pa t, Part V, Iin	B art II-A ne <b>35</b> c
	me of the organization ege of American Pathologists			Employ	er ide	ntifi	ication nun	nber
				36-2118				
Par	t I-A Complete if the organ	nization is exempt under secti	on 501(c) or is	a section 527 o	rgan	izat	ion.	
1	Provide a description of the organ "political campaign activities")	ızatıon's dırect and ındırect political ca	mpaign activities in	Part IV (see ınstru	ıctıons	for o	definition of	
2	Political campaign activity expend	itures (see instructions)			<b>&gt;</b>	\$_		2,450
3	Volunteer hours for political camp	aign activities (see instructions)						
Par	t I-B Complete if the organ	nization is exempt under secti	on 501(c)(3).					
1	Enter the amount of any excise ta	x incurred by the organization under :	section 4955		<b>&gt;</b>	\$_		
2	Enter the amount of any excise ta	x incurred by organization managers	under section 4955		<b>&gt;</b>	\$_		
3	If the organization incurred a sect	ion 4955 tax, did it file Form 4720 for	this year?				☐ Yes	□ No
4a	Was a correction made?						□ Yes	□ No
	TE IIV II de a code a con Dant IV						⊔ Yes	⊔ No
b Par	If "Yes," describe in Part IV  TI-C Complete if the organ	nization is exempt under secti	on 501(c), exce	ent section 501	(c)(3	1		
1		ed by the filing organization for section		-	-	\$		
2		anization's funds contributed to other	•			→ _		
2	function activities	anization's funds contributed to other	organizations for se	ction 327 exempt	<b>&gt;</b>	\$		(
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and	on Form 1120-POL	line 17b	•	_		
4	Did the filing organization file <b>For</b>				•	\$ <u>_</u>		
4	3 3	,					✓ Yes	☐ No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the an that were promptly and directly delive see (PAC) If additional space is needed	nount paid from the red to a separate p	filing organization' olitical organization	's fund:	s Als	so enter the	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid filing organizat funds If none,	ion's		e) Amount of contributions and promp	s received

(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 425 W WASHINGTON, DC 20001	52-1789874	0	210,394
2				
3				
4				
5				
6				
For Paperwork Reduction Act Notice, see	the instructions for Form 990 or 990-EZ.	Cat	No 50084S Schedule C (	Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990-EZ) 2018

activity

Volunteers?

Media advertisements?

Mailings to members, legislators, or the public?
Publications, or published or broadcast statements?
Grants to other organizations for lobbying purposes?

expenses for which the section 527(f) tax was paid).

**Supplemental Information** 

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

1

2

c Total

3

5

Part IV

Current year

Carryover from last year

expenditure next year?

Return Reference

SCHEDULE C, PART I-A, LINE 1,

POLITICAL CAMPAIGN ACTIVITIES

1,275,124

-432,388

842,736

1.306.719

-463,983

(b)

Amount

(a)

No

Yes

g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
ь	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		Ī		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Ī		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6).	(5), o	r section		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6).	(5), o	r section	Yes	No
Par 1		(5), o	r section		No No
	501(c)(6).	(5), o	r section		
1	501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?	(5), o	1		No
1 2 3	501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?	(5), o	1 2 3 r section	Yes 501(c	No No No

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

Explanation

THE COLLEGE OF AMERICAN PATHOLOGISTS TYPICALLY MAKES POLITICAL CONTRIBUTIONS IN SUPPORT

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

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

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

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

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

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

2a

2b

2c

3

4

5

**SCHEDULE D** 

(Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

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

▶ Go to www.irs.gov/Form990 for the latest information.

