

Return of Organization Exempt From Income Tax

2020

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the **2020** calendar year, or tax year beginning , **2020**, and ending , **20**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COLLEGE OF AMERICAN PATHOLOGISTS				D Employer identification number 36-2118323	
	Doing business as				E Telephone number (847) 832-7000	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite			
	325 WAUKEGAN ROAD					
City or town, state or province, country, and ZIP or foreign postal code NORTHFIELD, IL 60093				G Gross receipts \$ 254,893,268.		
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
				If "No," attach a list. See instructions		
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(6) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: WWW.CAP.ORG				H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				L Year of formation: 1947		M State of legal domicile: IL

Part I Summary

Activities & Governance	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 <input type="checkbox"/> 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	19.		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19.		
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	727.		
	6 Total number of volunteers (estimate if necessary)	6	6,700.		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	4,722,499.		
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	264,810.			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	299,877.	Current Year	519,172.
	9 Program service revenue (Part VIII, line 2g)		230,895,893.		236,597,425.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,495,978.		1,965,170.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		213,998.		347,768.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		235,905,746.		239,429,535.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		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)			92,330,429.		98,383,648.
16a Professional fundraising fees (Part IX, column (A), line 11e)			0.		0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶			0.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			136,316,958.		121,511,222.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		228,951,187.		220,197,970.	
19 Revenue less expenses. Subtract line 18 from line 12		6,954,559.		19,231,565.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	278,309,783.	End of Year	316,931,770.
	21 Total liabilities (Part X, line 26)		205,390,447.		215,627,876.
	22 Net assets or fund balances. Subtract line 21 from line 20		72,919,336.		101,303,894.

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

Paid Preparer Use Only	Print/Type preparer's name MORGAN E EADS	Preparer's signature <i>Morgan Eads</i>	Date 11/01/2021	Check <input type="checkbox"/> if self-employed	PTIN P01866614
	Firm's name ▶ ERNST & YOUNG U.S. LLP	Firm's EIN ▶ 34-6565596		Phone no. 312-879-2000	
	Firm's address ▶ 155 N. WACKER DRIVE CHICAGO, IL 60606				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

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.)

ATTACHMENT 1

4b (Code: _____) (Expenses \$ _____ 0. including grants of \$ _____ 0.) (Revenue \$ _____ 0.)

ATTACHMENT 2

4c (Code: _____) (Expenses \$ _____ 0. including grants of \$ _____ 0.) (Revenue \$ _____ 0.)

ATTACHMENT 3

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 number, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (19), 1b (19), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b (X).

