

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **01-01-2019**, and ending **12-31-2019**

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

C Name of organization: College of American Pathologists
 % MARY ANN BARTLETT
 Doing business as

D Employer identification number: 36-2118323

E Telephone number: (847) 832-7000

G Gross receipts \$ 236,564,517

F Name and address of principal officer:
 MARY ANN BARTLETT
 325 WAUKEGAN ROAD
 NORTHFIELD, IL 60093

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

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

J Website: ▶ www.cap.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1947 **M** State of legal domicile: IL

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	18
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	737
6 Total number of volunteers (estimate if necessary)	6	18,400
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	5,057,074
7b Net unrelated business taxable income from Form 990-T, line 39	7b	156,281

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	479,111	299,877
9 Program service revenue (Part VIII, line 2g)	218,215,966	230,895,893
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,808,564	4,495,978
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	384,272	213,998
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	224,887,913	235,905,746
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	309,990	303,800
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	91,541,853	92,330,429
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	130,936,826	136,316,958
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	222,788,669	228,951,187
19 Revenue less expenses. Subtract line 18 from line 12	2,099,244	6,954,559

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	240,799,734	278,309,783
21 Total liabilities (Part X, line 26)	190,832,572	205,390,447
22 Net assets or fund balances. Subtract line 21 from line 20	49,967,162	72,919,336

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: 2020-10-28

MARY ANN BARTLETT VP, FINANCE
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____

Firm's name ▶ ERNST & YOUNG US LLP Firm's EIN ▶ _____

Firm's address ▶ 155 N Wacker Drive Phone no. (312) 879-2000
 Chicago, IL 60606

Check if self-employed PTIN P01866614

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
See Additional Data

4b (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
See Additional Data

4c (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
See Additional Data

4d Other program services (Describe in Schedule O.)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ▶ 0

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		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	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		
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	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		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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	Yes	
11b	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	Yes	
11c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
11d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
11f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
12b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	Yes	
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		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		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)		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		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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 737			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .		3a Yes		
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . .		3b Yes		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .		4a	No	
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .		5a	No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a Yes		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b Yes		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		
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		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .		7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10 Section 501(c)(7) organizations. Enter:				
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 against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a 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		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No	
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . .		14b		
15 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.		15	No	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . If "Yes," complete Form 4720, Schedule O.		16	No	

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



Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, and document retention policies.

Section C. Disclosure

- 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.
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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a			
	b Membership dues . . .	1b			
	c Fundraising events . . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e	299,877		
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f:\$	1g			
	h Total. Add lines 1a-1f		299,877		