DLN: 93493319124679 OMB No 1545-0047

Open to Public Inspection

Interr	ial Revenue Service	► Go to <u>www.irs.g</u>	<u>ov/Form990</u> for the latest information.		Inspection
	me of the organ			Employer identifica	tion number
Coi	lege of American Pat	thologists		36-2118323	
Pa			sed Funds or Other Similar Funds o	r Accounts.	
	Comple	ete if the organization answered "Ye			
			(a) Donor advised funds	(b)Funds and ot	:her accounts
1	Total number at	•			
2		e of contributions to (during year)			
3		e of grants from (during year)			
4	Aggregate value	•			
5		eation inform all donors and donor adviso property, subject to the organization's ex	ors in writing that the assets held in donor ad occlusive legal control?	vised funds are the	☐ Yes ☐ No
6		oses and not for the benefit of the donor	onor advisors in writing that grant funds can or donor advisor, or for any other purpose o		e
Pa	rt III Conse	rvation Easements. Complete if the	ne organization answered "Yes" on Forn	n 990, Part IV, line 7	'.
1	Purpose(s) of c	conservation easements held by the orga	nızatıon (check all that apply)		
	Preservati	ion of land for public use (e g , recreation	n or education) $\square$ Preservation of an	historically important la	and area
	☐ Protection	n of natural habitat	Preservation of a c	certified historic structui	re
	☐ Preservati	ion of open space			
2		2a through 2d if the organization held a ne last day of the tax year	qualified conservation contribution in the for		nd of the Year
а		f conservation easements		2a	na or the rear
b	Total acreage re	estricted by conservation easements		2b	
С	Number of cons	servation easements on a certified histori	c structure included in (a)	2c	
d		servation easements included in (c) acqu in the National Register	ired after 7/25/06, and not on a historic	2d	
3	Number of cons tax year ►	servation easements modified, transferre	ed, released, extinguished, or terminated by	the organization during	the
4	Number of state	es where property subject to conservation	on easement is located <b>&gt;</b>		
5		nization have a written policy regarding th nt of the conservation easements it hold:	ne periodic monitoring, inspection, handling os?	of violations,	es 🗌 No
6	Staff and volun	teer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing co	onservation easements	during the year
7	Amount of expe	enses incurred in monitoring, inspecting,	handling of violations, and enforcing conservations	vation easements durin	g the year
8	Does each cons		above satisfy the requirements of section 1	70(h)(4)(B)(ı)	es 🗌 No
9	balance sheet,		servation easements in its revenue and exper footnote to the organization's financial state its		
Pa		izations Maintaining Collections ete if the organization answered "Ye	of Art, Historical Treasures, or Othes" on Form 990, Part IV, line 8.	er Similar Assets.	
1a	art, historical tr	reasures, or other similar assets held for	.6 (ASC 958), not to report in its revenue sta public exhibition, education, or research in f icial statements that describes these items		
b	historical treasi		.6 (ASC 958), to report in its revenue statem lic exhibition, education, or research in furth		
	(i) Revenue includ	ded on Form 990, Part VIII, line 1		<b>▶</b> \$	
(	ii)Assets included	d in Form 990, Part X		<b>&gt;</b> \$	
2	If the organizat	·	cal treasures, or other similar assets for fina 116 (ASC 958) relating to these items		
2	_	led on Form 990 Part VIII line 1		▶ ¢	

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

Par	t IIII	Organizations Ma	aintaining Col	lections c	of Art, H	Iistori	cal T	reası	ıres, o	r Other	Similar A	ssets (cor	tınued)	
3		g the organization's acq is (check all that apply)	uisition, accession	n, and other	records,	check	any of	the fo	llowing	that are a	a significant	use of its co	llection	
а		Public exhibition				d		Loan	or exch	ange pro	grams			
b		Scholarly research				e		Othe	r					
С		Preservation for future	e generations											
4	Prov Part	ride a description of the XIII	organızatıon's col	lections and	l explain l	how the	y furtl	her the	e organı:	zation's e	exempt purp	ose in		
5		ng the year, did the orga ets to be sold to raise fur									nılar	☐ Yes		lo
Pai	rt IV													
		Complete if the org X, line 21.	ganızatıon answ	vered "Yes	" on For	m 990	, Part	IV, lı	ne 9, o	r report	ed an amo	unt on For	m 990,	Part ———
1a		ne organization an agent Ided on Form 990, Part X		an or other	ıntermed	ary for	contri	bution	s or oth	er assets	not		_	
	IIICIU	ided on Form 990, Part	^,									∐ Yes	⊔ N	lo
b	īf "∨	es," explain the arrange	ement in Part VIII	and comple	ete the fo	llowing	table					Amount		_
c		nning balance	ament in rait XIII	and comple	ete the lo	nowing	table			1c		············		_
d	_	tions during the year								1d				_
e		ributions during the year	r							1e				_
f		ng balance								1f				_
			an amount on Fo	rm 000 Day	rt V lina	21 for	ocerou		stadial :					_ 
2a		the organization include									•	_	⊔ r	lo
	rt V	es," explain the arrange  Endowment Fund												
•	I C V	Endowment Fund	us. Complete ii	(a)Currer			rior yea				(d)Three ye		)Four yea	rs back
1a	Begin	ning of year balance .		(=)=====	,	ν-7	, , , , , ,		(-)		(-, / -	(-	<b>,</b> ,	
b	Contr	ibutions												
С	Net in	vestment earnings, gair	ns, and losses											
d	Grant	s or scholarships												
е	Other	expenditures for facilities	es											
	and p	rograms												
f	Admır	nistrative expenses .												
g	End o	f year balance												
2 a		ride the estimated perceind rd designated or quasi-e	=	ent year enc	d balance	(line 1	g, colu	mn (a	)) held a	as				
b	Pern	nanent endowment 🕨												
С	Tem	porarily restricted endov	wment <b>&gt;</b>											
	The	percentages on lines 2a	, 2b, and 2c shou	ld equal 100	0%									
3а		there endowment funds	not in the posses	sion of the	organızat	on that	t are h	eld an	d admın	istered fo	or the			
	_	inization by inrelated organizations										3a(i	Yes	No
	• •	related organizations .					•	•	• •			3a(ii		
b		'es" on $3a(\pi)$ , are the rel		ns listed as r	equired o	n Sche	dule R	? .	•			. 3b	+	
4	Desc	cribe in Part XIII the inte	ended uses of the	organizatio	n's endov	vment f	unds							<u> </u>
Pai	rt VI	Land, Buildings,	and Equipmen	nt.										
		Complete of the or												
	Desci	ription of property	(a) Cost or oth (Investme		(b) Cost	or otner	basis (	otner)	(c) Acc	cumulated	depreciation	(a)	Book valu	ie
1a	Land						4,04	45,725						4,045,725
	Buildii							87,833			19,013,126			9,474,707
		hold improvements					•	-						· ·
		ment					2,34	49,632			1,443,488			906,144
								61,790			136,372,016		2.	3,189,774