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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week 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			
(1)STEPHEN MYERS CEO	40.00 0.			X				876,608.	0.	59,310.
(2)GEORGE FIEDLER SR. VP, CAPABILITY & SPECIALTY	40.00 0.				X			413,922.	0.	57,071.
(3)PAMELA MIX VP, HR & GOVERNANCE	40.00 0.				X			409,376.	0.	55,936.
(4)JOHN SCOTT VP, ADVOCACY & POLICY	40.00 0.				X			379,143.	0.	46,786.
(5)GREGORY GLEASON CHIEF INFORMATION OFFICER & VP	40.00 0.				X			372,654.	0.	46,052.
(6)WILLIAM GROSKOPF VP, LIP	40.00 0.				X			334,727.	0.	61,862.
(7)MARY ANN BARTLETT VP, FINANCE	40.00 0.			X				336,418.	0.	58,057.
(8)ANN NEUMANN VP, CAP LEARNING	40.00 0.					X		318,303.	0.	59,995.
(9)DEREK WAGNER VP, INTERNATIONAL MARKET & DEV	40.00 0.					X		320,712.	0.	57,263.
(10)MARY KATHERINE KRAUSE VP, COMMUNICATIONS	40.00 0.					X		314,421.	0.	60,599.
(11)SHAN KHAN VP, SALES	40.00 0.				X			342,839.	0.	27,026.
(12)PAMELA WRIGHT SR. DIR ECONOMIC & REG AFFAIRS	40.00 0.					X		315,030.	0.	53,903.
(13)JENNIFER DAHMM VP, OPERATIONS/SHARED SVCS	40.00 0.				X			279,985.	0.	57,896.
(14)STEPHANIE PEDITTO SR. DIR QUALITY	40.00 0.					X		302,120.	0.	27,990.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MARY DE SOUZA SVP, SALES AND MARKETING	40.00 0.				X			198,096.	0.	31,203.
(16) ELIZABETH USHER (TERM 1/3) CHIEF MARKETING OFFICER	40.00 0.				X			166,528.	0.	341.
(17) PATRICK E. GODBEY, MD, FCAP PRESIDENT	30.00 0.	X		X				143,185.	0.	0.
(18) EMILY E. VOLK, MD, MBA, FCAP PRESIDENT-ELECT	20.00 0.	X		X				37,892.	0.	0.
(19) RICHARD R. GOMEZ, MD, FCAP SECRETARY-TREASURER	16.00 0.	X		X				32,819.	0.	0.
(20) ERIC F. GLASSY, MD, FCAP GOVERNOR	12.00 0.	X						5,028.	0.	0.
(21) TIMOTHY CRAIG ALLEN, MD, JD, FCAP GOVERNOR (TERM 10/10)	12.00 0.	X						2,636.	0.	0.
(22) ALFRED W CAMPBELL MD MBA FCAP GOVERNOR	12.00 0.	X						2,489.	0.	0.
(23) JONATHAN L MYLES, MD, FCAP GOVERNOR	12.00 0.	X						2,125.	0.	0.
(24) NANCY A YOUNG, MD, FCAP GOVERNOR	12.00 0.	X						1,637.	0.	0.
(25) DONALD S. KARCHER, MD, FCAP GOVERNOR	12.00 0.	X						1,514.	0.	0.
1b Sub-total								5,910,207.	0.	761,290.
c Total from continuation sheets to Part VII, Section A								3,400.	0.	0.
d Total (add lines 1b and 1c)								5,913,607.	0.	761,290.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 354

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 25

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) ADAM LEE BOOTH, MD (TERM 10/10) CHAIR, RESIDENTS FORUM	8.00 0.	X					984.	0.	0.	
(27) QIHUI "JIM" ZHAI, MD, FCAP GOVERNOR	12.00 0.	X					840.	0.	0.	
(28) RAOUF E. NAHKLEH, MD, FCAP GOVERNOR	12.00 0.	X					810.	0.	0.	
(29) KATHRYN TERESA KNIGHT, MD, FCAP SPEAKER, HOD	12.00 0.	X					766.	0.	0.	
(30) RAJESH C. DASH, MD, FCAP GOVERNOR (TERM 10/10)	12.00 0.	X					0.	0.	0.	
(31) JENNIFER L. HUNT MD MED FCAP GOVERNOR (TERM 10/10)	12.00 0.	X					0.	0.	0.	
(32) RICHARD M SCANLAN, MD, FCAP GOVERNOR	12.00 0.	X					0.	0.	0.	
(33) SANG WU, MD, FCAP VICE SPEAKER, HOD	8.00 0.	X					0.	0.	0.	
(34) R. BRUCE WILLIAMS, MD, FCAP IMM. PAST PRES. (TERM 10/10)	12.00 0.	X					0.	0.	0.	
(35) MARY ELIZABETH FOWKES, MD, PHD GOVERNOR (TERM 11/15)	12.00 0.	X					0.	0.	0.	
(36) GUILLERMO MARTINEZ-TORRES MD F PRES. CAP FND (TERM 10/10)	12.00 0.	X					0.	0.	0.	
1b Sub-total							3,400.	0.	0.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 354