Program Service Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
		Business Code				
2a LABORATORY IMPROVEMENT PROGRAM		541990	164,960,576	164,960,576		
b ACCREDITATION REVENUE		541990	49,621,728	49,621,728		
c TERMINOLOGY		541990	2,619,601	2,619,601		
d MEMBERSHIP DUES		541990	3,899,612	3,899,612		
e PERIODICAL & PUBLISHED MATERIAL		511120	5,614,619	654,522	4,960,097	
f All other program service revenue.			4,179,757	4,179,757		
g Total. Add lines 2a-2f.			230,895,893			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			3,540,689		96,977	3,443,712	
	4 Income from investment of tax-exempt bond proceeds			0				
	5 Royalties			0				
	6a Gross rents	6a	(i) Real	(ii) Personal				
		b Less: rental expenses	6b					
		c Rental income or (loss)	6c	0	0			
	d Net rental income or (loss)				0			
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
			1,614,060					
		b Less: cost or other basis and sales expenses	7b	658,771				
		c Gain or (loss)	7c	955,289				
	d Net gain or (loss)				955,289		955,289	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a			0			
					0			
		b Less: direct expenses	8b			0		
	c Net income or (loss) from fundraising events				0			
	9a Gross income from gaming activities. See Part IV, line 19	9a			0			
					0			
		b Less: direct expenses	9b			0		
c Net income or (loss) from gaming activities				0				
10a Gross sales of inventory, less returns and allowances	10a			0				
				0				
	b Less: cost of goods sold	10b			0			
c Net income or (loss) from sales of inventory				0				
Miscellaneous Revenue		Business Code						
11a ACCREDITATION CHECKLIST REVENUE		541990	74,100	74,100				
b IMQIS JOINT VENTURE INCOME		541990	54,800	54,800				
c CAP TODAY & ARCHIVES MISC REVENUE		541990	36,383	36,383				
d All other revenue			48,715	48,715				
e Total. Add lines 11a-11d			213,998					
12 Total revenue. See instructions			235,905,746	226,149,794	5,057,074	4,399,001		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	303,800			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	6,013,424			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	69,243,536			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,765,844			
9 Other employee benefits	9,264,773			
10 Payroll taxes	5,042,852			
11 Fees for services (non-employees):				
a Management	0			
b Legal	242,159			
c Accounting	350,871			
d Lobbying	331,412			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	271,154			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	19,715,748			
12 Advertising and promotion	126,748			
13 Office expenses	2,805,934			
14 Information technology	7,616,880			
15 Royalties	0			
16 Occupancy	2,179,918			
17 Travel	20,568,148			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	2,662,797			
20 Interest	261,317			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	12,543,782			
23 Insurance	0			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COST OF MATERIALS	59,593,671			
b PRINTING	2,311,353			
c POSTAGE	2,115,245			
d EQUIP RENTAL & MAINTENANCE	984,227			
e All other expenses	1,635,594			
25 Total functional expenses. Add lines 1 through 24e	228,951,187	0	0	0
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	601	1	229
	2 Savings and temporary cash investments	33,175,840	2	49,284,692
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	88,158,272	4	95,575,460
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	238,295	8	279,553
	9 Prepaid expenses and deferred charges	6,499,722	9	8,054,474
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	199,793,042		
	b Less: accumulated depreciation	167,904,767		
	11 Investments—publicly traded securities	50,750,373	11	60,403,121
	12 Investments—other securities. See Part IV, line 11	18,477,990	12	27,857,426
	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	5,882,291	15	4,966,553
16 Total assets. Add lines 1 through 15 (must equal line 34)	240,799,734	16	278,309,783	
Liabilities	17 Accounts payable and accrued expenses	30,680,678	17	33,991,940
	18 Grants payable	0	18	0
	19 Deferred revenue	151,039,367	19	162,564,685
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	4,611,702	23	3,829,351
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	4,500,825	25	5,004,471
	26 Total liabilities. Add lines 17 through 25	190,832,572	26	205,390,447
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	49,967,162	27	72,919,336
	28 Net assets with donor restrictions	0	28	0
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	49,967,162	32	72,919,336	
33 Total liabilities and net assets/fund balances	240,799,734	33	278,309,783	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	235,905,746
2	Total expenses (must equal Part IX, column (A), line 25)	2	228,951,187
3	Revenue less expenses. Subtract line 2 from line 1	3	6,954,559
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	49,967,162
5	Net unrealized gains (losses) on investments	5	16,052,415
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-54,800
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	72,919,336

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 36-2118323

Name: College of American Pathologists

Form 990 (2019)

Form 990, Part III, Line 4a:

PROFICIENCY TESTING AND QUALITY ASSURANCE PROGRAMS - SURVEYS ARE THE COLLEGE OF AMERICAN PATHOLOGISTS'(CAP) 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.

Form 990, Part III, Line 4b:

LABORATORY ACCREDITATION - THE CAP LABORATORY ACCREDITATION PROGRAM IS AN INTERNATIONALLY RECOGNIZED PROGRAM BASED ON THE CAP LABORATORY ACCREDITATION STANDARDS. THE CAP'S STANDARDS ARE SUPPORTED BY ALMOST 3,000 CHECKLIST REQUIREMENTS WHERE 40% OF THE REQUIREMENTS EXCEED THOSE 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 CONTINUOUS QUALITY IMPROVEMENT, ENABLING THE LABORATORY TO PROVIDE THE HIGHEST AVAILABLE LEVEL OF PATIENT CARE AND ENSURE PATIENT SAFETY.