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

37,616,350

Part VII Investments—Other Securities. Complete if the Securities of the Securities	he organization ar	swered "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		thod of valuation l-of-year market value
(1) Financial derivatives		Cost of end	-or-year market value
(2) Closely-held equity interests			
(A) ALTERNATIVE INVESTMENTS	18,477,99	90	С
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	18,477,99	90	
Part VIII Investments—Program Related.  Complete if the organization answered 'Yes' on I	Form 990, Part IV,	line 11c. See Form 99	0, Part X, line 13.
(a) Description of investment	(b) Book valu	ue (c) Me	thod of valuation l-of-year market value
(1)		Cost of end	-or-year market value
(2)	+		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	<b>•</b>		
Part IX Other Assets. Complete if the organization answered (a) Descriptio		Part IV, line 11d See For	m 990, Part X, line 15 (b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X  Other Liabilities. Complete if the organization a	answered 'Yes' on	Form 990, Part IV, line	11e or 11f.
See Form 990, Part X, line 25.		Book value	
1. (a) Description of liability (1) Federal income taxes	(5)	0	
DEFERRED COMPENSATION		3,894,058	
DEFERRED RENT LIFE FELLOWSHIP		568,246 38,521	
(4)		36,321	
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	of the feetnate to the	4,500,825	atomonte that was are the
<ol><li>Liability for uncertain tax positions In Part XIII, provide the text of organization's liability for uncertain tax positions under FIN 48 (ASC)</li></ol>			

Part XI

2

е 3

4

3 4

b

5

Part XIII

See Additional Data Table

Return Reference

Schedule D (Form 990) 2018

1

2e

3

4c

5

602,247

-7,166,142

Page 4

-7,166,142

222,186,422

602,247

222.788.669

Schedule D (Form 990) 2018

b	Donated services and use of facilities	•	٠
c	Recoveries of prior year grants		
4	Other (Describe in Dart VIII.)		

Subtract line 2e from line 1 . . . .

Add lines 2a through 2d .

Net unrealized gains (losses) on investments . . . . Other (Describe in Part XIII ) . . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Amounts included on Form 990, Part VIII, line 12, but not on line 1

Investment expenses not included on Form 990, Part VIII, line 7b .

2c

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2d

2a

2b

4a

4b

Explanation

4a 602,247 4b 57,985

3	224,227,681
4c	660,232
5	224,887,913

c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 )	5	
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses per F Complete of the organization answered 'Yes' on Form 990, Part IV, line 12a.	Returi	١.
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
_	Denoted company and use of feethers		I

5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			5	224,887,913
Par	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered 'Yes' on Form 990, Par			Retur	n.
1	Total expenses and losses per audited financial statements			1	222,186,422
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII )	2d		0	
_	Add lines 3a through 3d		•	7.	

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

	Amounts included on line 1 but not on Form 990, Part IX, line 25	
	Donated services and use of facilities	2 a
1	Prior year adjustments	21
	Other losses	20
	Other (Describe in Part XIII )	20
!	Add lines 2a through 2d	•
	Subtract line <b>2e</b> from line <b>1</b>	

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b.

Other (Describe in Part XIII ) . . . . . .

Add lines **4a** and **4b** . . . . . . . . . .

Supplemental Information

Schedule D (Form 990) 2018	Page <b>5</b>
Part XIII Supplemental Info	nation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

## **Additional Data**

Software ID:

Software Version: **EIN:** 36-2118323

Name: College of American Pathologists

VIII, LINE 12, BUT NOT ON LINE 1 JOINT VENTURE REVENUE NOT REPORTED ON BOOKS \$57,985

Supplemental Information	
Return Reference	Explanation

SCHEDULE D, PART XI, LINE 4B -

OTHER AMOUNTS INCLUDED ON

FORM 990, PART

efile GRAPHIC print - D	O NOT PROCESS	As Filed Data -	•		DLN:	93493319124679
SCHEDULE F	Statement of	f Activities (	Outside the Uni	ited Sta	ates	OMB No 1545-0047
(Form 990)	► Complete if the orga		Yes" to Form 990, Part IV, I	ıne 14b, 15,	or 16.	2018
Department of the Treasury Internal Revenue Service	► Go to www.ii		nstructions and the latest in	nformation.		Open to Public Inspection
Name of the organization	-1-			E	mployer ider	ntification number
College of American Pathologi	STS			3	86-2118323	
<b>General Info</b> Form 990, Par		es Outside the U	Jnited States. Comple	te if the o	rganızatıon a	inswered "Yes" to
1 For grantmakers. Do	oes the organization m	naintain records to	substantiate the amount	t of its gran	nts and	
•		the grants or assis	stance, and the selection	criteria us	ed	
to award the grants of	r assistance?					☐ Yes ☐ No
2 For grantmakers. De outside the United Sta		rganızatıon's proce	dures for monitoring the	use of its	grants and ot	her assistance
3 Activites per Region (T	he following Part I, line	3 table can be dupli	cated if additional space is	needed )		
(a) Region	(b) Number offices in the region			program se specif	y listed in (d) is a ervice, describe fic type of (s) in region	(f) Total expenditures for and investments in region
See Add'l Data			-			
<b>3a</b> Sub-total <b>b</b> Total from continuation s  Part I	sheets to					14,518,556
1 441 6 4	i 3b)					14,518,556

Schedule F (Form 990) 2018										
Part IIII Grants and Otl				ed States. Complete i	f the organization ar	nswered "Yes" to Form S				
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)			

Sched	dule F (Form 990) 2018		Page <b>4</b>
Par	t 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)	<b>✓</b> Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	☐Yes	<b>☑</b> 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)	<b>✓</b> 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)	<b>✓</b> 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)	<b>✓</b> Yes	□No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	<b>☑</b> Yes	□No

Schedule F (Form 9	990) 2018 Page <b>5</b>						
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).							
990 Schedule F Return Reference	Explanation						
SCHEDULE F.	DESCRIPTION OF SERVICES IN THE REGION INTERNATIONAL TRAVEL EXPENDITURES OF STAFF AND MEMBERS						

## **Additional Data**

North America

## Software ID: Software Version:

**EIN:** 36-2118323

Name: College of American Pathologists

See Part V

461,463

Form	990	Schedule	FΡ	art T	_	Activities	Outside	The	United	States
		Schledale		416		ACCITICIOS	O a cola c		OIIICCA	<b>-</b>

(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)	describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific			Program Services	See Part V	877,748

Program Services

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Europe (Including Iceland and See Part V 455.857 Program Services Greenland) Middle East and North Africa See Part V 256,632 Program Services

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) South America See Part V 242.213 Program Services South Asia Program Services See Part V 149,487

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Sub-Saharan Africa See Part V 28.797 Program Services Central America and the Program Services See Part V 5,338 Caribbean

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Central America and the INA 9.236.014 lInvestments Carıbbean Europe (Including Iceland and 2.805.007 lInvestments INA Greenland)

efile GRAPHIC print - DO I	NOT PROCESS			DLN: 9349331	9124679			
Note: To capture the full co	ontent of this d	ocument, please sel	lect landscape mode	(11" x 8.5") whe	n printing.			
Schedule I		Cropto and O	thar Assistanc	o to Organia	otiono		OMB No 1545-	0047
(Form 990)			ther Assistance	_	•		2018	)
		Governments a	and Individuals	s in the Unite	d States		<b>ZU10</b>	)
	Co	mplete if the organiza	tion answered "Yes," o Attach to Form		, line 21 or 22.		Open to Pub	lic
Department of the		Inspection						
Treasury Internal Revenue Service		P Go to <u>www</u>	v.irs.gov/Form990 for	the latest informatic	m.			
Name of the organization						Employ	yer identification number	
College of American Pathologists						36-21	18323	
Part I General Informa	ation on Grants	and Assistance						
Does the organization main the selection criteria used to						e, and		
	_						<b>☑</b> Ye	s 🗌 No
2 Describe in Part IV the orga	<u>'</u>							
		i <b>estic Organizations a</b> n can be duplicated if addi		nts. Complete if the or	rganization answered "Yes	' on Form 990, F	Part IV, line 21, for any re	cipient
(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 (book, FMV, appraisal, other)	(g) Descrip noncash ass		
(1) COLLEGE OF AMERICAN PATHOLOGISTS FOUNDATION 325 WAUKEGAN ROAD NORTHFIELD, IL 60093	36-6314600	501(c)(3)	305,000	0			SEE PART IV	
2 Enter total number of section	on 501(c)(3) and go	overnment organizations	listed in the line 1 table .				<b>&gt;</b>	1
3 Enter total number of other	,	-					. ▶	
For Paperwork Reduction Act Notice				Cat No 50055			Schedule I (Form 9	90) 2018

Part III Grants and Other Assis	stance to Domestic Individued of additional space is needed	uals. Complete if the or	ganization answered "Yes	on Form 990, Part IV, line 22	Page <b>2</b>
(a) Type of grant or assistance	· ·	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)		·			
(6)		1			
(7)					
Part IV Supplemental Inf	formation. Provide the in	formation required in	n Part I, line 2; Part III	I, column (b); and any other add	Iditional information.
Return Reference E	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  CAP MONITORS GRANTS BY ACTIVE PARTICIPATION IN AND ATTENDANCE AT MEETINGS OF THE GRANTES. SCHEDULE I, PART II, COLUMN (H) LINE 1 - PUBLIC CHARITIES ASSOCIATED WITH SCIENCE AND MEDICINE					