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) CAREY Z. AUGUST, MD, FCAP PRES. CAP FDN (START 10/10)	12.00 0.	X						0.	0.	0.
(38) KALISHA ASHARA HILL, MD, FCAP GOVERNOR (START 10/10)	12.00 0.	X						0.	0.	0.
(39) BRADLEY S. KARON, MD, PHD,FCAP GOVERNOR (START 10/10)	12.00 0.	X						0.	0.	0.
(40) ASSAD JOE SAAD, MD, FCAP GOVERNOR (START 10/10)	12.00 0.	X						0.	0.	0.
(41) SARAH GLOGOWSKI, DO CHAIR, RES. FORUM(START 10/10)	12.00 0.	X						0.	0.	0.
(42) MONICA E. DE BACA, MD, FCAP GOVERNOR (START 12/16)	12.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 354

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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	519,172.				
	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			519,172.			
	Program Service Revenue	2a	LABORATORY IMPROVEMENT PROGRAM	Business Code	541990	172,080,437.	172,080,437.	
b		ACCREDITATION REVENUE		541990	50,789,479.	50,789,479.		
c		TERMINOLOGY		541990	2,707,644.	2,707,644.		
d		MEMBERSHIP DUES		541990	3,502,003.	3,502,003.		
e		PERIODICAL & PUBLISHED MATERIAL		511120	5,225,196.	562,558.	4,662,638.	
f		All other program service revenue			2,292,666.	2,292,666.		
g		Total. Add lines 2a-2f			236,597,425.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).			3,284,189.		59,861.	
	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					
	d	Net rental income or (loss)				0.		
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
						14,136,214.	8,500.	
	b	Less: cost or other basis and sales expenses . .	7b			15,463,733.	0.	
	c	Gain or (loss)	7c			-1,327,519.	8,500.	
	d	Net gain or (loss)				-1,319,019.		
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a			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.			
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.			
b	Less: cost of goods sold	10b			0.			
c	Net income or (loss) from sales of inventory.				0.			
Miscellaneous Revenue	11a	ACCREDITATION CHECKLIST REVENUE	Business Code	541990	69,700.	69,700.		
	b	CAP TODAY & ARCHIVES MISC REVENUE		541990	31,824.	31,824.		
	c	IMQIS JOINT VENTURE INCOME		541990	30,134.	30,134.		
	d	All other revenue			216,110.	216,110.		
	e	Total. Add lines 11a-11d			347,768.			
12	Total revenue. See instructions			239,429,535.	232,282,555.	4,722,499.	1,905,309.	

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Pension, Advertising, etc.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	229.	1	160.
	2 Savings and temporary cash investments	49,284,692.	2	45,630,447.
	3 Pledges and grants receivable, net	0.	3	0.
	4 Accounts receivable, net.	95,575,460.	4	102,418,031.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	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	279,553.	8	251,816.
	9 Prepaid expenses and deferred charges	8,054,474.	9	8,922,896.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 138,444,436.		
	b Less: accumulated depreciation.	10b 106,710,388.	31,888,275.	10c 31,734,048.
	11 Investments - publicly traded securities.	60,403,121.	11	79,498,375.
	12 Investments - other securities. See Part IV, line 11	27,857,426.	12	33,043,382.
	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	4,966,553.	15	15,432,615.
16 Total assets. Add lines 1 through 15 (must equal line 33)	278,309,783.	16	316,931,770.	
Liabilities	17 Accounts payable and accrued expenses	33,991,940.	17	34,522,950.
	18 Grants payable	0.	18	0.
	19 Deferred revenue.	162,564,685.	19	172,649,759.
	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	3,829,351.	23	2,997,508.
	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	5,004,471.	25	5,457,659.
	26 Total liabilities. Add lines 17 through 25.	205,390,447.	26	215,627,876.
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	72,919,336.	27	101,303,894.
	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	72,919,336.	32	101,303,894.	
33 Total liabilities and net assets/fund balances.	278,309,783.	33	316,931,770.	