Form 990, Part III, Line 4c:

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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Stephen Myers CEO	40.0 0.0			X				849,677	0	57,941
Elizabeth Usher Chief Marketing Officer	40.0 0.0				X			545,327	0	61,034
George Fiedler Sr. VP, Capability & Specialty	40.0 0.0				X			411,112	0	55,755
Pamela Mix VP, HR & GOVERNANCE	40.0 0.0				X			378,536	0	54,584
John Scott VP Advocacy & Policy	40.0 0.0				X			367,915	0	54,958
Gregory Gleason Chief Information Officer & VP	40.0 0.0				X			364,531	0	45,105
Mary Ann Bartlett VP FINANCE	40.0 0.0			X				332,665	0	55,965
William Groskopf VP, LIP	40.0 0.0				X			324,856	0	60,592
Ann Neumann VP CAP LEARNING	40.0 0.0					X		310,009	0	58,273
Mary Katherine Krause VP Communications	40.0 0.0					X		304,347	0	58,222

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Pamela Wright Sr. Dir Economic & Reg Affairs	40.0 0.0					X		309,152	0	52,401
Michael Giuliani SR DIR. LEGISLATION & POLITICA	40.0 0.0					X		282,474	0	56,770
Shan Khan VP Sales	40.0 0.0					X		289,099	0	38,179
R Bruce Williams MD President(TERM 9/21)	30.0 0.0	X		X				64,224	0	0
Richard R Gomez MD Secretary-Treasurer	16.0 0.0	X		X				49,940	0	0
Patrick E Godbey MD President (START 9/21)	20.0 0.0	X		X				29,331	0	0
Emily E Volk MD MBA Governor (TERM 9/21)	12.0 0.0	X						20,250	0	0
Eric F Glassy MD FC Governor	12.0 0.0	X						16,557	0	0
ALFRED W CAMPBELL MD M GOVERNOR	12.0 0.0	X						9,144	0	0
NANCY A YOUNG MD FCA GOVERNOR	12.0 0.0	X						7,153	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Timothy Craig Allen MD Governor	12.0 0.0	X						6,554	0	0
Donald S Karcher MD Governor	12.0 0.0	X						6,154	0	0
Raouf E Nahkleh MD Governor	12.0 0.0	X						5,089	0	0
Jonathan L Myles MD Governor	12.0 0.0	X						4,788	0	0
Bharati Suketu Jhaveri Governor(TERM 9/21)	12.0 0.0	X						4,267	0	0
Rajesh C Dash MD FC Governor	12.0 0.0	X						4,023	0	0
Jennifer L Hunt MD ME Governor	12.0 0.0	X						1,947	0	0
Kathryn Teresa Knight VSpeaker, House of Delegates	12.0 0.0	X						1,837	0	0
RICHARD M SCANLAN MD GOVERNOR	12.0 0.0	X						1,402	0	0
ADAM LEE BOOTH MD CHAIR, RES FORUM	8.0 0.0	X						656	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SANG WU MD FCAP VICE SPEAKER,HOD	8.0 0.0	X						629	0	0
Karim E Sirgi MD FC CAP FOUNDATION PRESIDENT	12.0 0.0	X						0	0	0
MARY ELIZABETH FOWKES GOVERNOR (START 9/21)	12.0 0.0	X						0	0	0
QIHUI JIM ZHAI MD GOVERNOR (START 9/21)	12.0 0.0	X						0	0	0

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization College of American Pathologists	Employer identification number 36-2118323
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ 600

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ 0

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1) CAP POLITICAL ACTION COMMITTEE	1001 G ST NW STE 425 W WASHINGTON, DC 20001	52-1789874	0	236,382
2				
3				
4				
5				
6				

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

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

	(a)		(b)
	Yes	No	Amount
1 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:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
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)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1 Dues, assessments and similar amounts from members	1	3,964,681
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	1,269,359
b Carryover from last year	2b	-463,983
c Total	2c	805,376
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	1,387,638
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	-582,262