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19331	9124	679
Sch	nedule J	Co	1B No	1545-0	0047			
(For	m 990)	For certain Office	-					
		Complete if the org	Compensa anization answ	ated Employees vered "Yes" on Form 990, Part IV	, line 23.	20	18	3
Denar	tment of the Treasury	▶ Go to www.irs.ao		to Form 990. instructions and the latest inform			o Pul	
Intern	al Revenue Service					Insp	ectio	n
	me of the organiz ege of American Pat				Employer identificat	ion nu	ımber	
					36-2118323			
Pa	rt I Questi	ons Regarding Compensat	tion					
1a				f the following to or for a person liste y relevant information regarding the			Yes	No_
	✓ First-class	s or charter travel	<b>✓</b>	Housing allowance or residence for	personal use			
	✓ Travel for	companions		Payments for business use of perso	nal residence			
		nification and gross-up payments		Health or social club dues or initiati				
	☐ Discretion	nary spending account	Ц	Personal services (e g , maid, chau	ffeur, chef)			
b	<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						Yes	
2				or allowing expenses incurred by all	- 1-2	2	Yes	
	directors, truste	ees, officers, including the CEO/E	xecutive Director	r, regarding the items checked in line	e la/			
3	organization's C	EO/Executive Director Check all	that apply Dor	ed to establish the compensation of t not check any boxes for methods CEO/Executive Director, but explain				
	✓ Compens	ation committee	$\checkmark$	Written employment contract				
		ent compensation consultant	<b>✓</b>	Compensation survey or study				
	<b>✓</b> Form 990	of other organizations	$\checkmark$	Approval by the board or compensa	ition committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-cont	rol payment?			4a		No
b	Participate in, o	r receive payment from, a supple	emental nonqual	ıfıed retırement plan?		4b		No
c	•	r receive payment from, an equi		-		4c		No
	If "Yes" to any	of lines 4a-c, list the persons and	provide the app	plicable amounts for each item in Par	t III			
	Only 501(c)(3	), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5	For persons liste		n A, line 1a, did	the organization pay or accrue any				
а	The organization	n?				5a		
b	Any related org					5b		
		5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section ontingent on the net earnings of		the organization pay or accrue any				
а	The organization					<b>6</b> a		
b	Any related org					6b		
_	•	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section escribed in lines 5 and 67 If "Yes		the organization provide any nonfixe rt III	a	7		
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe	8		
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follo	w the rebuttable	presumption procedure described in	Regulations section	9		
For I	Panerwork Redu	uction Act Notice, see the Ins	tructions for Fo	orm 990. Cat No. 5	50053T Schedule J	(Form	990)	2018

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. the individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

For each individual whose compensation must be reported on Schedule J, report of instructions, on row (ii) Do not list any individuals that are not listed on Form 990 <b>Note.</b> The sum of columns (B)(i)-(iii) for each listed individual must equal the total	D, Part VII						vidual
(A) Name and Title	(B) Break	kdown of W-2 and/o compensation	or 1099-MISC	and other	(D) Nontaxable benefits	columns	(F) Compensation in
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table							

Part III Supplemental Inform	nation				
Provide the information, explanation, or	rovide 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				
1A	HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE THE CHIEF MARKETING OFFICER RECEIVES A HOUSING ALLOWANCE AS A FRINGE BENEFIT THE CAP HAS A WRITTEN AGREEMENT OUTLINING THE TERMS FOR THE HOUSING ALLOWANCE AND A PROCEDURE FOR CALCULATING THE HOUSING ALLOWANCE IS TREATED AS TAXABLE COMPENSATION TO THE LISTED PERSON FIRST-CLASS OR CHARTER TRAVEL FIRST-CLASS TRAVEL IS PROVIDED TO THE CAP BOARD				

PROVIDES COMPANION TRAVEL TO EXECUTIVE STAFF TRAVELING TO BOARD OF GOVERNORS' MEETINGS. COMPANION TRAVEL IS TREATED AS TAXABLE

Page 3

HAS A WRITTEN AGREEMENT OUTLINING THE TERMS FOR THE HOUSING ALLOWANCE AND A PROCEDURE FOR CALCULATING THE HOUSING ALLOWANCE IS
TREATED AS TAXABLE COMPENSATION TO THE LISTED PERSON FIRST-CLASS OR CHARTER TRAVEL FIRST-CLASS TRAVEL IS PROVIDED TO THE CAP BOARD
PRESIDENT A PORTION OF THE FIRST-CLASS TRAVEL IS TREATED AS TAXABLE COMPENSATION TO THE LISTED PERSON IN ACCORDANCE WITH THE CAP ALSO
REGULATIONS TRAVEL FOR COMPANIONS THE CAP PROVIDES TRAVEL FOR COMPANIONS TO BOARD MEMBERS TRAVELING ON CAP BUSINESS THE CAP ALSO