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	239,429,535.
2	Total expenses (must equal Part IX, column (A), line 25)	2	220,197,970.
3	Revenue less expenses. Subtract line 2 from line 1	3	19,231,565.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	72,919,336.
5	Net unrealized gains (losses) on investments	5	12,346,154.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-3,193,161.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	101,303,894.

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 on 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 on Schedule O and describe any steps taken to undergo such audits . . .

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

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 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) ▶ \$ 2,950.
- 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 ▶ \$
- 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 WASHINGTON, DC 20001	52-1789874	0.	187,730.
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2020

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

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
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	X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	X
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	X

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	3,493,035.
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	784,063.
b Carryover from last year.	2b	-637,486.
c Total	2c	146,577.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	3	1,222,562.
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	-1,075,985.

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.

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.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes rows for purpose(s) of easements, total number, acreage, and monitoring expenses.

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.

Table with 3 columns: Line number, Description, Amount. Includes rows for art collections, revenue, and assets.

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

Schedule D (Form 990) 2020

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: 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?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

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	33,043,382.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	33,043,382.	

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	
(2) DEFERRED COMPENSATION	4,897,393.
(3) DEFERRED RENT	521,477.
(4) LIFE FELLOWSHIP	38,789.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	5,457,659.

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

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	251,271,559.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	12,346,153.		
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	12,346,153.
3	Subtract line 2e from line 1			3	238,925,406.
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	473,995.		
b	Other (Describe in Part XIII.)	4b	30,134.		
c	Add lines 4a and 4b			4c	504,129.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5	239,429,535.

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	219,723,974.
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	219,723,974.
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	473,996.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	473,996.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5	220,197,970.

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.

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 \$30,134

Part XIII Supplemental Information *(continued)*

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on 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.**

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 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the 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
(1) EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	SEE PART V	149,695.
(2) NORTH AMERICA	0.	0.	PROGRAM SERVICES	SEE PART V	20,571.
(3) EUROPE	0.	0.	PROGRAM SERVICES	SEE PART V	95,046.
(4) MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	SEE PART V	168,815.
(5) SOUTH AMERICA	0.	0.	PROGRAM SERVICES	SEE PART V	14,796.
(6) SOUTH ASIA	0.	0.	PROGRAM SERVICES	SEE PART V	64,583.
(7) SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	SEE PART V	11,347.
(8) CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS	N/A	13,211,107.
(9) EUROPE	0.	0.	INVESTMENTS	N/A	427,553.
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					14,163,513.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					14,163,513.

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

Schedule F (Form 990) 2020

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)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities **▶** _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; 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).

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.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ 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

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

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

1 (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) Description of noncash assistance	(h) Purpose of grant or assistance
(1) COLLEGE OF AMERICAN PATHOLOGISTS FOUNDATION 325 WAUKEGAN ROAD NORTHFIELD, IL 60093	36-6314600	501(C)(3)	300,000.				SEE PART IV
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2020

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

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

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

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 GRANTEES.

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

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

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

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

FORGIVENESS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

COLLEGE OF AMERICAN PATHOLOGISTS

Employer identification number

36-2118323

Part I Questions Regarding Compensation

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"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <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?
 - b** Participate in or receive payment from a supplemental nonqualified retirement plan?
 - c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 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?
 - b** Any related organization?
- 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?
 - b** Any related organization?
- 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 on lines 5 and 6? If "Yes," describe in Part III.