Part IV Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART I-A, LINE 1, POLITICAL CAMPAIGN ACTIVITIES	THE COLLEGE OF AMERICAN PATHOLOGISTS TYPICALLY MAKES POLITICAL CONTRIBUTIONS IN SUPPORT OF INDIVIDUALS RUNNING FOR VARIOUS ELECTED OFFICES IN AMOUNTS RANGING FROM \$250-\$750.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
College of American Pathologists

Employer identification number
36-2118323

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	4,045,725		4,045,725
b Buildings	0	28,736,796	19,650,586	9,086,210
c Leasehold improvements	0	0	0	0
d Equipment	0	1,990,256	1,232,896	757,360
e Other	0	165,020,265	147,021,285	17,998,980
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				31,888,275

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) ALTERNATIVE INVESTMENTS	27,857,426	C
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	27,857,426	

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	5,004,471

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	251,370,890
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	16,052,415	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	16,052,415
3	Subtract line 2e from line 1		3	235,318,475
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	532,471	
b	Other (Describe in Part XIII.)	4b	54,800	
c	Add lines 4a and 4b		4c	587,271
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	235,905,746

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

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

1	Total expenses and losses per audited financial statements		1	228,418,716
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	228,418,716
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	532,471	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	532,471
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	228,951,187

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 36-2118323

Name: College of American Pathologists

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 4B - OTHER AMOUNTS INCLUDED ON FORM 990, PART	VIII, LINE 12, BUT NOT ON LINE 1 JOINT VENTURE REVENUE NOT REPORTED ON BOOKS \$54,800

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
College of American Pathologists

Employer identification number
36-2118323

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total					15,410,748
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					15,410,748

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

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

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* Yes No

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

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

Additional Data

Software ID:

Software Version:

EIN: 36-2118323

Name: College of American Pathologists

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific			Program Services	SEE PART V	1,178,999
North America			Program Services	SEE PART V	338,074

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Program Services	SEE PART V	323,474
Middle East and North Africa			Program Services	SEE PART V	514,452

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America			Program Services	SEE PART V	155,012
Sub-Saharan Africa			Program Services	SEE PART V	55,907

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Program Services	SEE PART V	18,794
Russia and the Newly Independent States			Program Services	SEE PART V	17,603

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments	N/A	12,217,043
Europe (Including Iceland and Greenland)			Investments	N/A	307,653

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South Asia			Program Services	SEE PART V	283,737

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization College of American Pathologists

Employer identification number

36-2118323

Part I General Information on Grants and Assistance

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

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance.

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

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Description of Organization's Procedures for Monitoring the Use of Grants	Schedule I, part I, Line 2 THE CAP PROVIDES GRANTS AND ASSISTANCE TO ORGANIZATIONS THAT ARE RECOGNIZED PUBLIC CHARITIES ASSOCIATED WITH SCIENCE AND MEDICINE. THE CAP MONITORS GRANTS BY ACTIVE PARTICIPATION IN, AND ATTENDANCE AT, MEETINGS OF THE GRANTEEES. SCHEDULE I, PART II, COLUMN (H), LINE 1 - PURPOSE OF GRANT THE CAP FOUNDATION CONTRIBUTION IS AN OPERATING GRANT TO COVER THE ORGANIZATION'S OPERATING AND FUNDRAISING EXPENDITURES, AS WELL AS LOAN FORGIVENESS.

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2019
Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
College of American Pathologists