ICOMPENSATION TO THE BOARD MEMBERS AND EXECUTIVE STAFF

Schedule J (Form 990) 2018

Return Reference	Explanation
FORM 990, SCHEDULE J, PART II, LINE 1, COLUMN (B)(II)	BONUS AND INCENTIVE COMPENSATION INCLUDES INCENTIVE EARNED IN 2017 AND PAID IN 2018

Return Reference	Explanation
FORM 990, SCHEDULE J, PART II, LINE	DEFERRED COMPENSATION INCLUDES PENSION, AND 401K MATCH EARNED IN 2018 BASED ON THE GUIDANCE PROVIDED IN THE INSTRUCTIONS TO FORM
1, COLUMN (C)	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

2018 Schedule 1

Elizabeth Usher

Mary Ann Bartlett VP FINANCE

William Groskopf VP, LIP

Shan Khan

George Fiedler

Michael Giuliani

Ann Neumann

VP CAP LEARNING

POLITICA

Sr VP, Capability & Specialty

SR DIR LEGISLATION &

VP Sales

Chief Marketing Officer

(11)

(1)

(11)

(1)

(II)

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(II)

(i)

(11)

(i)

347,719

266,377

255,717

210,195

326,885

237,173

246,240

CEO

Software ID:

152,605

61,088

60,373

82,793

89,818

44,032

60,406

**Software Version:** 

EIN: 36-2118323

Name: College of American Pathologists

Form 990, Schedule	e J,	Part II - Officers, D	oirectors, Trustees, Ke	ey Employees, and !	Highest Compensate	d Employees		
(A) Name and Title			n of W-2 and/or 1099-MISC	C compensation (iii)	(C) Retirement and other deferred compensation	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on
			Bonus & incentive compensation	Other reportable compensation	Compensation		1	prior Form 990
Pamela Mıx VP, HR & GOVERNANCE		299,117	72,148	1,773	27,500	24,524	425,062	. 0
	(II)	0	0	0	О	ا ا	0	0
Mary Katherine Krause VP Communications	(1)	243,627	58,229	809	25,247	28,919	356,831	0
	(II)	0	0	<u> </u>	0	<u> </u>	0	o '
John Scott VP Advocacy & Policy	(1)	291,517	71,936	2,966	27,500	25,220	419,139	0
	(II)	0	0	0	o	ا ا	0	,
Pamela Wright Sr Dir Economic & Reg	(1)	256,348	49,024	1,975	26,377	26,070	359,794	0
Affairs	(II)	0	0	0	0	0	0	, 0
Gregory Gleason Chief Information Officer &	(1)	289,587	64,593	2,154	27,500	16,247	400,081	0
VP	(II) <sup>l</sup>	0	ol	0'	О	اه ا	0	0
Stephen Myers	(ı)	567,218	248,646	5,407	27,500	26,072	874,843	, 0

44,529

2,771

2,192

1,307

3,943

728

1,481

27,500

27,296

26,531

21,551

27,500

24,741

25,503

30,391

25,683

29,058

22,919

25,320

28,871

29,234

602,744

383,215

373,871

338,765

473,466

335,545

362,864

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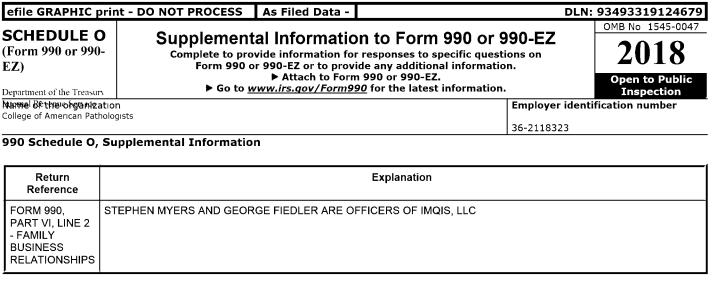
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VP Advocacy & Policy		291,51/	71,936	2,966	27,500	25,220	419,139	
	(11)	0	0	0	0	0	0	
Pamela Wright Sr Dir Economic & Reg Affairs	(1)	256,348	49,024	1,975	26,377	26,070	359,794	
	(11)	0	0	0	0	0	0	
Gregory Gleason	(i)	289.587	64 503	2 154	27 500	16 247	400.091	



Return Reference	Explanation
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	THE COLLEGE OF AMERICAN PATHOLOGISTS (CAP) IS THE ONLY MEMBER ORGANIZATION COMPRISED EXCLU SIVELY 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 THEMELVES PRIMARILY TO THE PRACTICE OF PATHOLOGY AND A RECRIFIFIED BY THE AMERICAN BOARD OF PATHOLOGY, THE ROYAL COLLEGE OF PHYSICIANS AND SURGE ONS 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 HONOR ARY 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 A REACTIVELY 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 PER CENT 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, FILIATE MEMBER QUALIFIED PHYSICIANS WHO ARE CERTIFIED IN PATHOLOGY. AND WHO SE MA JOR PRACTICE IN A FOREIGN COUNTRY IS DEVOTED TO PATHOLOGY, S