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.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		
5b		
6a		
6b		
7		
8		
9		

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	STEPHEN MYERS CEO	(i)	617,377.	254,313.	4,918.	28,500.	30,810.	935,918.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
2	GEORGE FIEDLER SR. VP, CAPABILITY & SPECIALTY	(i)	339,771.	69,172.	4,979.	28,500.	28,571.	470,993.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
3	PAMELA MIX VP, HR & GOVERNANCE	(i)	341,403.	66,489.	1,484.	28,500.	27,436.	465,312.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
4	JOHN SCOTT VP, ADVOCACY & POLICY	(i)	312,473.	63,904.	2,766.	28,500.	18,286.	425,929.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
5	GREGORY GLEASON CHIEF INFORMATION OFFICER & VP	(i)	307,331.	61,596.	3,727.	28,500.	17,552.	418,706.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
6	WILLIAM GROSKOPF VP, LIP	(i)	275,915.	57,795.	1,017.	28,500.	33,362.	396,589.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
7	MARY ANN BARTLETT VP, FINANCE	(i)	277,739.	56,644.	2,035.	28,500.	29,557.	394,475.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
8	ANN NEUMANN VP, CAP LEARNING	(i)	263,203.	53,816.	1,284.	27,327.	32,668.	378,298.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
9	MARY KATHERINE KRAUSE VP, COMMUNICATIONS	(i)	258,012.	55,813.	596.	26,938.	33,661.	375,020.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
10	SHAN KHAN VP, SALES	(i)	224,638.	71,223.	46,978.	11,404.	15,622.	369,865.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
11	PAMELA WRIGHT SR. DIR ECONOMIC & REG AFFAIRS	(i)	270,803.	42,636.	1,591.	27,958.	25,945.	368,933.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
12	DEREK WAGNER VP, INTERNATIONAL MARKET & DEV	(i)	271,940.	46,944.	1,828.	22,576.	34,687.	377,975.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
13	ELIZABETH USHER (TERM 1) CHIEF MARKETING OFFICER	(i)	29,231.	137,293.	4.	0.	341.	166,869.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
14	JENNIFER DAHMM VP, OPERATIONS/SHARED SVCS	(i)	242,150.	36,837.	998.	25,282.	32,614.	337,881.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
15	STEPHANIE PEDITTO SR. DIR QUALITY	(i)	260,619.	41,039.	462.	26,184.	1,806.	330,110.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
16	MARY DE SOUZA SVP, SALES AND MARKETING	(i)	172,401.	25,000.	695.	6,981.	24,222.	229,299.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.

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.

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.

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.

FORM 990, SCHEDULE J, PART II, LINE 1, COLUMN (B)(II)

BONUS AND INCENTIVE COMPENSATION: INCLUDES INCENTIVE EARNED IN 2019 AND PAID IN 2020.

FORM 990, SCHEDULE J, PART II, LINE 1, COLUMN (C)

DEFERRED COMPENSATION: INCLUDES PENSION, AND 401K MATCH EARNED IN 2020.

BASED ON THE GUIDANCE PROVIDED IN THE INSTRUCTIONS TO FORM 990, ANY PAYMENTS TO THE PARTICIPANTS RELATED TO THESE PLANS THAT WERE MADE WITHIN 2 1/2 MONTHS AFTER THE END OF THE ORGANIZATION'S TAX YEAR ARE NOT TREATED AS DEFERRED COMPENSATION FOR PURPOSES OF SCHEDULE J. SUCH AMOUNTS ARE PROPERLY REPORTED AS COMPENSATION FOR FORM 990 PURPOSES WHEN INCLUDED IN THE PARTICIPANT'S FORM W-2 WAGES. ANY PAYMENTS MADE AFTER THE 2 1/2 MONTHS ARE PROPERLY REPORTED AS DEFERRED COMPENSATION ON THE IRS FORM 990, DISCLOSING COMPENSATION EARNED BY THESE INDIVIDUALS UNDER THE PLANS FOR SUCH YEAR.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

COLLEGE OF AMERICAN PATHOLOGISTS

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Employer identification number

36-2118323

FORM 990, PART VI, LINE 2 - FAMILY BUSINESS RELATIONSHIPS

STEPHEN MYERS AND GEORGE FIEDLER ARE OFFICERS OF IMQIS, LLC.