Employer identification number
36-2118323

Part I Questions Regarding Compensation

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

Part III Supplemental Information

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

Return Reference	Explanation
FORM 990, SCHEDULE J, PART I, LINE 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 PRESIDENT. A PORTION OF THE FIRST-CLASS TRAVEL IS TREATED AS TAXABLE COMPENSATION TO THE LISTED PERSON IN ACCORDANCE WITH IRS RULES AND REGULATIONS. TRAVEL FOR COMPANIONS: THE CAP PROVIDES TRAVEL FOR COMPANIONS TO BOARD MEMBERS TRAVELING ON CAP BUSINESS. THE CAP ALSO PROVIDES COMPANION TRAVEL TO EXECUTIVE STAFF TRAVELING TO BOARD OF GOVERNORS' MEETINGS. COMPANION TRAVEL IS TREATED AS TAXABLE COMPENSATION TO THE BOARD MEMBERS AND EXECUTIVE STAFF.
FORM 990, SCHEDULE J, PART II, LINE 1, COLUMN (B)(II)	BONUS AND INCENTIVE COMPENSATION: INCLUDES INCENTIVE EARNED IN 2018 AND PAID IN 2019.
FORM 990, SCHEDULE J, PART II, LINE 1, COLUMN (C)	DEFERRED COMPENSATION: INCLUDES PENSION, AND 401K MATCH EARNED IN 2019. BASED ON THE GUIDANCE PROVIDED IN THE INSTRUCTIONS TO FORM 990, ANY PAYMENTS TO THE PARTICIPANTS RELATED TO THESE PLANS THAT WERE MADE WITHIN 2 1/2 MONTHS AFTER THE END OF THE ORGANIZATION'S TAX YEAR ARE NOT TREATED AS DEFERRED COMPENSATION FOR PURPOSES OF SCHEDULE J. SUCH AMOUNTS ARE PROPERLY REPORTED AS COMPENSATION FOR FORM 990 PURPOSES WHEN INCLUDED IN THE PARTICIPANT'S FORM W-2 WAGES. ANY PAYMENTS MADE AFTER THE 2 MONTHS ARE PROPERLY REPORTED AS DEFERRED COMPENSATION ON THE IRS FORM 990, DISCLOSING COMPENSATION EARNED BY THESE INDIVIDUALS UNDER THE PLANS FOR SUCH YEAR.

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

College of American Pathologists

Employer identification number

36-2118323

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 2 - FAMILY BUSINESS RELATIONSHIPS	STEPHEN MYERS AND GEORGE FIEDLER ARE OFFICERS OF IMQIS, LLC.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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 NUMBER OF AREAS OF POTENTIAL CONFLICT. A DISCLOSURE REPORT IS THEN COMPILED FROM THE RETURNED INFORMATION AND DISTRIBUTED TO THE ENTIRE BOARD FOR DISCUSSION AT ITS FIRST MEETING OF THE YEAR. A PLAN OF REMEDIATION (I.E. RECUSAL FROM VOTE AND/OR DISCUSSION, ETC) FOR ANY SIGNIFICANT POTENTIAL CONFLICT IS ESTABLISHED AT THAT TIME AND RECORDED. DURING THE YEAR, AT THE START OF EACH MEETING, THE BOARD CHAIR (THE PRESIDENT) ASKS THE MEMBERS TO VERBALLY DISCLOSE ANY NEW POTENTIAL CONFLICTS OF INTEREST THEY MAY HAVE AND THOSE RELATED TO THE MEETING AGENDA. APPROPRIATE ACTION IS THEN TAKEN, IF NEEDED. SIGNED CONFLICTS OF INTEREST DISCLOSURE FORMS FROM KEY EMPLOYEES ARE ALSO COLLECTED ANNUALLY. A CONFLICTS OF INTEREST REVIEW COMMITTEE HAS BEEN ESTABLISHED TO ADDRESS ANY UNRESOLVED POTENTIAL CONFLICTS OF INTEREST OF MAJOR SIGNIFICANCE.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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 (WWW.CAP.ORG). THE CONFLICT OF INTEREST POLICY AND THE ANNUAL AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS	IMQIS PROFIT NOT RECORDED IN BOOKS: (\$54,800)

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
College of American Pathologists

Employer identification number

36-2118323

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

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

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

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

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

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

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

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

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

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

	Yes	No
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		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)CAP FOUNDATION	b	300,000	CASH
(2)CAP FOUNDATION	o	633,884	COST
(3)CAP-POLITICAL ACTION COMMITTEE	l	236,382	CASH
(4)CAP-POLITICAL ACTION COMMITTEE	o	16,368	COST

Part VII **Supplemental Information**

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

Return Reference	Explanation