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 NOT 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 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 COMMITTE ES 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 ADOPT ION 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 INTIALS "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 AFFILIAT E MEMBER THEY SHALL NOT HAVE THE RIGHT TO VOTE OR HOLD ELECTIVE OFFICE BUT MAY BE APPOINT ED 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 COMITTEES

Return Reference	Explanation
FORM 990, PART VI, LINE 7B - DECISIONS RESERVED TO MEMBERS	THE ELECTION OF OFFICERS AND GOVERNORS AND AMENDMENTS TO THE CONSTITUTION AND BYLAWS HAS TO BE VOTED ON AND APPROVED BY THE ELIGIBLE VOTING MEMBERS OF THE CAP

# Return Explanation Reference

990 Schedule O, Supplemental Information

FORM 990, PART VI, LINE 11B - PROCESS USED TO REVIEW 990 IS REVIEWED BY THE VICE PRESIDENT, FINANCE DURING THE PREPARATION OF THE FORM SE NIOR MANAGEMENT IS CONSULTED FOR AREAS THAT REQUIRE THEIR EXPERTISE A DRAFT OF THE FORM I S SENT ELECTRONICALLY TO THE FINANCE COMMITTEE PRIOR TO FILING, AND THE FINAL FORM IS SENT ELECTRONICALLY TO THE BOARD OF GOVERNORS PRIOR TO FILING

REVIEW 990

Return Reference	Explanation
FORM 990, PART VI, LINE 12C MONITORING FOR CONFLICTS OF INTEREST	ALL OFFICERS, GOVERNORS AND EX-OFICIO BOARD MEMBERS ARE REQUIRED ANNUALLY TO SIGN A PLEDGE OF DUTY AND COMPLETE A COMPREHENSIVE CONFLICTS OF INTEREST DISCLOSURE FORM COVERING A NUM BER 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 SIGN IFICANT 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

Return

Reference	
FORM 990, PART VI, LINES 15A & 15B - PROCESS FOR DETERMINING COMP	CHIEF EXECUTIVE OFFICER COMPENSATION THE TERMS OF THE CHIEF EXECUTIVE OFFICER'S COMPENSATI ON ARE DETAILED IN THE EMPLOYMENT AGREEMENT AND ADMINISTERED IN KEEPING WITH THE RELATED B OARD-APPROVED EXECUTIVE COMPENSATION PHILOSOPHY AND STRATEGY EXECUTIVE COMPENSATION THE C OLLEGE OF AMERICAN PATHOLOGISTS (CAP) DESIRES TO ENSURE THAT ITS EXECUTIVE COMPENSATION PR OGRAM 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 DE TERMINE THE MARKET VALUES FOR EACH OF ITS EXECUTIVE POSITIONS THESE PEER GROUPS VARY BY P OSITION 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 SALARI ES, TOTAL CASH COMPENSATION, TOTAL DIRECT COMPENSATION, QUALIFIED BENEFITS, SUPPLEMENTAL B ENEFITS AND PERQUISITES, AND SEVERANCE THE ORGANIZATION WILL EXERCISE THE UTMOST CARE IN ENSURING THAT ALL ELEMENTS OF EACH EXECUTIVE COMPENSATION IS PROPERLY REPORTED AS REQUIRED ON INTERNAL REVENUE SERVICE FORMS W-2, 941 AND 990 FORM 990, PART VI, LINE 16B - JOINT V ENTURE POLICY ALTHOUGH THERE IS NO WRITTEN POLICY, THE COLLEGE OF AMERICAN PATHOLOGISTS HA S A 50% OWNERSHIP OF SUCH JOINT VENTURE AND THEREFORE HAS BOARD REPRESENTATION THAT ALLOWS IT TO MONITOR THE ACTIVITY OF SUCH JOINT VENTURE

Explanation

Return Reference	Explanation
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 (W WW CAP ORG) THE CONFLICT OF INTEREST POLICY AND THE ANNUAL AUDITED FINANCIAL STATEMENTS A RE AVAILABLE UPON REQUEST

Return Reference	Explanation
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS	IMQIS PROFIT NOT RECORDED IN BOOKS (\$57,985) LAP DEFERRED REVENUE ADJUSTMENT (\$15,166,19 5) TOTAL CHANGES IN NET ASSETS OR FUND BALANCES (\$15,224,180)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** 

**Related Organizations and Unrelated Partnerships** 

Open to Public Inspection

DLN: 93493319124679

OMB No 1545-0047

2018

**Employer identification number** 

(Form 990)