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

THE COLLEGE OF AMERICAN PATHOLOGISTS (CAP) IS THE ONLY MEMBER ORGANIZATION COMPRISED EXCLUSIVELY OF BOARD-CERTIFIED PATHOLOGISTS AND PATHOLOGISTS-IN-TRAINING. CAP MEMBERS PROVIDE A NETWORK OF KNOWLEDGE AND LEADERSHIP FOR ALL LABORATORY PROFESSIONALS. EVERY CAP PROGRAM IS PATHOLOGIST-DRIVEN, WHICH IS WHY THE CAP IS CONSIDERED THE GOLD-STANDARD WORLDWIDE AND THE LEADER IN ADVANCING EXCELLENCE.

FELLOW: PHYSICIANS OF GOOD MORAL CHARACTER SHALL BE ELIGIBLE FOR FELLOWSHIP IF THEY DEVOTE THEMSELVES PRIMARILY TO THE PRACTICE OF PATHOLOGY AND ARE CERTIFIED BY THE AMERICAN BOARD OF PATHOLOGY, THE ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA, THE AMERICAN OSTEOPATHIC BOARD OF PATHOLOGY, OR OTHER CERTIFYING BODY APPROVED BY THE BOARD OF GOVERNORS.

LIFE FELLOW: FELLOWS OF THE CAP IN GOOD STANDING MAY QUALIFY FOR LIFE FELLOWSHIP BY PREPAYMENT OF DUES AS PRESCRIBED BY THE BOARD OF GOVERNORS.

HONORARY FELLOW: INDIVIDUALS WHO HAVE MADE OUTSTANDING CONTRIBUTIONS TO THE SCIENCE OF PATHOLOGY OR THE CAP MAY BE ELECTED TO HONORARY FELLOWSHIP BY THE BOARD OF GOVERNORS.

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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

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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.

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

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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.

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.

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.

FORM 990, PART VI, LINE 12C MONITORING FOR CONFLICTS OF INTEREST ALL OFFICERS, GOVERNORS AND EX-OFFICIO BOARD MEMBERS ARE REQUIRED ANNUALLY TO SIGN A PLEDGE OF DUTY AND COMPLETE A COMPREHENSIVE CONFLICTS OF

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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.

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

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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.

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.

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FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS

IMQIS PROFIT NOT RECORDED IN BOOKS: (\$30,134)

LAP REVENUE ADJUSTMENT: (\$3,163,027)

TOTAL OTHER CHANGES IN NET ASSETS: (\$3,193,161)

 ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, 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.

 ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

LABORATORY ACCREDITATION - THE CAP LABORATORY ACCREDITATION

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ATTACHMENT 2 (CONT'D)

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.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, 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

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ATTACHMENT 3 (CONT'D)

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.

ATTACHMENT 4990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
INFOSYS LIMITED ELECTRONICS CITY, HOSUR ROAD BANGALORE KAMATAKA INDIA 56010	IT CONSULTING	6,987,623.
WEST MONROE PARTNERS LLC 222 WEST ADAMS CHICAGO, IL 60606	CONSULTING	3,388,760.
SMC BIOSOLUTIONS LLC 3019 ALVIN DEVANE BLVD	CONSULTING	2,664,131.

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ATTACHMENT 4 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
AUSTIN, TX 78741		
SIRIUS COMPUTER SOLUTIONS INC PO BOX 202289 DALLAS, TX 75320-2289	CONSULTING	2,380,041.
TATA CONSULTANCY SERVICES LIMITED 379 THORNALL ST, 4TH FLOOR EDISON, NJ 08837	IT CONSULTING	994,289.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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		X
(2) CAP POLITICAL ACTION COMMITTEE 1001 G STREET NW, STE 425 WEST WASHINGTON, DC 20001 52-1789874	POLITICAL	DC	527		CAP	X	
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2020

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	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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.		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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	752,239.	COST
(3) CAP-POLITICAL ACTION COMMITEE	L	187,730.	CASH
(4) CAP-POLITICAL ACTION COMMITEE	O	129,340.	COST
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.