Department of the Treasury

Name of the organization College of American Pathologists

Internal Revenue Service

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

36-2118323 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (a) (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) 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) (c) (d) (g) Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1)CAP FOUNDATION CHARITABLE ΙL 501(c)(3) CAP No 325 WAUKEGAN ROAD NORTHFIELD, IL 60093 36-6134600 (2)CAP POLITICAL ACTION COMITTEE DC 527 POLITICAL CAP 1001 G STREET NW STE 425 WEST WASHINGTON, DC 20001 52-1789874 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2018

(a) Name, address, and EIN of related organization		Legal domicile (state or foreign country)	Direct controlling entity	sections 51	ed, total incom		(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	parti	aging ner?	Percent owners
							Yes	No		Yes	No	
											$\vdash$	
ations Taxable as a Coorganizations treated as	Corporation a corporation	or Trus on or tru	<b>t</b> Complete st during th	   If the orga   ne tax year.	nization ans	wered "Yes	" on F	l orm 99	l 90, Part IV,	line	34	
<b>(b)</b> Primary activity	L do (state	.egal mıcıle or foreıgn			(e) Type of entity C corp, S corp, or trust)	(f) Share of total Income		year	of- Perce	ntage	(13	(i) ection ! 3) con entit
												res
											$\perp$	$\downarrow$
											$\perp$	
											$\perp$	
	organizations treated as	(b) Primary activity  (state	zations Taxable as a Corporation or Trus organizations treated as a corporation or tru	rations Taxable as a Corporation or Trust Complete organizations treated as a corporation or trust during the legal domicile (state or foreign	country)  sections 51 514)  rations Taxable as a Corporation or Trust Complete If the orga organizations treated as a corporation or trust during the tax year.  (b)  Primary activity  (c)  Legal  domicile (state or foreign  Direct controlling entity  (d)	country)  sections 512- 514)  Eations Taxable as a Corporation or Trust Complete if the organization ansorganizations treated as a corporation or trust during the tax year.  (b) Primary activity  (c) Legal domicile domicile (state or foreign  (c) Legal domicile (state or foreign  (c) Type of entity (C corp, S corp, or trust)	country)  sections 512- 514)  Eations Taxable as a Corporation or Trust Complete if the organization answered "Yes organizations treated as a corporation or trust during the tax year.  (b)  Primary activity  (c)  Legal  domicile (state or foreign  Direct controlling entity (C corp, S corp, or trust)  (Type of entity (C corp, S corp, or trust)  (state or foreign)	rations Taxable as a Corporation or Trust Complete If the organization answered "Yes" on Forganizations treated as a corporation or trust during the tax year.    Corporation   Corporat	country)  sections 512- 514)  Yes No  Yes No  Rations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 90 organizations treated as a corporation or trust during the tax year.  (b)  Primary activity  (c)  Legal domicile (state or foreign  Direct controlling entity  (corp. S corp. or trust)  organizations foreign  (g)  Share of total income year assets	country)  sections 512- 514)  Yes No  Yes No  Rations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, organizations treated as a corporation or trust during the tax year.  (b)  Primary activity  (c)  Legal domicile (state or foreign  Direct controlling entity  (C)  Type of entity  Type of entity  (C)  Share of total income year assests assests assests assests	country)    Sections 512-   Yes   No   Yes   Yes   No   Yes	country)  sections 512- 514)  Yes No  Yes No

(1)CAP FOUNDATION

(2)CAP FOUNDATION

(3)CAP-POLITICAL ACTION COMMITEE

(4)CAP-POLITICAL ACTION COMMITEE

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								
1 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?								
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No					
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b	Yes						
c Gift, grant, or capital contribution from related organization(s)	10		No					
d Loans or loan guarantees to or for related organization(s)	1d	Yes						
e Loans or loan guarantees by related organization(s)	1e		No					
f Dividends from related organization(s)	1f		No					
g Sale of assets to related organization(s)	<b>1</b> g	$\top$	No					
h Purchase of assets from related organization(s)	1h	1	No					
i Exchange of assets with related organization(s)	1i	<b>†</b>	No					
i Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	$\vdash$					

(b)

Transaction

type (a-s)

(c)

Amount involved

305,000

543,747

210,394

58,190

CASH

COST

CASH

COST

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

j Lease of facilities, equipment, or other assets to related organization(s) . . . . . . . . . . . . . . . . .

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . .

Name of related organization

Reimbursement paid to related organization(s) for expenses . . .

Reimbursement paid by related organization(s) for expenses .

r Other transfer of cash or property to related organization(s) . . .

m Performance of services or membership or fundraising solicitations by related organization(s) . . . . . . . . . . . .

Page 3

1k

11 Yes

1m

1n Yes

10 Yes

1q | Yes

1r

Schedule R (Form 990) 2018

(d)

Method of determining amount involved

No

No

No

No

No

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

- 3																				
(a) Name, address, and EIN of entity	(b) Primary activity		(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)			(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(f) Share of total Income	end-of-year	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
İ			514)	Yes	No	ļ ,		Yes	No		Yes	No								
									_	Schedul	e R (Form	1 990	)) 2018							

